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SANATORIUM BOARD  
OF MANITOBA



REPORT  
*for the year 1947*

OPERATING

X-Ray Surveys

Travelling Tuberculosis Clinics

Central Tuberculosis Clinic

WINNIPEG

Manitoba Sanatorium

NINETTE

Dynevor Indian Hospital

SELKIRK

Brandon Sanatorium

BRANDON

Clearwater Lake Indian Hospital

THE PAS

CO-OPERATING WITH

St. Boniface Sanatorium

King Edward Memorial Hospital

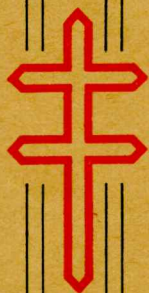
and Other Agencies



*Where there is no vision the people perish*

—BOOK OF PROVERBS

LIBRARY COPY  
SANATORIUM BOARD OF MANITOBA



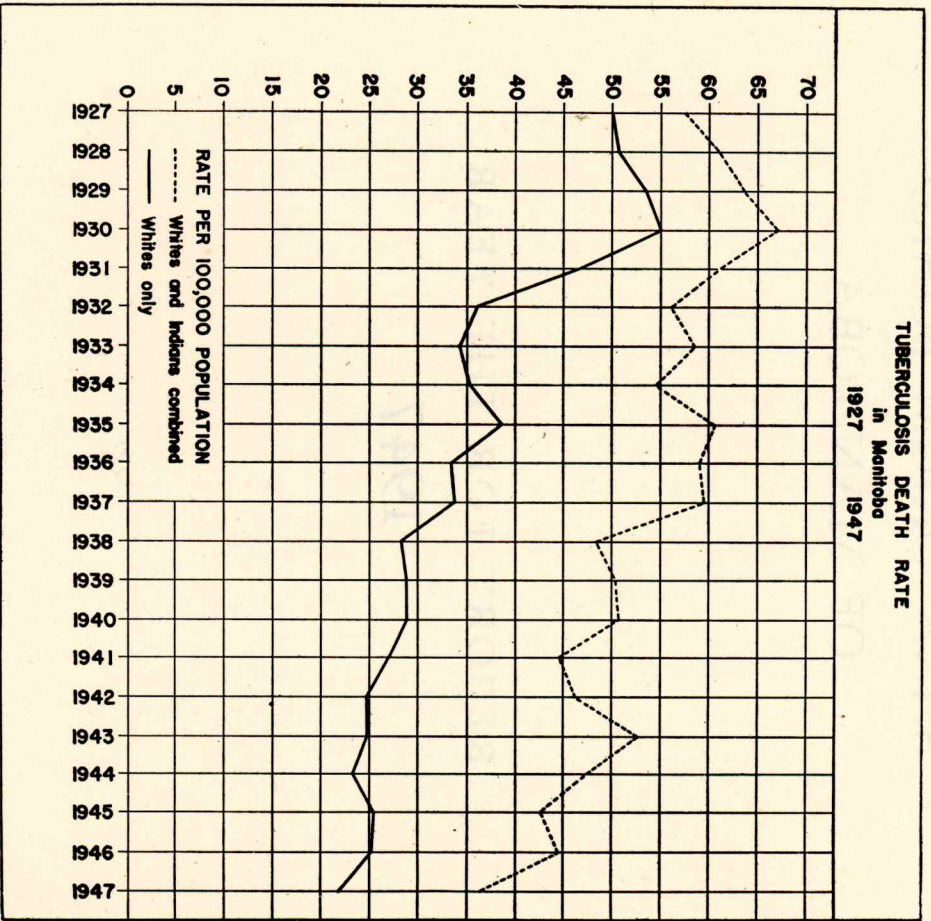
SANATORIUM BOARD  
OF MANITOBA

REPORT FOR THE YEAR  
1947

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Winnipeg, Manitoba

# The Problem



	1941	1947
Cases under supervision in Manitoba.....	4,261	5,490
Examinations.....	7,545	276,839
New cases diagnosed—active.....	539	829
—inactive.....	155	489
Total.....	694	1,318
Deaths.....	304	264

## TUBERCULOSIS DEATHS

Year	Whites and Indians		Whites		Indians	
	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths
1927.....	57.6	375	50.1	320	471.2	55
1928.....	61.0	405	50.7	331	633.9	74
1929.....	63.5	430	53.4	355	611.6	75
1930.....	67.1	462	55.1	373	725.8	89
1931.....	61.3	429	46.8	322	872.5	107
1932.....	56.3	397	36.1	250	1198.7	147
1933.....	58.5	414	34.4	239	1427.1	175
1934.....	54.9	389	35.3	246	1103.6	143
1935.....	60.8	432	38.6	269	1257.9	163
1936.....	59.1	420	33.4	233	1443.1	187
1937.....	59.6	426	33.6	236	1446.3	190
1938.....	48.5	349	28.3	200	1149.9	149
1939.....	50.6	367	28.5	203	1126.3	164
1940.....	50.7	369	28.5	203	1140.0	166
1941.....	44.9	328	27.1	194	920.3	134
1942.....	46.4	336	24.9	177	1092.0	159
1943.....	52.9	384	24.9	177	1421.6	207
1944.....	47.5	348	23.5	168	1129.7	180
1945.....	42.8	316	25.3	186	928.5	130
1946.....	44.5	322	25.2	183	992.8	139
1947.....	36.7	264	21.9	154	709.4	110

