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SANATORIUM BOARD OF MANITOBA
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The SANATORIUM BOARD of MANITOBA

OPERATING

Manitoba Sanatorium
NINETTE

and

Central Tuberculosis Clinic
WINNIPEG

CO-OPERATING WITH

ST. BONIFACE SANATORIUM
KING EDWARD HOSPITAL
AND OTHER AGENCIES



Report for Year 1930-31

with the Twenty-first Annual Financial Report
for the Year ending the 30th November, 1931



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

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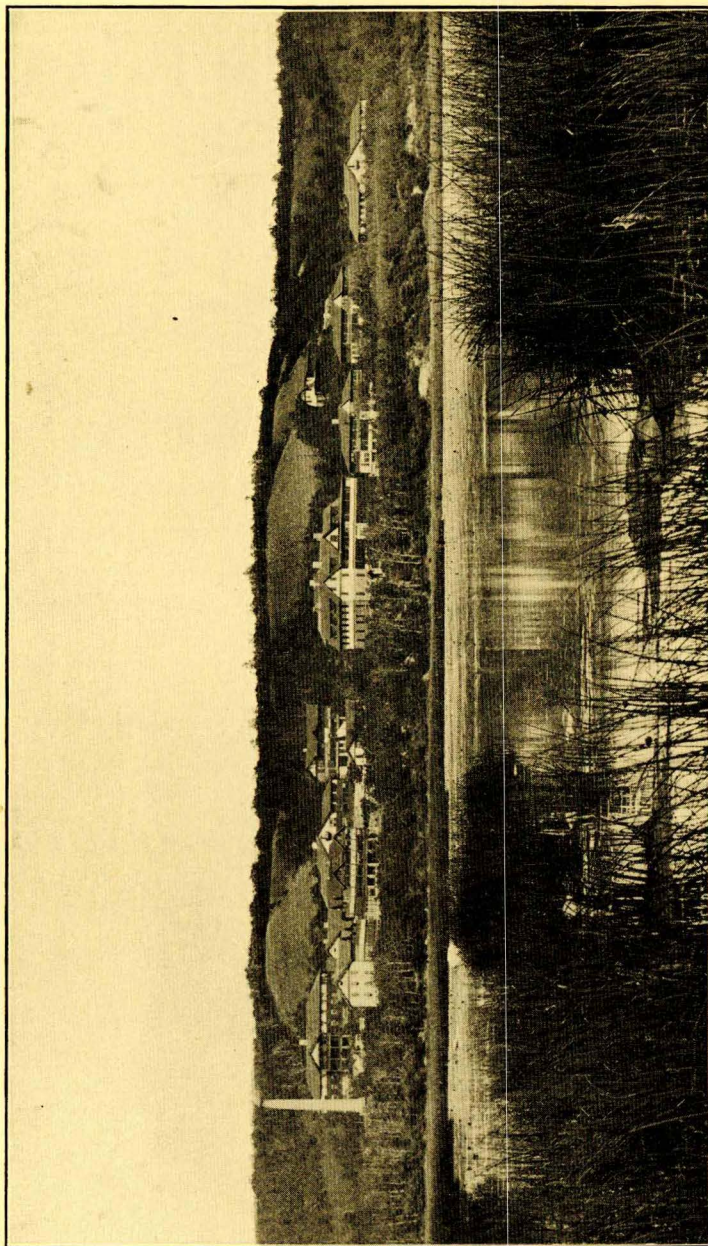


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—BOOK OF PROVERBS

Report for the Year 1930-31

with the Twenty-first Annual Financial Report
for the Year ending 30th of November, 1931



MANITOBA SANATORIUM FROM THE LAKE, NINETTE

The Sanatorium Board of Manitoba, 1931

Chairman: JOHN McEACHERN
 Vice-Chairman: ALLAN S. BOND
 Chairman, Administration Committee: G. W. NORTHWOOD
 Chairman, Finance Committee: ALLAN S. BOND

Honorary Members:

E. L. DREWRY, E. M. WOOD

Statutory Members:

Representing the Provincial Department of Public Health:
 HON. E. W. MONTGOMERY, M.D., DR. F. W. JACKSON, DR. D. H. McCALMAN.

As Municipal Commissioner: HON. D. L. McLEOD

Representing Union of Manitoba Municipalities:
 W. C. WROTH, President, J. A. McKERCHAR, REEVE E. POWER

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

Elected Members: †

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

Secretary-Treasurer: COL. J. Y. REID

Staff as at January 1st, 1932

Medical Superintendent:
 DAVID ALEXANDER STEWART, B.A., M.D., F.R.C.P. (Can.), LL.D.

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

Physician, Central Tuberculosis Clinic: DONALD L. SCOTT, M.D.

Medical Assistants (for Sanatorium, Clinic and Travelling Clinics)
 HERBERT MELTZER, M.D. JOHN T. CRUISE, M.D.
 JOSEPH L. GAYTON, B.A., M.D. GEORGE C. STEVENS, M.D.
 WALTER K. HOUSE, M.D.

Lady Superintendent: MISS JEAN HOUSTON, R.N.
 Dietitian: MISS DORIS GOULDING

Chief Engineer: J. R. SCOTT

Accountants: W. M. GARLAND AND JOHN MACK
 Chief Radiographer: WILLIAM DOERN, R.T.
 Steward: JOHN REDMOND

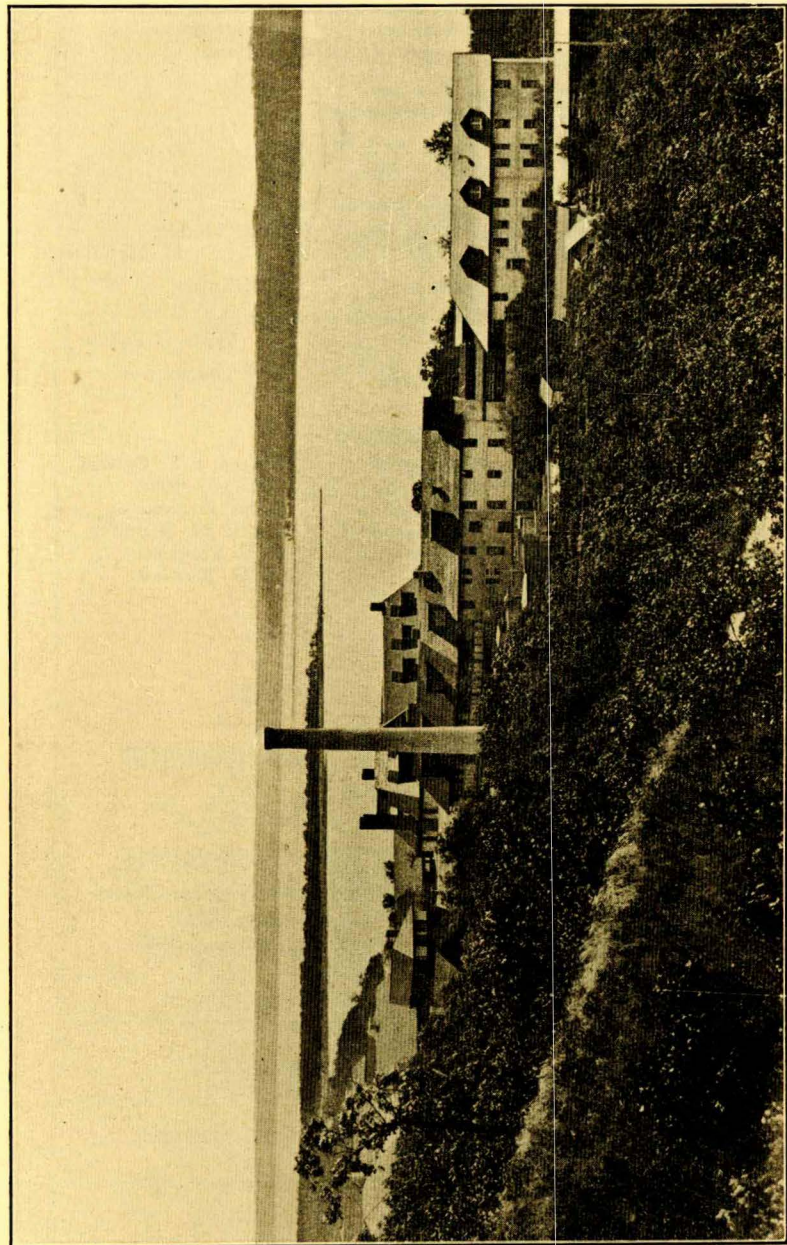
Secretaries: MISS G. M. WHEATLEY, MISS E. MCGARROL
 Teacher: MISS EDNA CALVERLEY, B.A.

