

**The
SANATORIUM BOARD
of MANITOBA**

OPERATING

**Manitoba Sanatorium
NINETTE**

**Central Tuberculosis Clinic
WINNIPEG**

and

Tuberculosis Travelling Clinics

CO-OPERATING WITH

**ST. BONIFACE SANATORIUM
KING EDWARD HOSPITAL
AND OTHER AGENCIES**

Report for Year 1931-32

with the Twenty-second Annual Financial Report
for the Year ending the 30th November, 1932

Where there is no vision the people perish.

—BOOK OF PROVERBS

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

San
1931/3

The Sanatorium Board of Manitoba, 1932

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

Honorary Members:

E. L. DREWRY E. M. WOOD HON. CHAS. CANNON

Statutory Members:

Representing the Provincial Department of Public Health:
HON. R. A. HOEY, 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, ROBERT PERFECT

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

Representing St. Boniface Sanatorium: DR. J. D. ADAMSON

Representing Manitoba Medical Association: DR. ROSS MITCHELL

Elected Members:*

ALLAN S. BOND,	A. M. McFADYEN,	COL. J. Y. REID,
DR. E. J. BOARDMAN,	DR. C. A. McKENZIE,	JAMES RICHARDSON,
REV. R. BRODEUR,	DR. J. C. McMILLAN,	IVAN SCHULTZ, M.L.A.
D. C. COLEMAN,	D. L. MELLISH,	DR. R. M. SIMPSON,
T. R. DEACON,	MAJOR G. W. NORTHWOOD	C. E. STOCKDILL,
JOHN McEACHERN,	MAJOR J. P. OLIVER,	A. E. WARREN,
	EDWARD POWER	

Secretary-Treasurer: COL. J. Y. REID

Staff as at January 1st, 1933

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. JOSEPH L. GAYTON, B.A., M.D. JOHN T. CRUISE, M.D.

ALVAH H. HALL, M.D. GORDON M. STEPHENS, M.D.

Lady Superintendent: Miss JEAN HOUSTON, R.N.

Lady Superintendent (Central Clinic): Miss MARGARET McDONALD

Dietitian: Miss DORIS GOULDING

Chief Engineer: J. R. SCOTT

Accountant: JOHN MACK

Chief Radiographer: WALTER ANDERSON, 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.

Auditors: RIDDELL, STEAD, GRAHAM & HUTCHISON

*In May, 1933, Allan S. Bond and D. C. Coleman resigned their memberships
and Mr. C. C. Ferguson was elected.

†Deceased May 29, 1933

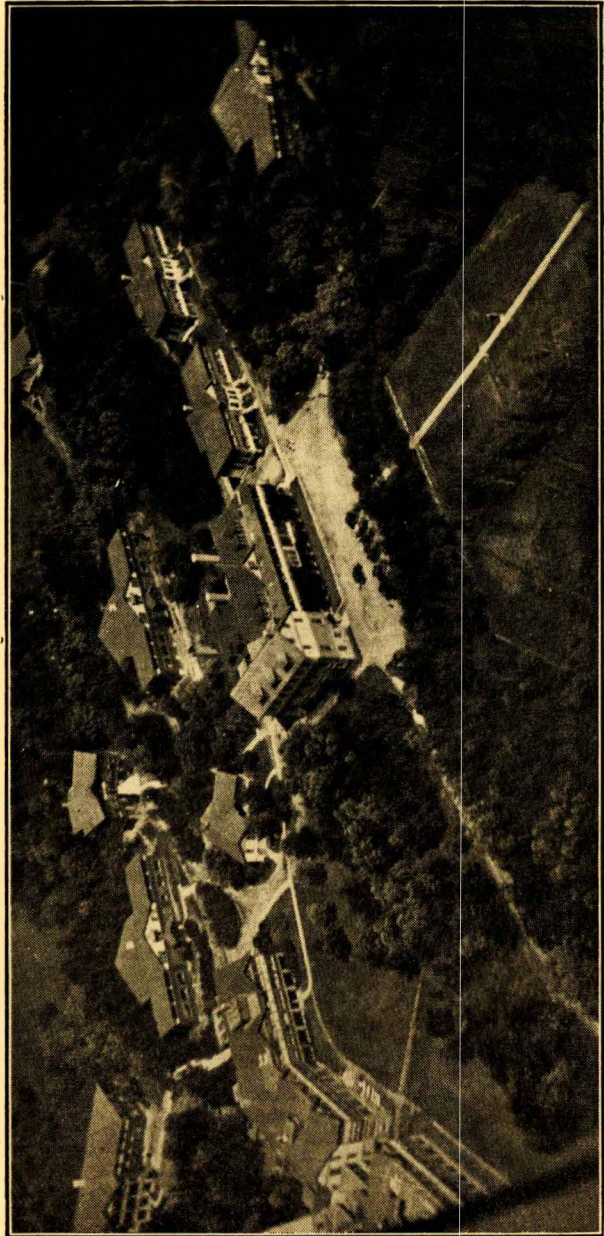


Photo by Mr. Allan Bill

MANITOBA SANATORIUM FROM THE AIR

*He prayeth best who loveth best
All things both great and small.*
—Coleridge.