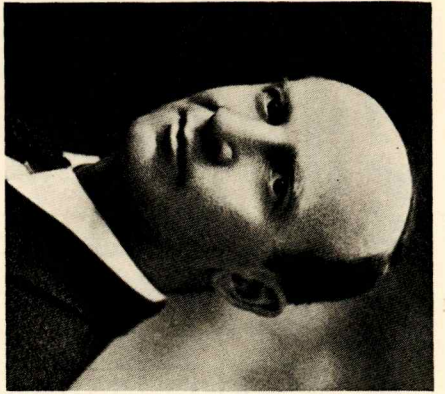
"A greatly intensified program of tuberculosis control has been inaugurated during the past year by the Manitoba Sanatorium Board. The immediate result of such a program is to find a lot more people suffering from tuberculosis. But the most important point in this regard is that the disease is found in its early stages and—although the immediate result is an actual shortage of beds—the ultimate result should be a reduction in the number of beds required, due to the shorter period of time a person suffering from minimal disease will have to be hospitalized."

—HON. IVAN SCHULTZ,  
*Activities, Dept. of Health and Public Welfare, 1948.*

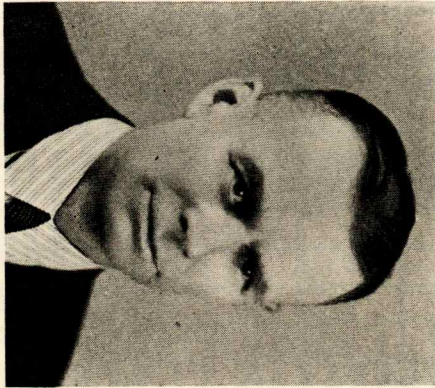
### CAUTION

"The favorable trend in the death rate should not be allowed to foster complacency."  
 "Indeed, it should call forth greater effort, since it is known how tuberculosis can be wiped out. If there were enough beds to isolate and treat promptly all new cases and all known to have positive sputum, the span of one generation would witness a marked reduction in the number falling victim to the disease."  
 "As long as active cases have to remain at home, the fight against tuberculosis will be held back."

—From the report of the Medical Director



HON. IVAN SCHULTZ,  
Minister of Health and Public Welfare,  
Manitoba.



F. W. JACKSON, M.D.,  
Deputy Minister.

"The members of the Sanatorium Board of Manitoba deserve the warmest thanks of the public for the magnificent service they have rendered in the campaign against tuberculosis. The Board, of which Major G. W. Northwood is now chairman, has had a long and distinguished record. A very large number of prominent citizens of this province have served on the Board, or are serving on it, and giving unstintingly of their time and effort to its work. No sacrifice of time, or energy, or effort, has been too much for them to make and they have built up a reputation for efficient, economical management of sanatoria that is second to none in Canada. The record of the Sanatorium Board in the past is the best guarantee of efficiency for the future."

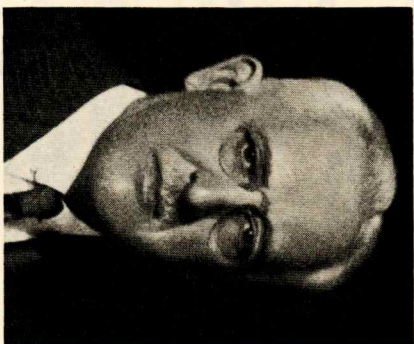
—HON. IVAN SCHULTZ,  
*"Activities, Dept. of Health and Public Welfare, 1948."*

## SANATORIUM BOARD OF MANITOBA

### Honorary Life Members



HON. CHARLES R. CANNON  
A member since 1912.



A. K. GODFREY, ESQ.  
A member, since 1936,  
Chairman of Finance Committee,  
1940-43;  
Vice-Chairman of the Board,  
1944-46.



T. R. DEACON, ESQ.  
A member since 1934.



EDWARD POWER, ESQ.  
A member since 1931.