Provincial Public Health Nurse: MISS ELSIE J. WILSON, R.N.

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

*Deceased December 30th, 1931.

†New Members for 1932: Mayor Fotheringham, Brandon; Ivan Schultz, M.L.A.; Edward Power; Representative of St. Boniface Sanatorium, Dr. J. D. Adamson; Vice-Chairman, 1932, C. E. Stockdill.



MANITOBA SANATORIUM FROM THE HILL, NINETTE

IN MEMORIAM

DOCTOR SAMUEL WILLIS PROWSE died on August 1st, 1931. His stalwart character, breadth of view, ready sympathy and constant fairness will long be remembered by those associated with him during sixteen years of membership on the Board.

DOCTOR NORMAN KITTSON McIVOR died on December 30th, 1931. He was elected to the Board about 1918 especially to represent the Department of Soldiers' Civil Reestablishment. His interest in the work and welfare of the Sanatorium, however, was never narrowed to any one point of view, but was always broad, intelligent and sympathetic.

Report of the Superintendent

The Sanatorium Board of Manitoba sets itself these considerable tasks:—

- To search out tuberculosis wherever it may be found within this province.
- To apply to it the necessary measures of treatment, supervision, prevention and control, or see that these are applied,
- To ascertain the facts about tuberculosis, local and general, and keep them before the people.
- To stimulate research and study in all phases of Tuberculosis.
- To co-ordinate the efforts of all anti-tuberculosis agencies of Manitoba, and,
- To do what is humanly possible for the eradication of this disease.

As means to these ends the Sanatorium Board *operates and maintains* the Manitoba Sanatorium at Ninette for treatment and diagnosis; and the Central Tuberculosis Clinic in Winnipeg for diagnosis and observation.

It carries on travelling clinics throughout the province for the

* * *

Perhaps ninety-nine per cent. of all tuberculosis is spread by people who don't know they have it, and only one per cent. by those who do. The moral is, discover all that is discoverable.

Bountifulness is as a fruitful garden, and mercifulness endureth forever.—ECCLESIASTICUS.

* * *

examination of those who have been in contact or are suspected, and manages the Christmas Seal Sale which supports these clinics.

It keeps in close and cordial co-operation with the King Edward Hospital and the St. Boniface Sanatorium, though these are under the control of their own Boards.

It keeps in touch as far as possible with the diagnosis and treatment of tuberculosis in other hospitals.

It is in close touch with the Public Health nursing service of the province and of Winnipeg.

It gathers and makes available for use, records of tuberculous people, contacts and suspects, throughout the province.

It gives full-time study and direction to the general campaign against tuberculosis in Manitoba, plans addresses, publishes papers, conducts correspondence, stimulates study, and generally endeavours to promote and unify the work

It acts in a special way as an agent for the municipalities of the province in the area covered by the tuberculosis levy.

CHANGES IN THE ANNUAL REPORT

The Annual Report has heretofore been in name the Report of the Manitoba Sanatorium, but gradually for many years the work of the Superintendent has become general; so the reports of the past few years, though nominally the reports of Manitoba Sanatorium, have really been for the most part reports of general work, of travelling clinics, Christmas Seal Sale, the examination of contacts and suspects, and discussions of the general needs of the province.

While this present report has a different title, and is called a report of the Sanatorium Board of Manitoba, it is simply a continuation of the reports of the past five or six or indeed twenty odd years. This general report includes as in past years detailed statistical and financial data concerning the two institutions directly under the control of the Board—Manitoba Sanatorium, Ninette, and the Central Tuberculosis Clinic. The other institutions co-operating, the King Edward Hospital and the St. Boniface Sanatorium, as has already been stated, are on a different basis, and the formal reports of their work will be issued by their governing bodies.

SOME OF THE PROBLEMS.

Geographically, Manitoba has a large urban centre, a small but fairly compact farming area, a good many isolated settlements including mines, scattered Indian reserves, and a vast hinterland mostly empty except for

* * *

Unknown spreaders of infection, like fog-shrouded icebergs, scatter wreckage in the travel lanes of life. Only when they are known and charted is the sea safe for human freightage.

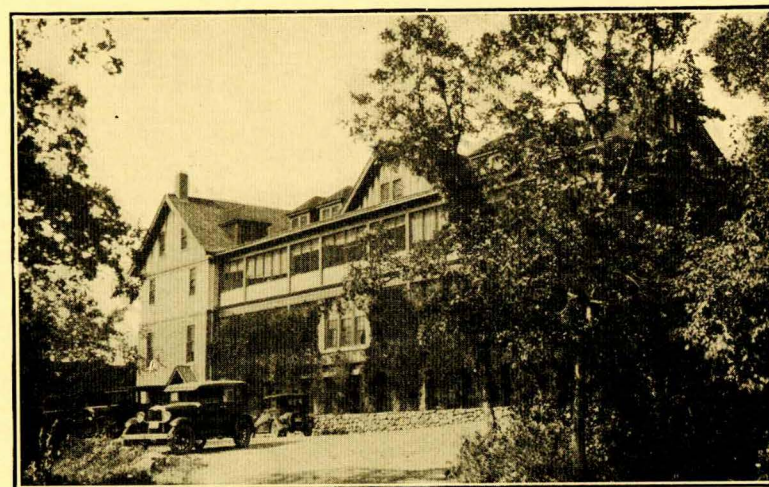
Tuberculosis is a challenge to the life, the health, the happiness and the future of children.

* * *

trappers, prospectors, timber cruisers and Indians. The big urban centre is easily reachable, the farming area has been reached increasingly well in the past five or six years by *Travelling Clinics*, and a way of reaching a part at least of the hinterland is being worked out.

Racially, besides the mixed city populations, and the fairly uniform country settlements, there are the old settlements and frontier settlements with a considerable admixture of Indian blood, which means less than average resistance to tuberculosis, and settlements of new Canadians of various origins, and of varying susceptibilities to tuberculosis and there are Indian reserves which are very fully tuberculized.

Mortality statistics in Manitoba up to the year 1910, and even for a few years beyond, can scarcely be said to exist. Outside of the city of



MANITOBA SANATORIUM ADMINISTRATION BUILDING, NINETTE, MAIN ENTRANCE

Winnipeg we can do little more than estimate the local tuberculosis death rates before that time. But the records of Winnipeg and of other communities and countries help to piece out the story.