* * *

Report of the Superintendent

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The Sanatorium Board of Manitoba has two distinct functions; it administers and is responsible for the Manitoba Sanatorium, Ninette, the Central Tuberculosis Clinic, Winnipeg, and the Travelling Clinics; and it endeavors to keep in touch with, and coordinate all anti-tuberculosis effort within the province. This report, therefore, aims to give both a brief survey of anti-tuberculosis work in general, and also more detailed accounts of the work and position of the institutions the Board is definitely responsible for, and administers.

GENERAL SURVEY

The year 1932 began with new reinforcements for the attack upon tuberculosis in Manitoba. The Sanatorium at Ninette had been at work for nearly 22 years, and the King Edward Hospital for about 20. Travelling Clinics had scouted through increasing areas for six years, the Central Tuberculosis Clinic had been open for fifteen months, and the St. Boniface Sanatorium for three months. The Children's Hospital, the Winnipeg General Hospital and the St. Boniface Hospital were making contributions also. It seemed as though the time had come, as at the crucial moment of Waterloo, for the whole line to advance. The whole line did advance, and the year was a maximum year in both work and results.

St. Boniface Sanatorium filled rapidly and was filled during the whole year almost to capacity, with adults and children from the levy area, unorganized territory, and the cities. A clinic for diagnosis of chest diseases is kept up at St. Boniface Hospital. It is a matter of great regret that comparatively early in the year Dr. Adamson's work was interrupted by severe illness.

The King Edward Hospital had its 120 beds filled until unusual freedom of the city from acute infectious diseases gave room in the King George Hospital for almost that number. The King Edward was temporarily closed, and tuberculous patients cared for in the King George remain at 110 to 120. The King Edward keeps up the examination of old patients and their families, and of other contacts and suspects.

The Children's Hospital offers treatment to some children with tuberculosis. Early in 1931 its chest clinic came over and shared the Central Clinic building, the cost during that period being carried by the

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The world is not an Inn but a Hospital—Sir Thomas Browne.

The earth remains jagged and broken only to him or her who remains jagged and broken.—Walt Whitman.

* * *

Central Clinic. After suitable quarters were provided in a new outdoor department, the chest clinic returned to the Children's Hospital where it can have its greatest usefulness.

The Winnipeg General Hospital has always had a few tuberculous patients, in later years chiefly those who are in need of operations in the course of sanatorium treatment. As is well known, surgery has come to have a considerable place in the treatment of this disease.

The considerable number having Sanatorium or hospital treatment for tuberculosis in Manitoba may be indicated by the numbers remaining on treatment on the last day of each month, during the past year, which were as follows: December (1931), 586; January (1932), 600; February, 632; March, 623; April, 628; May, 587; June, 569; July, 570; August, 596; September, 598; October, 607; November, 619; December, 606.

The total number of patients remaining in the various institutions on the last day of December, 1932, from cities, municipalities, and unorganized territory were as follows: Winnipeg City, 222; St. Boniface City, 12; Brandon City, 6; Portage la Prairie City, 1; Municipalities in the levy area, 275; In unorganized areas, 48; Paid for by Department Pensions and National Health, 24; Others—Paid for by Indian Department or paying non-Manitoba patients, 18; Total 606.

TUBERCULOSIS TRAVELLING CLINICS

The Travelling Clinics covered a wider area in 1932 than ever before. 47 separate clinics were held, and 5,102 examinations made. Of all examined, more than half, and of all examined for the first time, nearly all, had been in known contact with disease. Of the 5,102 examined, 677 had tuberculosis. In more than half of these (358) the disease had been known before, but in 269, or five per cent. of all examined, tuberculosis was a new discovery. In 77 of the "new discoveries," or 29 per cent. the disease was considered active and needing Sanatorium treatment. In the others it was thought to need at the present time only advice, oversight, and varying degrees of special care at home. Besides the 269 "new discoveries," 103 were more or less suspected.

In one neglected area with no resident doctor, visited for the first time, there were no fewer than *twenty-six new discoveries*, most of them with advanced and active disease. From this one district sixteen were sent to the St. Boniface Sanatorium in one month. It is in this way that the travelling clinic, as an active agency for finding disease, really created the need for more Sanatorium beds in Manitoba which was met by the building of the St. Boniface Sanatorium.