## THE BOARD—1947

### Executive

Chairman	MAJOR G. W. NORTHWOOD
Vice-Chairman and Chairman, Administration Committee	MR. D. I. MELLISH
Chairman, Finance Committee	MR. WM. WHYTE
Chairman, Brandon Sanatorium Committee	MR. J. N. CONNACHER
Honorary Solicitor	MR. I. PITBLADO, K.C.
Member, Executive Committee	MR. W. R. DEVENISH

### Honorary Life Members

HON. CHARLES CANNON  
MR. A. K. GODFREY

### Statutory Members

Representing the Provincial Department of Health and Public Welfare	{ HON. IVAN SCHULTZ, K.C. DR. F. W. JACKSON DR. E. W. MONTGOMERY
As Municipal Commissioner	HON. W. L. MORTON
Representing Union of Manitoba Municipalities	MR. R. BARRETT
Representing St. Boniface Sanatorium	MR. W. E. CLARK
Representing King Edward Memorial Hospital	MR. J. B. T. HEBBERT DR. A. C. SINCLAIR DR. D. MCINTYRE

### Elected Members

DR. J. D. ADAMSON	MR. H. A. GREENAUS	DR. ROSS MITCHELL
MR. J. N. CONNACHER	MR. C. D. HART	MR. G. W. NORTHWOOD
MR. T. R. DEACON	HON. J. O. MCLENAGHEN, K.C.	MR. I. PITBLADO, K.C.
MR. W. R. DEVENISH	DR. J. C. McMILLAN	MR. EDWARD POWER
MR. C. E. DREWRY	MR. D. L. MELLISH	MR. J. W. SPEIRS
MR. W. H. FRENCH	DR. A. F. MENZIES	MR. WM. WHYTE

### Medical Advisory Committee

DR. J. D. ADAMSON	DR. A. F. MENZIES
DR. M. BOWMAN	DR. ROSS MITCHELL
DR. F. W. JACKSON	DR. E. W. MONTGOMERY
DR. M. S. LOUGHEED	DR. B. H. OLSON
DR. D. MCINTYRE	DR. E. L. ROSS
DR. J. C. McMILLAN	DR. D. L. SCOTT
DR. J. R. MARTIN	DR. A. C. SINCLAIR
DR. W. J. WOOD	

### Consultants

Radiology	J. C. McMILLAN, M.D., F.A.C.P., F.R.C.P., A. GIBSON, M.D., M.A., M.B., Ch.B., F.R.C.S., F.R.S.E.
Orthopedics	HENRY FUNK, M.D., B.A., L.M.C.C. H. D. MORSE, M.D., C.M., F.R.C.S. (C) (Brandon) R. P. CROMARTY, M.D., B.A., M.B., M.Sc.
General Surgery	(Brandon) H. S. EVANS, M.D., L.M.C.C., F.R.C.S. (Edin.), F.R.C.S. (C) (Brandon & Ninette) R. O. McDIARMID, M.D., L.M.C.C.
Ear, Eye, Nose and Throat	and

Honorary Attending Staff, Winnipeg General Hospital.

### Secretary-Treasurer

T. A. J. CUNNING

### Auditors:

RIDDELL, SPREAD, GRAHAM AND HUTCHISON

## THE STAFF—1947

EDWARD LACHLAN ROSS, M.D.  
**Medical Director**

### Prevention

TRAVELLING TUBERCULOSIS CLINICS AND SURVEYS	
Survey Director	WM. L. RUTLEDGE, Ph.D.
Physician	D. F. McRAE, M.D.
Chief Radiographer	WALTER ANDERSON, R.T.
Secretary	MISS G. H. BOWMAN

### Treatment

#### CENTRAL TUBERCULOSIS CLINIC

Medical Superintendent and Assistant Medical Director	D. I. SCOTT, M.D.
Superintendent of Nurses	MISS A. M. WATERS, R.N.
Secretary to Medical Superintendent	MISS E. MCGARROL
Radiographer	E. ACKROYD, R.T.
Laboratory Technician	HENRY DANILEYKO

#### MANITOBA SANATORIUM

Medical Superintendent and Surgeon	A. I. PAINE, B.A., M.D.
Medical Assistants	{ E. H. DOBBS, M.D. A. H. POVAH, M.D. F. P. HUIKE, M.D. MISS MARGARET GOLDSMITH, R.N.

#### Superintendent of Nurses

Dietitian

Accountant

Secretary to Medical Superintendent

Chief Engineer

Radiographer

Chief Laboratory Technician

Steward

Accountant

Chief Engineer

Radiographer

Laboratory Technician

Purchasing Agent

Medical Superintendent

Superintendent of Nurses

Accountant

Secretary to Medical Superintendent

Chief Engineer

Radiographer

Medical Superintendent

Superintendent of Nurses

Accountant

### Re-employment

#### REHABILITATION DIVISION

Director

Rehabilitation Officer

Records

Director

Secretary

#### CENTRAL TUBERCULOSIS REGISTRY

Miss Elsie J. Wilson, R.N.

Miss Gladys McGarrol

THE following friends of the institutions operated by the Sanatorium Board of Manitoba have made gifts or bequests of five hundred dollars or more.