Even so late as 1910 there were several tendencies that are misleading. For instance, tuberculosis was considered a reflection on the virility of a family, and so was something to be hushed up if possible. If there was any doubt whatsoever, the cause of death was likely to be put down as something else. Every day people tell us about "stomach cough," or

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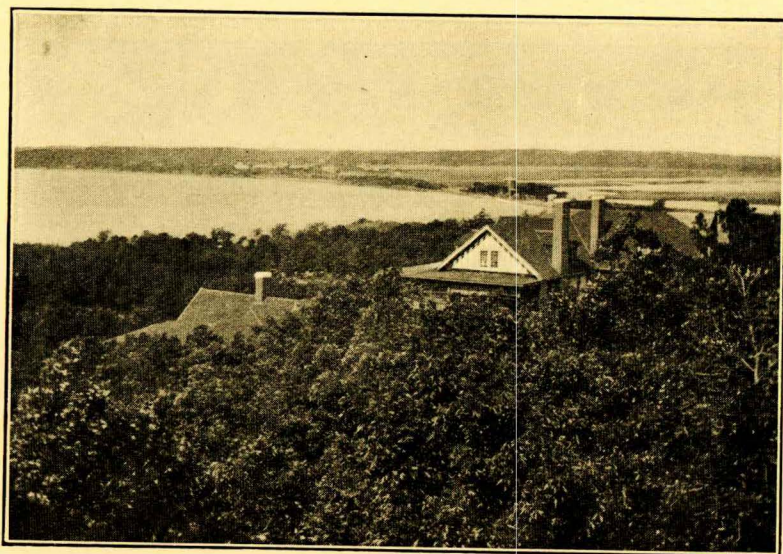
Civilization breaks up isolations. Even to the Arctic igloo come the noises of Main street. The old question "Who is my neighbor?" thus has new implications. We owe our best and not our worst to our new neighbors.

Children are the sunrise people of a new day, the adventurers and pioneers of a new era.

* * *

blood from the throat, or chronic bronchitis or "nervous breakdown" that caused the deaths or long illnesses of ancestors, when we more than shrewdly suspect that these were really camouflages for tuberculosis. And of course in those long distant pre-war days, before x-ray plates were used, it was much more difficult even for expert physicians to be sure just what was the cause of death. In some cases bronchitis, pneumonia, influenza, and even typhoid fever can easily be confused with various types of tuberculosis. So there are several reasons why the tuberculosis death rates given for 1910 and earlier are lower than the facts warranted.

Nowadays, when tuberculosis is not considered as a family taint, when so much is said and written and known about it that it is always



MANITOBA SANATORIUM ADMINISTRATION BUILDING, NINETTE. LAKE AND VILLAGE IN DISTANCE

very much in the minds of doctors and people in general, there is perhaps a tendency to slightly over-diagnose rather than under-diagnose, and to put down doubtful pulmonary illnesses as tuberculosis that could scarcely be proved to be so. The dice seem to be loaded in two ways against a spectacular decline in the tuberculosis death rate. Yet even under these conditions the decline has been spectacular. Tuberculosis has dropped

* * *

Timber from some ricketty old houses was moved along a road, and shed nails all the way. Result—an epidemic of punctures, and much profanity. Finally some one thought of a big magnet, which picked up two hundred pounds of potential punctures. The epidemic subsided; profanity ceased. Prevention is better than patching.

The greatest trust between man and man is the trust of giving counsel.—FRANCIS BACON.

* * *

from its evil pre-eminence as the leading cause of death, down to fifth or sixth place. And it has done this while most other causes of death were lowering their rates also.

The tuberculosis death rate in Manitoba has risen slightly in the past year or two. In 1929, for every hundred thousand people in the province, it was 63.1, and in 1930, 64.7, or 1.6 greater. Besides the tendencies already suggested, some more definite causes are likely operating. What may these be?

Adverse economic conditions, hard times that interfere with food and nutrition do raise death rates. For every ten or eleven war casualties in the German army, it is estimated that one German civilian died of tuberculosis who probably would not have died had there been no war. In Serbia in the extreme pinch of war-time, there was one tuberculosis death for each seventy living people—*twenty-two times* the present Manitoba death rate. Throughout Canada attendances at chest clinics have increased during the past year. In New York the increase during 1931 reached 30 per cent. and the increase in admissions and re-admissions for treatment of tuberculosis, 22 per cent. It is true also that some of the racial strains more susceptible to tuberculosis are increasing in Manitoba, and the Indian intermingling is greater. At any rate, whatever the cause or causes that tend to raise or lower the tuberculosis death rates the upward tendencies seem to have been slightly stronger during 1930.

PAPERS AND ADDRESSES

Some of the papers and addresses prepared during the year were on the following subjects:

The Social Ramifications of Tuberculosis; presented at the first Manitoba Conference on Social Welfare.

The Challenge of Tuberculosis; read at a convention of the Canadian Public Health Association.

What is New in Tuberculosis; read at a convention of the Canadian Medical Association.

Lister the Man; an address to the students of the Medical College.

Tuberculosis plus the Three R's—or Studies for Hospital Patients; presented at a convention of the American Hospital Association.

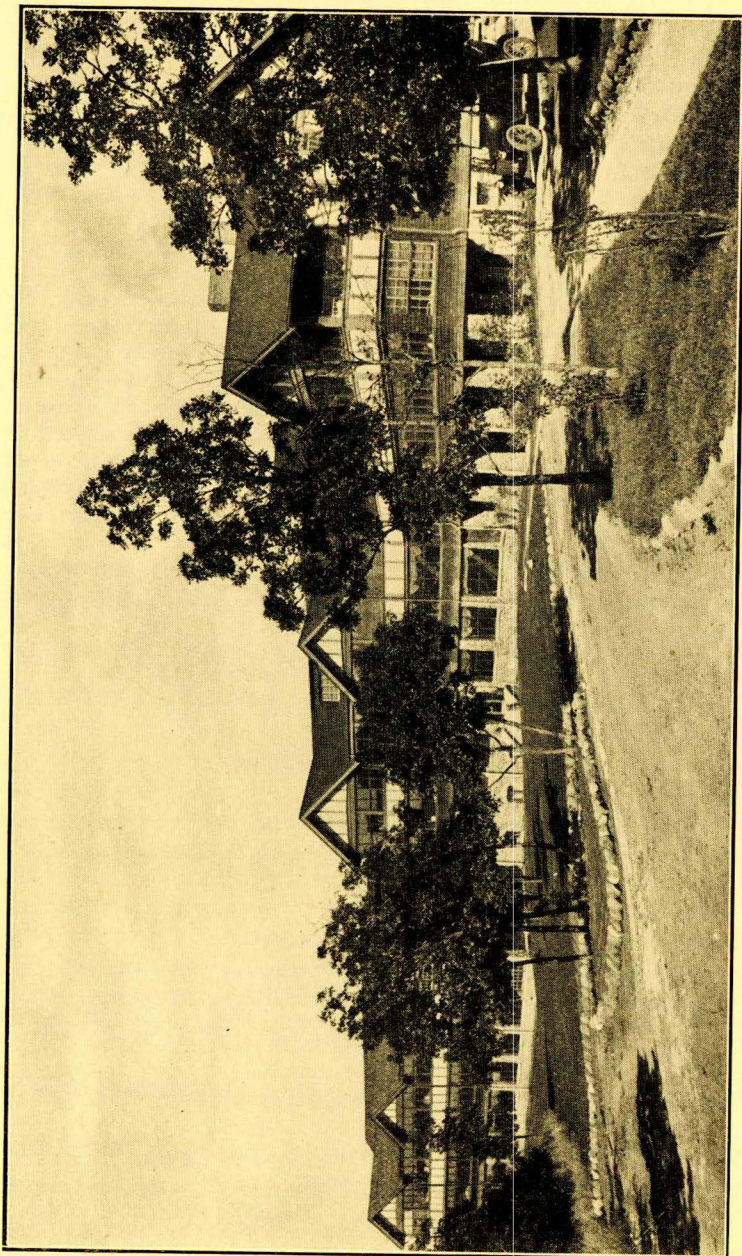
General Hospitals and Tuberculosis; read at a convention of the American Hospital Association.