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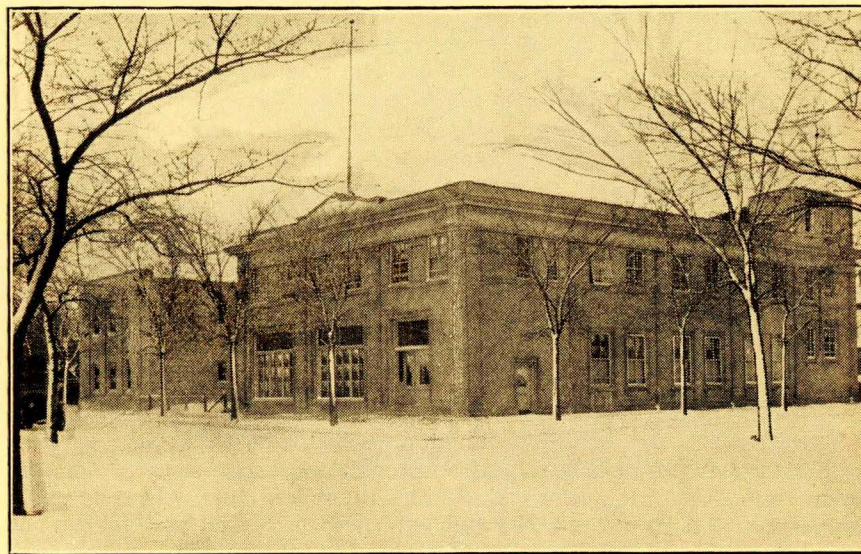
If health be the very source of all pleasure it may be worth the pains to discover the regions where it grows, and the springs that feed it.

—Sir William Temple.

Though a cup of cold water from some hand may not be without its reward, yet stick not thou for Wine and Oil for the wounds of the Distressed.—Sir Thomas Browne.

* * *

Apart from following clues of infection, and finding disease, the Travelling Clinics check over people who have been discharged from Sanatorium, or who do not need to come, and help the doctors with home treatment and supervision. In short, with the full cooperation of medical practitioners and Public Health nurses they give a fair means of control of the tuberculosis problem in the rural areas of the province. *In greater New York in 1932, one person in 140 of the population was examined in tuberculosis clinics. In rural Manitoba in 1932, one person in 70 was examined by the Travelling Tuberculosis Clinics.*



CENTRAL TUBERCULOSIS CLINIC, BANNATYNE AVENUE, WINNIPEG

Besides an enquiry into tuberculosis and other chest diseases these clinics give a rare opportunity for finding other health-impairing conditions that people themselves either are not aware of or not impressed by, and so have not yet brought to their doctors for examination and advice. A clinic is usually followed locally by a needed cleaning up of many such conditions.

* * *

I expect to pass through this world but once. Any good thing, therefore, that I can do, or any kindness that I can show to any fellow-creature, let me do it now. Let me not defer or neglect it, for I shall not pass this way again.—Anon.

*Mortals ask, "What property has a man left behind?"
But angels ask, "What good deeds has he sent on before him?"*
—The Koran.

CENTRAL TUBERCULOSIS CLINIC

The Central Tuberculosis Clinic in Winnipeg keeps a door open every day for examinations, and has general "catch all" wards for reception and observation. About half the people examined belong to Winnipeg. On an average about 30 beds are occupied with patients in emergency, or for observation, or awaiting admission to sanatoria.

During 1932 the total visits for examination were 4,164, among which 1,901 were first visits. Among those who made first visits 275 were definitely tuberculous, and among these 183 were new discoveries. Total admissions or re-admissions to the wards were 397. This number being about ten times the bed capacity shows the "catch all" character of the work done, with a "turn over" of about 100 per cent. of patients per month. Visits in 1932 were 21 per cent. more than in the previous year, and treatments days 28 per cent. more. The cost per visit was lowered per cent. during 1932, and the cost per treatment day 14 per cent.

The Central Clinic as an open door, always available alike for city and country, meets a real need, and proves its usefulness almost every hour. It helps every day to decide if disease is present, if it is healed or active, if treatment is needed or not, if infection has spread or not; to differentiate between unlike diseases that have like symptoms, and, not least important, to relieve anxiety in many who have been exposed and are filled with worries. As a "catch all" or clearing house it is invaluable, and its usefulness will be not less but greater if limitations should have to be placed upon the length of Sanatorium stays.

TOTAL CLINIC WORK

The Sanatorium at Ninette has an open door also for the examination of people with chest diseases, or of contacts and suspects. During 1932 these "outside" examinations at Ninette numbered 791. A considerable proportion were of old patients who returned for review and advice, but 19 examinations resulted in new discoveries of tuberculosis.

The three agencies directly under the Board, the Manitoba Sanatorium, Ninette, the Travelling Clinics, and the Central Tuberculosis Clinic, Winnipeg, apart from patients under treatment, made 10,054 examinations in 1932. Besides reviewing and advising many people with known tuberculosis, and reassuring many who had been in contact, or were suspected of disease, these agencies discovered hitherto unknown tuberculosis in 471 people, advised with doctors accordingly, and arranged for treatment when necessary. This we consider a remarkable service to the people of the province, city and country, rendered for the most part without any extra demand whatever upon public funds.