Tuberculosis and Pupil Nurses; Discussion at a meeting of the Manitoba Hospital Association.

The paragraphs in italics on all pages of this report, unless otherwise acknowledged, are from papers of the year.

* * *

Our children are the heirs of all the evil of the ages as well as all the good. It is up to us to make the good dominate.



MANITOBA SANATORIUM INFIRMARY BUILDING. NINETTE—EAST, AND WEST WINGS

Tuberculosis challenges both health and wealth. It creates problems medical, social and economic, and the toughest of these are the economic.

* * *

Dr. H. Meltzer won the Prowse Prize with a paper on *The Sedimentation Test*.

Dr. L. G. Montgomery won one of the annual prizes of the Canadian Tuberculosis Association with a paper on a *Survey of Indian Children*.

ROUND TABLE DISCUSSIONS ON TUBERCULOSIS

Some of the subjects discussed at group meetings of doctors at the Central Tuberculosis Clinic, during the past year have been:

The Anti-Tuberculosis programme in Manitoba.

Tuberculosis in children.

Surgical forms of Treatment for Pulmonary Tuberculosis—especially Pneumothorax.

Tuberculin, especially in Diagnosis.

The B. C. G. Vaccine.

Malignant Disease of Lungs and Bronchi.

SCHOOL WORK IN THE SANATORIUM

At the Manitoba Sanatorium we still believe enthusiastically that every patient should make the best use he can of his spare time, and still believe also that the best and most easily managed kind of useful activity is study. There is nothing that can be adapted to the long empty hours of hospitals of any kind or size quite so easily as the "Three R's"—ordinary school education.

* * *

Few people are self-starters in finding useful employment of their leisure, but it is astonishing how easily people can become self-starters if they are just cranked up once or twice and given a little joy-ride in attractive studies.

The apostles were told to gather up the left-overs from the miraculous feast, and they gathered up of the fragments twelve baskets. If the fragmentary hours and moments of the daily miracle of time were all gathered up by patients in hospital wards, what wonderful gains might there not be in life, liberty and the pursuit of happiness. Hospital days can be among the best days of life. People who have been hurried and worried and hustled, who have worn the shackles of exacting duties, can sometimes find in sickness that is not too acute time to think and come to themselves, to relax, and enjoy a little leisure, to read what they have not had time to read, to write what they have not had time to write. It may give time, as Walt Whitman would say, to rest and invite their souls.

* * *

Tuberculosis makes its sharpest attack at the very ages when life has its highest functions and fruitions. Its shadow falls on parents in their prime, and on the growing young family. It does more killing and disabling between fifteen and forty-five than any other disease whatsoever.

Treatment can alleviate epidemic diseases, but only prevention can cure them.

* * *

A dally duty fills an empty day and makes it a day of living. There is no tonic like duty. It helps to keep the moral backbone stiff and straight; it prevents deterioration and the inferiority complex that so easily beset the sick laid aside from the routines of ordinary life. A duty a day can keep the very devil away. The hospital that casts the bread of



CENTRAL TUBERCULOSIS CLINIC, WINNIPEG, SHOWING CHILDREN'S ANNEX

educational work for patients upon its waters will find it returning after many days in better spirit and discipline, better co-operation in all the main purposes of the hospital.

* * *

More than thirty of the Sanatorium staff took part in Musical Festival district competitions. The orchestra, under the able leadership of Dr. L. G. Montgomery, captured the shield for Southern Manitoba, for the second year, and several other awards came to the Sanatorium entrants.

During the year the American College of Surgeons inspected the Manitoba Sanatorium at Ninette for the first time and gave it Class A standing.

* * *

Britain's loss from tuberculosis is one hundred lives and a quarter of a million pounds a day. Canada's tuberculosis loss is twenty-two lives, and one-third of a million dollars a day.

The newest challenge of tuberculosis is its challenge to Prevention, which is better—and cheaper—than cure.

* * *

THE CENTRAL TUBERCULOSIS CLINIC

The Central Tuberculosis Clinic was opened on October 3rd, 1930. In the first year of operation, ending October 2nd, 1931, the total attendance was 2919, the different individuals numbering 1626. Attendances of children were 710, which included attendance at the Children's Hospital Tuberculosis Clinic held in this building. 3,000 x-ray plates were made. Besides the full-time diagnostic clinic there are wards for observation and emergencies. Into these wards during the first year 196 patients were admitted.

The picture of the Central Tuberculosis Clinic appearing on the opposite page shows a new annex added during the year for the observation and emergency care of children, corresponding to the wards for adults already in use for the past year or more in the main Clinic building. This annex is well fitted for its work and is already in use.

The Central Tuberculosis Clinic, with its examining rooms, x-ray equipment, records, offices and its few beds for adults and children is a centre for diagnosis, observation and distribution—a catch-all or clearing house for tuberculous people and problems. One chief function is the examining of contacts and suspects. Patients are referred by their doctors. Each day the clinic work widens. It is becoming also a centre for the study of tuberculosis problems.

INSTITUTIONS CO-OPERATING

The beds for the care of the tuberculous in Manitoba are about as given below, with patients under treatment in the first week of January, 1932:

	Capacity	Adults	Under Treatment Children	Total
Manitoba Sanatorium, Ninette	285	250	20	270
Central Tuberculosis Clinic	40	20	8	28
King Edward Hospital	125	121	.....	121
St. Boniface Sanatorium (present)	215	137	26	163
Others	20	2	2	4
TOTAL	685	530	56	586

At the present time the Provincial Health Nurses outside of Winnipeg are in touch with 2,192 families on account of tuberculosis or tuberculosis contacts.

* * *

Curative medicine, like the good Samaritan, pours the oil and wine of healing into the wounds of the distressed. Preventive medicine gets out and polices the road from Jerusalem to Jericho.

Tuberculosis is a personal affliction and a domestic disaster; also an economic mistake and a community wastage.

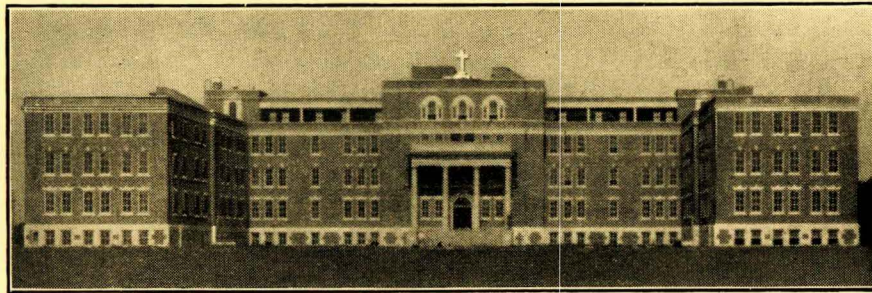
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ST. BONIFACE SANATORIUM

Early in October, 1931, the new St. Boniface Sanatorium was opened with 167 beds available for adults, and 50 for children. Fifty more beds for adults will be available when a separate home is built for a part of the staff now housed in the main Sanatorium building.