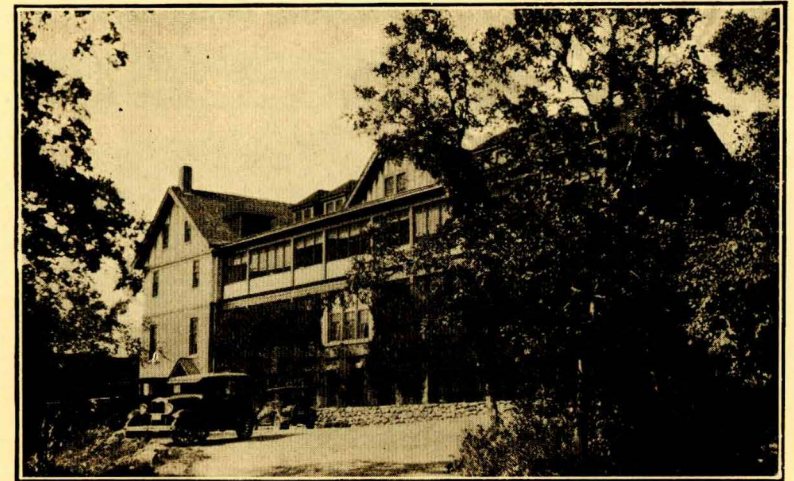
*Die when I may, I want it said of me by those who knew me best,
that I always plucked a thistle and planted a flower where I thought a
flower would grow.—Abraham Lincoln.*

*It is a wise rule to take the world as we find it, not always to leave
it so.—Confucius.*

The additional and very valuable clinic work done by the King Edward Hospital, the Children's Hospital, St. Boniface Hospital and other agencies has been mentioned above, and will be dealt with in detail in the reports of these institutions. All these anti-tuberculosis agencies are in cooperation and accord, and there is practically no over-lapping.

MANITOBA SANATORIUM, NINETTE

At the Sanatorium at Ninette the year was one of hard thorough-going work. Since the Travelling Clinics are staffed from Ninette, and their results worked out there, the extra large year of work in the field swelled activities at home. It was a year not only of hard work but of



ADMINISTRATION BUILDING, MAIN ENTRANCE TO THE SANATORIUM, NINETTE, MAN.

rigid economy. The opening of the St. Boniface Sanatorium near the Winnipeg centre of population, the increasing inability of patients to pay railway fare, and our efforts to lower the cost of tuberculosis to the province by discharging patients as soon as they could possibly go, have all tended to reduce numbers under treatment. About four per cent. fewer days' treatment were given than in 1931. In spite of reduction in treatment days the cost per patient day at Ninette was lowered 11 per cent. during 1932.

Taking in the whole scheme, all the activities of both the Sanatorium at Ninette and the Central Tuberculosis Clinic, in both diagnosis and treatment, including administration, but excluding the travelling clinic,

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

To know just what has to be done, then to do it, comprises the whole philosophy of practical life.—Sir Wm. Osler.

* * *

which has its own basis, the reduction in cost per patient day, as compared with 1931 was more than 11½ per cent. During the year farther reductions were made which promise still lower costs for 1933. The greatest effort has been made to reduce costs without impairing efficiency.

At the time of publication of this report in June, 1933, the costs have been lowered considerably below those of 1932 (about 13 per cent.).

At Ninette, school work among the patients and staff is still one of the features of the place. During 1932 about 160 belonged to one branch or another of the school, and an average of 102 at any given time. Besides junior work, and the teaching of English to non-English people, ninety departmental papers were written—all but a very few with success.

Ninette is still a centre for the teaching of medical students, as the Central Clinic is also.

Several studies were made, and papers written during the year by members of the staff. Papers read or published or republished were as follows:

DR. D. A. STEWART,

Robert Koch, the Man and His Work.
Tuberculosis Among Nurses.
The General Hospital and Tuberculosis.
Redeeming the Time in Hospital.
When a Province Tackles Tuberculosis.

DR. E. L. ROSS,

Diagnosis of Tuberculosis Fifty Years Ago and Now.
Tuberculosis in Nurses—re-published.
Primary Carcinoma of the Lung.

DR. J. T. CRUISE,

Erythema Nodosum in Undergraduate Nurses and its Relation to Tuberculosis (This paper was awarded a prize by the Canadian Tuberculosis Association.)

THE CAMPAIGN

The most important questions are two, how effective is our campaign against tuberculosis in Manitoba? and how can it be carried through the present difficult times?

It need not be told to anyone who knows the disease tuberculosis, or to one who has even read thus far in this report, that what we aim at is not merely the care, and if possible, cure, of individuals suffering from this disease. That phase of the work is important, but it is only a part of a greater work, the general clearing up of tuberculosis. It is to that end that sanatorium care and clinic examinations alike are aimed. Are we getting anywhere?

* * *

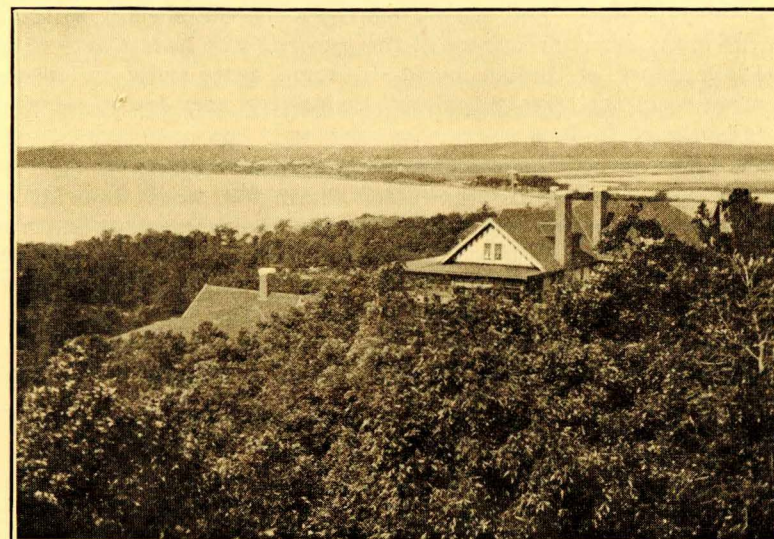
It is the little things, in microbes or morale, that make us, and it is the little things that break us.—Kipling.

Want of care does more damage than want of knowledge.

—Poor Richard.

* * *

We think we are. It was not until three or four years ago that clinics anything like adequately covered the province, and the Central Clinic and the St. Boniface Sanatorium are newer even than that. The provincial Department of Public Health reports to the government in 1933 that already "Tuberculosis as a cause of death and disability may have passed the peak, and with the continued efforts on the part of those agencies responsible for its control and care we should see a steady decline in both cases and deaths from this cause." The two chief



ADMINISTRATION BUILDING WITH LAKE, AND VILLAGE OF NINETTE IN DISTANCE

agencies mentioned are "the supervision by the travelling clinics operated by the Manitoba Sanatorium Board and the visits of the Public Health Nurses."

With this opinion we agree, but yet would like to point out—and we are sure the Department would agree—that there are special obstacles in Manitoba to the control and eradication of tuberculosis. The chief of these undoubtedly is Indian blood not only on the reserves but in the general population. It is true that the Indians are wards of the federal government, and that any medical care they need is not a responsibility upon the people or government of Manitoba, but upon the people and government of Canada. But so far as their influence on tuberculosis infection, illness and death are concerned, they are just as much residents

* * *

The care of the sick is to be placed above and before every other duty.—Saint Benedict.

Happiness is a perfume you cannot pour on others without getting a few drops on yourself.—Emerson.

* * *

of the province as though they were citizens; and there has been from early days a very great admixture of blood, which is diffusing widely into our general population the Indian lack of resistance to tuberculosis.

Briefly stated, Manitoba has 15,268 Indians in a population of 700,139, or 2.2 per cent. Deaths from tuberculosis among these Indians in 1931 were 108 out of a total of 429, or 24.9 per cent. of the total deaths for the province. The Indian tuberculosis death rate is thus fifteen times the rate for non-Indians. And apart from those classed officially as Indians there are many ordinary citizens of the province who have a very considerable admixture of Indian blood—in some cases quite as high an admixture as in the “treaty Indians” themselves, very few of whom are now full-blooded Indians.

The effect of the known Indian tuberculosis deaths is such that Manitoba death rate, with this factor eliminated, would drop at once from 61 to 47 per 100,000 population. In 1931 the tuberculosis death rate in Ontario was 50 per 100,000, while that in Manitoba was 61. But when “treaty Indian” deaths were eliminated, Ontario and Manitoba had equal death rates of 47. The Manitoba disadvantage of “treaty Indian” tuberculosis deaths compared with Ontario amounts to eleven deaths per hundred thousand population, or, on the basis of Ontario, 22 per cent.

Among the provinces, Manitoba stands second highest, with British Columbia only beyond it, in proportion of Indian population, and British Columbia has a higher tuberculosis death rate. But in mixture of Indian blood in the general population, which the census enumerator takes no cognizance of, it is pretty well agreed that Manitoba has more than any other province. It is a *fact* that Manitoba tuberculosis death rate drops from 61 to 47 when “treaty Indian” deaths are counted out. It is not a proven fact, but a warranted conjecture, that with the deaths of people of mixed blood counted out, the rate would drop to about 30. However, for better or for worse, these elements are in our population, and will remain, so we must make our plans accordingly.

Treatment cannot be given by Manitoba agencies to “treaty Indians,” unless on payment by federal funds, and even the Travelling Clinics cannot investigate the reserves. Yet these clinics are right in the middle of this problem of Indian or mixed blood in half the places they visit, and perhaps one of the chief values of the Travelling Clinics is that they are scouts constantly along this border line. By examinations in communities of mixed blood, by some examinations in Indian Schools, and occasionally of Indians, they are adding both to our knowledge and our safety.

* * *

We must stop letting Today be the effect of Yesterday, and begin to make it the cause of Tomorrow.—W. D. Kendall.

It is the melancholy face that gets stung by the bee.
—Japanese Proverb.

* * *

As has been already stated, patients are under treatment from (1) the four incorporated cities, chiefly Winnipeg (2) unorganized areas or disorganized municipalities, and (3) organized municipalities, comprising towns, villages and wholly rural municipalities. This latter division can be briefly called “the Levy Area,” as it has paid for the Sanatorium care of its non-paying patients by a general levy for the past twenty years. The levy began with \$25,000 which was sufficient for the time, and has been increased from time to time until in 1928 it was established at \$120,000. Since that time bad economic conditions have tended to increase disease, and at the same time make arrangements for care at home more difficult. Belief in sanatorium treatment has grown, so that more who need care wish to come in, the new St. Boniface Sanatorium has made a special appeal to those near the population centre of the province, and to the French-speaking sick. As a result of all these tendencies the number of treatment days given to levy area patients went up from 67,031 in 1930 to 74,217 in 1931 and to 98,483 in 1932. While the services carried by the levy have been thus increased the levy itself remained the same, and indeed has been decreased by the part-payment of taxes out of which the levy is paid. The sanatoria are thus in a position of giving services, and not able to stop giving them, and yet are only partly paid for them, even after getting the provincial per capita grant.