On the day of opening it seemed doubtful if nearly two hundred new beds would be filled, except very slowly. But three months after the opening 163 beds were usefully occupied by 137 adults and 26 children, and others in need of treatment were coming in about as quickly as they could be taken care of.

The Tuberculosis Clinic of the Outdoor Department of St. Boniface Hospital is in close touch with the new Sanatorium, especially with the children's wards.



ST. BONIFACE SANATORIUM, ST. VITAL—MAIN BUILDING

The new Sanatorium was built by the Grey Nuns who made St. Boniface Hospital a western outpost for the care of the sick as early as 1844, and who have throughout Canada 64 other hospitals. It is wholly under the direction and control of the Sisters, though for co-operation in the general anti-tuberculosis activities of the province it has relations with, and representation upon, the Sanatorium Board of Manitoba. Dr. J. D. Adamson is Physician-in-chief, and Doctors A. C. Sinclair and D. S. McEwan, Resident Physicians. The Sanatorium is an imposing structure of red brick, situated just across the river from the Agricultural College. The building throughout is beautifully finished and with its sub-basement for pipes, its terrazzo floors, fine kitchen, elevators, wide halls and laboratories, is the last word in hospital construction.

* * *

Seven times out of ten where new tuberculosis is found, the old tuberculosis, which is its source, can be found also; and it is there just as surely the other three times.

Tuberculosis is a challenge to civilization because it is a by-product of some of the mistakes of civilization.

* * *

KING EDWARD HOSPITAL

The King Edward Memorial Hospital for tuberculosis is one of the City of Winnipeg Municipal Hospitals group, situated on the banks of the Red River, at the foot of Morley avenue. It was opened very soon after the Sanatorium at Ninette, and so has nearly twenty years of service to its credit.

It is owned, controlled and administered by the City of Winnipeg. Its patients are necessarily drawn almost exclusively from within the city



THE KING EDWARD HOSPITAL, WINNIPEG

limits. The medical staff of the Municipal Hospitals, including the King Edward Hospital, is Dr. A. B. Alexander, Superintendent, Dr. D. McIntyre, Assistant Superintendent, and Dr. E. Taylor. Mr. George Stoker is Business Manager.

For some years a clinic for outdoor patients has been one of the services of the King Edward Hospital to the city.

The King Edward Hospital is not in any way under the control of the Sanatorium Board of Manitoba, but is represented on the Board, and works in co-operation with the other anti-tuberculosis agencies of the province.

* * *

Wherever there is tuberculosis, and whatever the consequent illness, disability or death, if we knew all the facts, we could trace each tragedy back to some one individual unwittingly infecting another individual. Our big job is to find that spreader and prevent that spread.

Mother Nature's favorite prescription for almost all the physical and mental ills of her erring children still is REST.

* * *

THE WINNIPEG GENERAL HOSPITAL

The Winnipeg General Hospital has balconies suitable for tuberculous patients, one each for men and women. These have for years been fairly fully occupied, especially by tuberculous patients needing operation.

THE CHILDREN'S HOSPITAL

The Children's Hospital has a few beds for tuberculous children, and has always had a clinic for diagnosed or suspected children or contacts. At present this clinic is conducted by the Children's Hospital staff at the Central Tuberculosis Clinic.

THE PRESENT LINE UP

The people of Manitoba may very well be satisfied with the facilities now available for the diagnosis and treatment—and prevention—of tuberculosis. There should no longer be the difficulty or discouragement of long waiting lists.

As in the past practically all forms of tuberculosis can be admitted for treatment. Much more can now be done for pregnant tuberculous women before, during, and after childbirth; and tuberculous women with infants can be admitted.

Much more can be done for infants and children. There are beds now for children at Ninette and St. Boniface, at the Children's Hospital and in the annex to the Central Tuberculosis Clinic, recently completed.

At the present time comparatively few children are under treatment. They are scarcely getting their share. The difficulty is that signs and symptoms in children are slight until the disease becomes advanced and of the "adult" type. So children have to be watched exceedingly carefully, and often need observation, or "preventorium" care, because under par, infected and in danger.

Among these Sanatoria, hospitals and clinics, Manitoba's tuberculous people, at all stages and ages, and under all varied circumstances, should be promptly and well taken care of.

TRAVELLING CLINICS

These clinics held here and there throughout the province, following contacts and suspects to their homes, co-operating with the doctors in following all clues and examining all who can be suspected, whether apparently well or ill—have been among the most useful of the anti-tuberculosis agencies of the province.

It was always the rule at Ninette to examine as many as possible of those who had been in contact with patients, especially members of their

* * *

The past fifty years was a half century of cure; this should be a half century of prevention.

It is not sharing the same family tree that gives tuberculosis, but sharing the same house, the same bed, board or circle. It is not closeness of consanguinity but closeness of contact.

* * *

families. But only a few could come for examination. In 1926 a definite start was made in carrying examination with x-ray plates practically to the homes of the people. Visits were made in that year to Selkirk and Portage la Prairie. In 1927 six points were visited. From this start the clinics have grown steadily in number and usefulness. During 1930, 3,267 people were examined at 20 clinics. In the year 1931, 23 clinics were held and 2,634 examined. While this number is smaller than that of 1930 the selection was better. Nine new points not visited before were reached in 1931—Gimli, Winnipegosis, St. Rose du Lac, Alonza, McCreary, Great Falls, St. Annes, Baldur and the Indian School at Brandon. This brings the total of places visited up to forty-two and the total of clinics held to eighty.

Most of the visits to new points this year were made possible by the addition of a portable generator to the clinic outfit, which gives a current for good x-ray work in any out-of-the-way place anywhere.

For two or three years travelling clinics were carried by ordinary Sanatorium funds. Then a special means of support was found for them in Christmas Seals. The sale of seals so far has been ample for this purpose. The travelling clinics in the coming year should be considerably extended.

TRAVELLING CLINIC STATISTICS

Years of Travelling Clinics	6
Total number held	80
Different centres visited	42
Examinations made	10,581
Proportion of these known to be "contacts"	56%
Number of children examined in 1931	1,261
Proportion children examined in 1931	48% (nearly)
Tuberculous people found—Total	1,574
Percentage of all examined	15% (nearly)
Tuberculous people, new discoveries—Total	809
Percentage of all examined	7.6%
Abnormal conditions found—Non-Tuberculous	9,606

Besides the 809 with definite tuberculosis *discovered* many were suspected, kept under advisement and re-examined.

* * *

We must work in the seed plots as well as in the harvest fields; we must go to people who do not know they need us; and we must see them where they are; we must cross the Rubicon into enemy country.

The challenge of tuberculosis is a challenge to what, with alternate spasms of pride and shamefacedness, we call our civilization.



Christmas Seals

The sale of the Christmas Seals of 1931 was really remarkable. The responses to our letter from those who could help and still more from those who could not left us humbly hoping that we may be able to put an efficiency and especially a spirit into the campaign against tuberculosis in Manitoba that will be not unworthy of the spirit and sacrifice of our friends scattered throughout the province. Letters straight from the heart simply could not be thrown into waste paper baskets, but were kept—indeed treasured. Though we could not acknowledge personally all remittances for seals we tried to answer our letters. We assure the friends who may read these words of our sincere appreciation and thanks.

The special work of seal sale funds—the Travelling Clinics, are discussed on pages 16 and 17 and elsewhere in this report.

Tuberculosis is not only a disease of the individual, but a disease of the community as well, with causes that are community causes and measures of cure that are community measures.

Thy good works, not thy goods, will follow thee.—SIR THOMAS BROWNE.

Donations during 1930-31

Some of the special gifts received during this period were:

The Kiwanis Club of Winnipeg kindly presented to the Central Tuberculosis Clinic two Alpine Treatment Lamps.

The United Scottish Societies of Winnipeg donated the proceeds of a Scottish concert, \$160.13.

The Alpha Phi Fraternity, Winnipeg, a donation, \$75.00.

222nd Chapter—I.O.D.E., Brandon, a donation, \$50.80.

There was received from the estate of the late Martin McKittrick, the sums of \$1,000.00 and \$500.00.

OTHER CASH DONATIONS, NOVEMBER AND DECEMBER, 1930.

H. Archibald, \$25.00; E. C. Brown, \$5.00; Archbishop Sinnott, \$10.00; E. L. Drewry, \$10.00; Rev. Fr. Brodeur, \$5.00; Mrs. Lea, \$10.00; Mrs. McQueen, \$15.00; D. R. McIntyre, \$5.00; G. E. Saunders, \$5.00; R. Smith, \$5.00; J. Preudhomme, \$5.00; D. V. Moorehouse, \$5.00; G. F. Sykes, \$5.00; Mrs. S. M. Russell, \$22.00; Mrs. W. Armstrong, \$10.00; Mrs. J. L. Maxwell, \$5.00; Brydges & Waugh Ltd., \$10.00; J. M. McPherson, \$5.00; H. J. Meiklejohn, \$5.00; Mrs. Crosbie, \$50.00; I. Salberg, \$10.00; A. M. Barkwell, \$10.00; Dominion Rubber Company, \$10.00; J. Seniow, \$5.00; R. Rettie, \$5.00; T. L. Cavanagh, \$5.00; Modern Laundry, \$10.00; Rural Municipality of Russell, \$10.00; Roy Guppy, Dufresne, Man. \$10.00; Winnipeg General Hospital, Nurses Alumnae Association, \$10.00; W. Miller, Sec.-Treas., Chapter I.O.D.E., Brandon, \$10.00; J. McEachern, \$25.00; A. Andison, \$25.00; Miss G. McPherson, \$7.00; Mrs. Crosbie, \$50.00.

OTHER CASH DONATIONS, JANUARY TO DECEMBER, 1931.

Plum Creek Chapter Souris, I. O. D. E., \$10.00; Busy Bees of Brandon Hills, \$10.00; J. Hammond, \$5.00; Salter & Arnold, \$5.00; A. A. Rogers, \$5.00; A. E. Levatt, \$5.00; J. McKay, \$5.00; A. Clark, \$5.00; Western Shirt & Overall Company, \$10.00; Massey Harris Company, \$10.00; Rev. J. W. Stott, \$7.00; W. G. Smith, \$5.00; Mrs. F. E. Oakett, \$12.80; H. Laing, \$5.00; J. S. Brandon, \$6.00; E. Switzer, \$5.00; L. M. Cochrane, \$10.00; Mrs. G. M. Clench, \$5.00; Cambrian Hotel, \$11.25; Mrs. A. Coyle, Women's Institute, \$5.00; A. W. Shaw, \$4.00; Mrs. E. Potter, \$1.75; E. N. Cruikshank, \$4.10; E. Muriel Sills, \$50.15; G. Motherall, \$5.00; Mrs. A. Wilson, \$10.00; Mrs. Crosbie, \$50.00; Provincial Headquarters, I.O.D.E., donation for returned men, \$10.00; Mrs. Goodbrand, \$2.00; Miss McDonald, \$5.00; Mrs. Scott, \$3.00; J. McEachern, \$10.00; A. Andison, \$25.00; W. Cameron, \$5.00; Morris Haid, \$7.00; Dominion Lumber & Fuel Company, \$5.00; Henry Ogletree, \$10.00; May Somerville, \$6.25; Federal Grain Ltd., \$10.00; National Trust Co., \$5.00; Wm. E. Hobbs, \$4.00; Canada Creosoting Co. Ltd., \$5.00; LeRoy D. Godfrey, \$5.00; Harry Lew, \$5.00; K. A. Powell, \$5.00; Miss J. M. McBean, \$5.00; Frank R. Lount, \$5.00; F. R. Lount, \$5.00; Mrs. S. M. Russell, \$22.00; Manitoba Paper Co., Ltd., \$10.00; Thos Dickey, \$4.00; Hudson's Bay Smelting and Iron Works, Flin Flon, \$5.00.

Wherever we would that the race should go we must lead the feet of children. Whatever we wish that the race should do, that we must teach to children. The child is father of the race.

Paragraphs

(From Papers of the past year).

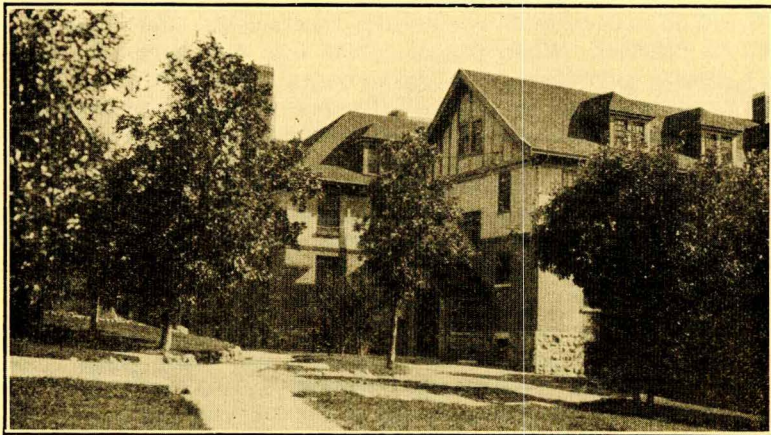
Time is not life; it is only the stuff, the raw material, that life can be made of. The measure of life is not days by the calendar or hours by the clock, but the fullness and joy of the days and the fruition of the hours.

* * *

Of all the assets of a nation the most undervalued are the human assets. Human life is not cheap. The dollars and cents value of the children in Manitoba Schools is beyond the dollars and cents value of all Manitoba's homesteads, forests, mines, lakes, waterfalls, livestock, railways, cities and towns.

* * *

For to-morrow and even for to-day we need schools and apprenticeships to teach us how to spend leisure time, to live while working, to develop interests, to cultivate hobbies. The fringes of life are vastly important. What we are depends at least as much upon how we spend



ADMINISTRATION BUILDING, NINETTE, FROM THE NORTH WEST

our leisure as upon how we do our work. Life consists not in the abundance of the things we possess or the cleverness of the things we manufacture. Life is shaped in moments of leisure, perhaps even more than in hours of work.