The whole question of maintenance has become extremely difficult. In the institutions under the authority of the Board, non-essentials have been sacrificed, staffs reduced, pay-rolls cut, and needed services provided as cheaply as possible. So far no patients needing care have been refused, though the need of treatment has been more closely scrutinized. And we have tried to get patients out a little sooner than would have been the rule a year or two ago, though it would be regrettable if the policy of doing the job thoroughly should have to be much altered, and patients return home still in danger of recurrence of disease.

On the whole Manitoba can take credit for having tackled her problem fairly efficiently, and also economically. Our tuberculosis death rate is considerably lower than the average for Canada, but in two provinces it is still lower than ours. We have an equipment for dealing with tuberculosis that is above the average. No province serves its centres or covers its territory better with clinics for diagnosis, and in no province are the people more generally interested. The difficulties of the times are great. The most rigid economy is necessary. But this successful accomplishment of twenty-three years is now more useful to the province than ever before, both in what is being done to clean up present disease and in the prevention of future disease. We must see that the essentials are kept going somehow until better days come.

* * *

I swear the earth shall surely be complete to him or her who shall be complete.—Walt Whitman.

Prosperity will return when men cease trying to restore the past and begin to build for the future.—Walter Lippman.

* * *

CHRISTMAS SEALS

The Sanatorium Board and the Superintendent acknowledge with sincere thanks the generous purchase of Seals during the past Christmas season. While scattered receipts are still dropping in, the amount received, clear of costs, and available for work, is \$7,207.88.

This is now being used in holding clinics here and there throughout the province. As shown in the report of the Superintendent, 47 such were held last year, 5,102 people examined in them with the use of x-ray films, and 269 new discoveries of tuberculosis made, 26 in one neglected district.

The Board considers this work one of the most useful under its auspices, and deeply appreciates the cordial support that makes it possible, especially the help of many people who insisted on giving a little out of very narrow resources.

The Superintendent wishes to acknowledge also a great number of very kind letters of appreciation and encouragement sent with Christmas Seal remittances. He has made it a rule to acknowledge all such letters personally, but if in the bustle of the Christmas—and *Christmas Seal*—season, one or two have not been replied to, he can assure the senders that all have been read and very greatly appreciated.

Purchasers of Christmas Seals will understand that acknowledgement of remittances as a routine is scarcely possible; indeed the cost would make a considerable inroad into the fund available for needed clinic work. If for any reason a receipt is asked for we are always glad to send it.

The Canadian Christmas Seal for 1933 shows a fair-haired maiden singing in the village choir.

Once more—to all who have bought Christmas Seals—or will buy them in 1933—our sincere thanks.

Donations—January 1932 to April 1933

During this period the Manitoba Sanatorium received:

From the Estate of the late Agnes Fulton Lothian, one thousand dollars.

From the estate of the late George Velie, five hundred dollars.

The residual estate of the late Elizabeth Johnston, of Belmont, yielding during 1932, one hundred dollars.

From the estate of the late John Yellowlees, a small property on Pelican Lake.

CASH DONATIONS

Alpha Phi Fraternity, Winnipeg, \$50.00; Alpha Phi Fraternity, Winnipeg (1932), \$100.00; I.O.D.E., Boissevain, \$16.50; I.O.D.E., Boissevain (1931), \$50.00; Mrs. W. F. Crosbie, in several gifts, \$175.00; Heber Archibald, \$50.00; W. J. Hilton, \$10.00; A. Whitney, \$5.00; M. A. Robinson, \$5.00; Annie Kibler, \$10.00; E. L.

What I say is, Life ain't all you want, but it's all you 'ave; so 'ave it; stick a geranium in yer 'at, an' be 'appy.—W. L. George.

* * *

Drewry, \$10.00; Mrs. C. G. Carruthers, \$25.00; Mrs. Cox Smith and Mrs. J. A. Simons, \$5.00; Miss G. McPherson, Brandon Hills, \$2.00; Mrs. E. Blackert, Selkirk, \$5.00; A.M. Freeman, \$9.50; Gordon A. Stovel, \$10.00; Ladies' Auxiliary, Canadian Legion, Ninette, \$15.00; A. S. Bond, \$5.00; Johnston McPherson, Brandon, \$5.00; Miss A. M. Hollingsworth, \$4.00; Charles Dalton, \$4.00; Mrs. W. H. Burge, \$10.00; G. A. Carruthers, \$5.00; Angus McIntyre, \$5.00; Miss Norah Julius, \$4.00; J. McEachern, \$10.00; A. E. Warren, \$10.00; Canadian News Co., \$5.00; Monarch Life Assurance Co., \$10.00; W. J. Gage & Co., \$5.00; E. C. Kelly, \$5.00; Federal Grain Ltd., \$11.00; Price, Waterhouse & Co., \$5.00; A. C. Fraser, \$5.00; Thos R. Deacon, \$5.00; Malcolm A. MacQueen, \$10.00; A. M. Campbell, \$5.00; Wm. Wallace, \$5.00; Ernest Briggs, \$3.00; C. E. Hunting, Jr., \$10.00; Howard Winkler, \$10.00; J. R. Murray, \$5.00; Archbishop Sinnott, \$10.00; T. Griffin, \$5.00; R. C. Morton, \$5.00; C. C. Fields, \$25.00; Alex. McLeay, \$5.00; W. Walkden, \$7.50; Mrs. John A. Girvin, \$5.00; George Serle, \$5.00; Miss Louise Spratt, \$5.00; Mrs. Wm. M. Hodgkinson, \$5.00; Mrs. M. A. Stewart, \$5.00; Ida K. Armstrong, \$5.00; M. M. McBean, \$5.00; Robert Smith, \$5.00; Arthur E. Scott, \$4.00; W. S. Atchison, \$5.00; Ethel M. Hall, \$5.00; Fred Read, \$5.00; J. M. Gilchrist, \$10.00; Chas. Irwin, \$5.00; Fred Wyatt, \$5.00; Safeway Stores Ltd., \$5.00; John Saunders, \$5.00; Wawanesa Mutual Ins. Co., \$25.00; Paulin Chambers Co. Ltd., \$5.00; Clarence H. Bennett, \$5.00; Lamont & Davidson, \$5.00; W. H. Duff, \$5.00; George Thompson, \$5.00; John R. Hogg, \$5.00; Robt. Young, \$10.00; William Gray, \$5.00; John L. Corlett, \$5.00; Standard Underground Cable Co., \$5.00; T. G. Roberts, \$5.00; H. S. Paterson, \$10.00; Frank L. Taylor, \$5.00; H. Hilton, \$10.00; Great West Saddlery Co., \$5.00; H. B. Shaw, \$5.00; F. B. Wells, \$30.00; A. McKinnon, Brandon, \$3.00; A. Andison, Winnipeg, \$25.00; The Busy Bees, Brandon Hills, \$8.00; Mrs. S. M. Russell, Portage la Prairie, \$15.00; Teck Chapter I.O.D.E., Brandon, \$5.00; Plum Creek Chapter, I.O.D.E., Souris, \$10.00; Rev. R. H. Fotheringham, MacGregor, \$2.50; J. M. Wanless, \$5.00; Mrs. John A. Machray, \$5.00; Frank Sandison, \$3.00; Victoria M. Hawley, \$3.00; J. M. Henry, \$3.00; Mrs. Richard Lea, \$5.00; Smith-Fess & Denison, \$25.00; A. Newman, \$5.00; Henderson Bros., \$5.00; G. W. Allan, \$5.00; A. E. Master, \$5.00;

FLOWERS

Mrs. Wilson, Belmont; Mrs. Sykes, Hilton; Mr. Olaf Anderson, St. James, bulbs; Anglican Church, Killarney; Anglican Church, Ninette; Anglican Church, Belmont; Mr. A. R. Mundy, Oakville, bulbs.

BOOKS AND MAGAZINES

Miss Georgie McPherson; Brandon Hills; A. R. Leigh, Ninette; Red Cross, Belmont; The Canadian Ranok; The North-West Review; The Brandon Sun, and Mr. Readhead; Edward Anderson, K.C.; J. G. Mundie; Miss Major; Mrs. D. A. McArthur; Mrs. R. Jackson; The National Home Monthly, and The Dickens Fellowship, Winnipeg.

OTHER GIFTS

Booth Fisheries, fish; Canadian Legion, Winnipeg, oranges, grapes; Canadian Legion, Auxiliary, Brandon, pyjamas; Mrs. Roach, Killarney, games; Mr. Goff and Mr. Cumming, St. Andrews, eggs; Mrs. C. E. McPherson, knitted bed jackets and bed socks; Mr. and Mrs. O. S. Wood, Ninette, Christmas cake; Mr. J. R. K. Millen, Winnipeg, fur robe; Mr. and Mrs. John McEachern, piano; Henderson Ltd., Winnipeg, directory; Canadian Legion, Ninette, pyjamas; Simmons Co., Winnipeg, per Mr. Brownlee, biscuits; Scott & Bathgate, Winnipeg, chocolates; Kraft-Phenix Co., Winnipeg, cheese; Mrs. F. Crosbie, grapes; Ladies Aid, Grund, Christmas boxes; Odd Fellows, Belmont, Christmas boxes; W. M. S. United Church, Dauphin, pyjamas; Miss Agnes Baird, Chinese rug for assembly hall; Mrs. M. H. Abromowich, pass-over bread and fruit.