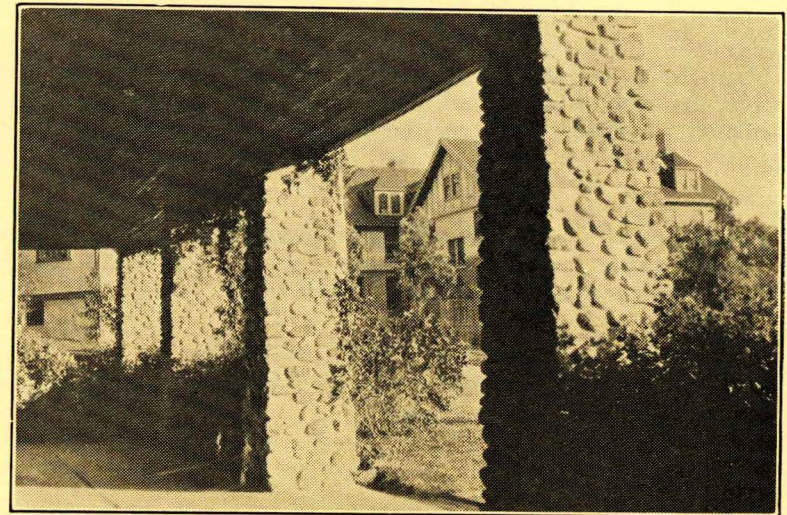
* * *

A huge old Siamese temple lies in ruins, with scarcely one stone left upon another. Why? It writhes and twists in the grasp of myriad roots of banyan trees that have found every crevice and heaved up every stone. Tuberculosis is such a banyan tree, rooted in every little crevice of human life.

Thirty years ago tuberculosis was a mysterious stroke of fate—something we could just wring our hands about. Now we can discuss it like the markets, the slumps, the taxes, or the tariffs, or other evils. We can even talk to legislatures about it, as we would about bad roads, or bad laws.

* * *

In tuberculosis the history is always important, and the fountain pen mightier than the stethoscope. Never accept without question any general statement about there being no tuberculosis in the family. Go into details yourself, and still be doubtful until you have all the family chest portraits—parents, grandparents, hired servants, and all—safely in your x-ray album.



A GLIMPSE OF THE ADMINISTRATION BUILDING, NINETTE

Tuberculosis cannot be considered conquered, or half-conquered, or well on the way to being conquered while it still kills everywhere more than any other disease between fifteen and forty-five.

* * *

Tuberculosis is a sample package of almost all the social ills; its problems are the problems of social welfare in epitome.

* * *

If there is one special place for a full partnership between medical practitioner and public health worker, one place where separately they will fail, but together succeed, it is in dealing with the life-long insidious disease tuberculosis that can be found early only among people who don't know they are ill.

ADMISSIONS BY MUNICIPALITIES

The patients remaining in the Manitoba Sanatorium, Ninette, on January 1st, 1930, and those admitted for treatment, diagnosis or review during 1930 and 1931 were from the different municipalities as shown below. The Central Tuberculosis Clinic opened on October 3rd, 1930. The admissions for all purposes to the Clinic are for fifteen months—October, 1930, to December, 1931. Examinations made by travelling clinics are not listed by municipalities but given in totals below.

	MANITOBA SANATORIUM			CENTRAL CLINIC		Total
	Remaining Jan. 1st, 1930	Admitted for Treatment	Diagnosis	Admitted for Treatment	Diagnosis	
Albert	1	...	4	...	1	6
Alberta, Province of	1	1	2	...	1	5
Archie	...	...	1	...	...	1
Argyle	5	5	62	2	2	76
Armstrong	...	...	...	2	5	7
Arthur	...	2	1	...	...	3
Assiniboia	1	...	...	1	10	12
Bifrost	2	9	...	6	16	33
Birtle, (Rural)	3	2	...	1	3	9
Birtle (T)	...	1	2	1	...	4
Blanchard	1	...	10	...	...	11
Boissevain (T)	...	1	13	...	1	15
Brandon City	6	15	100	2	3	126
Brenda	1	1	18	...	1	21
British Columbia, Province of	1	2	2	3	...	8
Brokenhead	2	...	...	3	24	29
Brooklands (V)	...	1	...	1	13	15
Cameron	...	...	10	...	...	10
Carberry (T)	...	1	9	...	3	13
Carman (T)	...	3	3	...	...	6
Cartier	...	...	...	...	6	6
Charleswood	4	...	...	3	61	68
Chatfield	1	1	2	...	7	11
Clanwilliam	1	1	2	...	...	4
Coldwell	2	1	2	...	1	6
Cornwallis	1	3	1	1	...	6
Cypress North	1	1	3	...	...	5
Cypress South	...	2	32	...	...	34
Daly	1	2	3	...	1	7
Dauphin (R)	1	3	3	4	1	11
Dauphin (T)	...	3	3	4	1	11
Deloraine (T)	...	1	1	...	...	2
De Salaberry	2	2	1	1	2	8
Dufferin	1	2	14	1	3	23
Edward	...	1	3	...	...	4
Elkhorn (V)	...	1	2	...	...	3
Ellice	...	3	2	1	...	6
Elton	...	2	7	...	...	9

	MANITOBA SANATORIUM			CENTRAL CLINIC		Total
	Remaining Jan. 1st, 1930	Admitted for Treatment	Diagnosis	Admitted for Treatment	Diagnosis	
Emerson (T)	...	1	1	...	...	2
England	...	...	1	...	...	1
Ericksdale	1	2	...	1	5	9
Ethelbert	2	2	...	1	...	5
Fort Garry	1	...	...	3	56	60
Franklin	5	5	5	2	14	31
Gilbert Plains (R)	...	2	...	2	1	5
Gimli (R)	2	2	1	3	34	42
Gimli (V)	1	3	6	1	3	14
Glenella	1	...	...	...	...	1
Glenwood	...	...	6	...	...	6
Grandview (R)	...	1	2	4	1	8
Grandview (T)	...	1	1	...	1	3
Gretna (V)	1	...	...	...	...	1
Grey	2	3	2	1	16	24
Hamiota (R)	...	3	19	...	1	23
Hamiota (V)	1	...	9	...	1	11
Hanover	...	3	15	4	27	49
Harrison	...	1	8	2	1	12
Hartney (T)	...	...	7	...	...	7
Hillsburg	2	1	1	2	1	7
Ireland	...	...	1	...	...	1
Kildonan East	3	5	2	4	127	141
Kildonan North	1	2	...	1	4	8
Kildonan Old	...	...	...	...	1	1
Kildonan West	2	6	...	2	78	88
Killarney (T)	1	...	8	...	...	9
La Broquerie	1	...	1	...	5	7
Lac du Bonnet	1	5	1	2	2	11
Lakeview	...	...	1	...	1	2
Langford	...	1	2	...	...	3
Lansdowne	1	2	1	1	...	5
Lawrence	...	2	...	2	...	4
Lorne	4	8	72	...	4	88
Louise	1	2	29	2	1	35
Macdonald	...	2	1	2	10	15
Manitou (V)	...	...	19	...	8	27
McCreary	...	2	1	2	...	5
Melita (T)	...	1	6	...	...	7
Miniota	1	3	9	...	...	13
Minitonas	2	...	...	1	...	3
Minnedosa (T)	2	2	11	...	...	15
Minto	1	3	6	...	...	10
Montcalm	1	1	2	...	17	21
Morden (T)	2	...	3	...	...	5
Morris (R)	4	5	1	...	26	36
Morris (T)	2	...	3	...	10	15
Morton	2	1	12	...	5	20
Mossy River	1	1	1	5	...	8