Balance Sheet, as at

30th November, 1932

ASSETS

	Cost	Depreciation Reserve	Book Value
Land, Buildings, Plant and Equipment:			
Land and Improvements	\$ 10,752.71		\$ 10,752.71
Buildings	549,936.42	\$402,236.27	147,700.15
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	13,466.48	3,859.45
Automobiles	5,870.00	5,804.50	65.50
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	1,968.68	10,335.59
	<u>\$746,381.60</u>	<u>\$572,967.35</u>	<u>\$173,414.25</u>
Endowment Fund:			
Cash on Hand		\$ 139.00	
Bank of Montreal, Belmont ..		364.35	
Investments at Cost as per Schedule 6		23,763.92	
Accrued Interest on Bonds ..		133.68	
			<u>24,400.95</u>
Special Building Fund:			
Bank of Montreal		\$ 270.62	
Investments at Cost as per Schedule 6		7,816.07	
Accrued Interest on Bonds ..		67.50	
			<u>8,154.19</u>
Seal Trust Fund:			
Cash on Hand and in Bank ...			824.38
Cash on Hand			4.73
Petty Cash			1,500.00
Accounts Receivable:			
Patients' Balances Outstanding			
Manitoba Sanatorium	\$ 11,905.85		
Central Tuberculosis Clinic ..	2,785.25		
		\$ 14,691.10	
Provincial Government Levy ..		123,721.24	
Provincial Government Per Capita Grant Accrued			
Manitoba Sanatorium	\$ 33,602.40		
Central Tuberculosis Clinic ..	10,401.50		
		<u>\$ 44,003.90</u>	
Bequests			
Johnstone Estate	\$ 3,050.00		
MacNichol Estate	1.00		
Yellowlees Estate	1.00		
Velle Estate	1.00		
		<u>\$ 3,053.00</u>	
Sundry Accounts Receivable ..		375.42	
			<u>185,844.66</u>
Inventories and Deferred Charges:			
Supplies on Hand			
Manitoba Sanatorium	\$ 18,770.74		
Central Tuberculosis Clinic ..	780.97		
		<u>\$ 19,551.71</u>	
Unexpired Insurance			
Manitoba Sanatorium	\$ 5,319.80		
Central Tuberculosis Clinic ..	791.32		
		<u>6,111.12</u>	
			<u>25,662.83</u>
			<u><u>\$419,805.99</u></u>

LIABILITIES

Bank of Montreal:		
Demand Loan	\$134,206.64	
Accrued Interest Thereon	632.02	
		<u>\$134,838.66</u>
Overdraft—General Account	29,681.63	
Money Order Account	147.56	
		<u>\$164,667.85</u>
Accounts Payable:		
Trade Accounts	\$ 240.07	
Patients' Safekeeping	50.00	
		<u>290.07</u>
Trust and Loan Company of Canada:		
Mortgage re Johnstone Estate Bequest..		1,150.00
Patients' Entertainment Fund		948.46
Endowment Fund:		24,400.95
Special Building Fund		8,154.19
Christmas Seal Fund		35,589.94
Deferred Revenue:		
Bequest—Johnstone Estate Agreement for Sale		1,900.00
Surplus:		
Balance at Credit 30th November, 1931 ..	\$238,490.72	
Add: Proceeds Sale of Farm Equipment on which depreciation fully provided	130.00	
Valuation of Bequests as per Contra ..	3.00	
		<u>\$238,623.72</u>
Deduct: Adjustment Proportion of Levy for the year ended 30 November, 1931	\$ 353.01	
Sundry Adjustments—		
Revenue applicable to year ended 30 November, 1931	231.50	
Unpaid Balance Bequest Kennedy Estate	66.03	
Adjustment Per Capita Grant for year ended 30 November, 1931	3,448.55	
Excess of Ordinary Expenditure over Revenue	22,817.91	
Depreciation Reserve	29,002.19	
		<u>\$ 55,919.19</u>
		<u><u>182,704.53</u></u>
		<u><u>\$419,805.99</u></u>

We report that we have examined the Books and Accounts of the Sanatorium Board of Manitoba for the year ended 30th November, 1932, 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, 1932, 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., 4th February, 1933.

Medical Reports and Tables

MANITOBA SANATORIUM

	M.	F.	T.	
Patients in Sanatorium 1st January, 1932	142	128	270	
Patients admitted for treatment during 1932	123	133	256	
Patients admitted for diagnosis during 1932	332	459	791	
				— 1,317
Patients discharged from treatment during 1932	140	132	272	
Patients discharged from diagnosis during 1932	332	459	791	
Patients remaining at 31st December, 1932	125	129	254	
				— 1,317

CENTRAL TUBERCULOSIS CLINIC

	M.	F.	T.	
Patients in Clinic on 1st January, 1932	13	15	28	
Patients admitted for treatment during 1932	179	204	383	
Patients admitted for diagnosis during 1932	1,600	2,153	3,753	
				— 4,164
Patients discharged from treatment during 1932	177	204	381	
Patients discharged from diagnosis during 1932	1,600	2,153	3,753	
Patients remaining on 31st December, 1932	15	15	30	
				— 4,164
Examined in Travelling Clinics during 1932				5,102
Grand Total Patients dealt with during 1932				<u>10,583</u>