Balance Sheet as at 30th November, 1931

ASSETS			
	Cost	Depreciation Reserve	Book Value
Land, Buildings, Plant and Equipment:			
Land and Improvements	\$ 10,752.71		\$ 10,752.71
Buildings	549,936.42	\$374,739.45	175,196.97
Plant and Machinery (Heating, Lighting, Water and Sewerage)	85,724.72	85,724.72	
Furniture and Equipment	58,282.49	58,282.49	
Furnishings and Miscellaneous Equipment	17,325.93	12,600.19	4,725.74
Automobiles	5,870.00	5,411.50	458.50
Horses, Harness, etc.	1,572.39	1,572.39	
Spur Track	700.85		700.85
Fire Equipment	3,911.82	3,911.82	
Fire Protection Reservoir	12,304.27	1,722.60	10,581.67
	<u>\$746,381.60</u>	<u>\$543,965.16</u>	<u>\$202,416.44</u>
Reserve Fund:			
Bank of Montreal, Special Acc. Dominion of Canada 4½%		\$ 1,122.43	
Bonds due 1940		19,124.10	
Accrued Interest on Bonds		187.92	
			<u>\$ 20,434.45</u>
Bank of Montreal:			
Fire Protection Account			1.95
Petty Cash			1,500.00
Accounts Receivable:			
Patients' Balances Outstanding Manitoba Sanatorium	\$11,827.75		
Central Tuberculosis Clinic ..	1,204.10		
		<u>\$ 13,031.85</u>	
Provincial Government Levy ..		128,832.88	
Provincial Government Per Capita Grant Accrued Manitoba Sanatorium	\$30,043.50		
Central Tuberculosis Clinic ..	3,473.50		
		<u>33,517.00</u>	
Kennedy Estate Legacy		66.03	
Other Accounts			
Manitoba Sanatorium	\$316.38		
Central Tuberculosis Clinic ..	31.11		
		<u>347.49</u>	
Pay Roll Advances		53.30	
			175,848.55
Inventories and Deferred Charges:			
Supplies on Hand		\$ 22,511.83	
Unexpired Insurance		9,046.29	
			31,558.12
Central Tuberculosis Clinic:			
Goods on Hand		\$ 638.14	
Unexpired Insurance		238.62	
			876.76
			<u>\$432,636.27</u>

LIABILITIES			
Bank of Montreal:			
Demand Loan	\$110,000.00		
Overdraft—General Account	24,667.54		
			\$134,667.54
Accounts Payable			2,967.51
Patients' Entertainment Fund			500.42
Reserve Fund			20,434.45
Christmas Seal Fund			35,575.63
Surplus:			
Balance at Credit, 30th November, 1930 ...	\$286,015.86		
Add: Adjustment, Per Capita Accounts Prior Years	417.50		
			<u>\$286,433.36</u>
Deduct: Adjustment of Prior Year's Maintenance, etc.	\$ 965.15		
Depreciation Reserve	29,002.15		
Excess of Ordinary Expenditure over Income	17,975.34		
			47,942.64
			<u>238,490.72</u>
			<u>\$432,636.27</u>

We report that we have examined the Books and Accounts of the Sanatorium Board of Manitoba for the year ended 30th November, 1931, 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 Board's affairs as at 30th November, 1931, according to the best of our information, the explanations given to us, and as shown by the books of the Board.

RIDDELL, STEAD, GRAHAM & HUTCHISON, C.A.,
Auditors.

Winnipeg, Man., 26th January, 1932.

Maintenance Account for the Year ended 30th November, 1931

	DEBIT		
	Manitoba Sanatorium	Central Tuberculosis Clinic	
Expenses:			
Commissariat—General	\$ 45,959.49	\$11,956.58	
Commissariat—Infirmary	30,619.29		
Housing of Patients	8,573.69	1,889.46	
Professional Care of Patients	52,564.46	14,632.81	
Administration	22,598.74	2,460.16	
Power, Heat and Water	37,476.39	2,442.45	
Repairs, Motor and General	31,892.89	2,721.39	
Laundry and Sewing Room	9,634.90	1,516.92	
Farm and Garden	1,524.99		
			<u>\$278,464.61</u>
Total Expenditure for Administration and Maintenance	<u>\$240,844.84</u>	<u>\$37,619.77</u>	
			<u>\$278,464.61</u>
Other Charges:			
Depreciation—			
Buildings		\$27,496.78	
Furniture		866.29	
Automobiles		393.00	
Fire Protection Reservoir		246.08	
			29,002.15
Out-door Clinics			5,914.98
			<u>\$313,381.74</u>

	CREDIT		
	Manitoba Sanatorium	Central Tuberculosis Clinic	
Income from Earnings:			
Patients—Military, Private, Municipal and City	\$214,755.90	\$18,991.60	\$233,747.50
Provincial Government—Per Capita Grant	50,806.50	6,031.50	56,838.00
Medical Examinations	683.00		683.00
			<u>\$266,245.40</u>
Deduct: Charges for Patients treated out of Levy	137,069.60	11,489.10	148,558.70
			<u>\$129,175.80</u>
Add: Municipal Levy	108,495.67	8,765.86	117,261.53
			<u>\$237,671.47</u>
Other Income:			
Subscriptions and Donations		62.66	
Discounts		455.28	
			517.94
Income Available for Current Administration and Maintenance			<u>\$260,489.27</u>
Appropriation from Christmas Seals Fund			5,914.98
			<u>\$266,404.25</u>
Balance:			
Being Deficit for the year made up thus:			
Depreciation Reserve		29,002.15	
Excess of Ordinary Expenditure over Income		17,975.34	
			<u>46,977.49</u>
			<u>\$313,381.74</u>

MANITOBA SANATORIUM AND CENTRAL TUBERCULOSIS CLINIC

Combined Statement of Per Capita Costs for the Year Ended 30th November, 1931.
As compared with that of previous years.*

	Year ended 30 Nov., 1931.	Per Capita Year ended 30th November		
	Expenditure	Per Capita	1930	1929
Commissariat	\$ 88,535.36	.808	.915	.922
Housing of Patients	10,463.15	.095	.093	.083
Professional Care of Patients	67,197.27	.614	.582	.549
Administration	24,509.46	.224	.229	.254
Heat, Light and Water	39,918.84	.365	.377	.384
Repairs and Maintenance, General	34,614.28	.316	.280	.349
Laundry and Sewing Room	11,151.82	.102	.105	.119
Farm, Garden and Grounds	1,524.99	.013	.016	.013
Direct Maintenance Costs	\$277,915.17	2.537	2.597	2.673
Travelling Expense	178.15	.002		
Sanatorium Board	371.29	.003		
Costs to this Point	\$278,464.61	2.542		
Depreciation	29,002.15	.265	.292	.300
Total Costs	\$307,466.76	2.807	2.889	2.973
Income:				
Earnings	\$259,971.33	2.374	2.496	2.508
Other Sources	517.94	.005	.013	.007
	\$260,489.27	2.379	2.509	2.515
Deficit for the Year	\$ 46,977.49			
Deficit per Hospital Day .....		.427	.380	.458
Total Hospital Days		109,516	100,363	98,553

*The Central Tuberculosis Clinic opened October 4th, 1930. The year ended November 30th, 1929, therefore shows no C. T. C. costs, the year ended November 30th, 1930, two months C. T. C. costs only, while the year ended November 30th, 1931, includes with Manitoba Sanatorium costs a full year of Central Tuberculosis Clinic costs.