Sir James Aikins, K.C., LL.D.	Mrs. Agnes F. Lothian
Mr. W. F. Alloway	Dr. W. S. McInnes
Mr. J. H. Ashdown	Mr. Wm. McKenzie
Hon. Colin H. Campbell, K.C.	Mr. M. McKittrick
Mr. E. L. Drewry	Mr. A. R. McNichol
Mr. F. W. Drewry	Sir Augustus Nanton
The T. Eaton Co. Ltd.	Mr. F. Nation
Mr. C. H. Enderton	Mr. W. McG. Rait
Mr. Mark Fortune	Rat Portage Lumber Co. Ltd.
Messrs. G. F. and J. Galt	Mr. H. E. Sellers
Dr. Wilfred Good	Mr. G. Shields
Great West Coal Co. Ltd.	Hon. Clifford Sifton, K.C.
Mr. H. E. Hammond	Dr. D. A. Stewart
Mr. E. F. Hutchings	Mr. F. W. Thompson
Mr. H. W. Kennedy	Mr. G. Velie
	Mr. W. Warnock

## REPORT OF THE CHAIRMAN

For the year ending 31st December, 1947

### GENTLEMEN:

I have pleasure in welcoming you to this, the thirty-seventh annual meeting of the Sanatorium Board of Manitoba.

The reports of Mr. Mellish, Chairman of the Administration Committee, and of Mr. Whyte, Chairman of the Finance Committee, were presented at the last meeting of the Board; and Dr. Ross Mitchell, Chairman of the Medical Advisory Committee, will make his report today. These reports will be included in the Minutes. They review in detail the important items of Finance and Administration and I am sure you will appreciate the excellent work accomplished.

### THREE YEARS' PROGRESS — PREVENTION

In 1945 a broadened and intensified drive against tuberculosis in Manitoba was inaugurated by the Board, in close co-operation with all anti-tuberculosis agencies in Manitoba, including the Government, City, and public spirited citizens. The over-all plan then conceived has been developed step by step. It will be interesting to review the development that has taken place since that time.

For nearly 20 years before 1945 the Board conducted an active travelling clinic programme at some 40 to 50 centres throughout the Province, annually. The Travelling Clinic, with headquarters at Ninette, operated as a diagnostic and follow-up unit serving widely throughout the Province. Latterly, technical advances in the manufacture of X-ray equipment made it possible to consider the establishment of a system whereby chest X-ray films might be taken not only of people who were suspected of having tuberculosis but also of apparently healthy people; in other words, of the whole population. The Board took advantage of this technical development to lay plans for sending out a mobile unit that would X-ray whole communities. A 35 mm. X-ray unit was acquired in 1945, and that year a total of 65,384 persons were X-rayed in the Province.

During 1945 the Associated Canadian Travellers at Winnipeg and Brandon offered their assistance in fund raising for the Tuberculosis Preventive Campaign. Since that time, both in the collection of money and in the carrying of educational messages into all communities that they visit, they have done a magnificent piece of work. Their support has made possible the purchase of two modern 70 mm. mobile X-ray units, with the consequence that we were able to give free chest X-ray films to 260,298 people in 1947.

In 1947 the amounts received for the Christmas Seal Fund and raised through the activities of the Associated Canadian Travellers have again increased. The funds are used exclusively for the mass X-ray surveys, the travelling clinics, rehabilitation, and other aspects of the preventive programme. The generous response of the citizens of Manitoba has made possible the prevention of much illness and the saving of many lives.

### MORE BEDS FOR TREATMENT

In the summer of 1945, the Department of National Health and Welfare took over the former United States Army hospital at the airport, The Pas, and entered into a contract under which the Sanatorium Board of Manitoba operated the hospital for the treatment of Indians suffering from tuberculosis. This hospital, subsequently named Clearwater Lake Indian Hospital, has provided facilities for the treatment of some 80 patients since that time. A substantial construction program is now being brought to a conclusion and within a few months the bed capacity at the hospital will be increased to approximately 160. The Hospital has developed into an important treatment and clinic centre, primarily serving the Indian population but also of great advantage to the white population in Northern Manitoba.



G.W. NORTHWOOD

In the summer of 1947, the Department of National Health and Welfare also took over the former Veterans Hospital at Brandon and entered into an arrangement with the Sanatorium Board of Manitoba under which the Board operates the institution now known as the Brandon Sanatorium. The organization of personnel and the instituting of administrative procedures were carried out smoothly in close co-operation with the Government departments concerned, and with valued and loyal assistance from senior members of the Department of Veterans Affairs staff, many of whom transferred to employment with the Board. This institution is primarily for the treatment of Indians suffering from tuberculosis, but in addition, 30 Polish war veterans are hospitalized there. Some 200 patients already are under treatment at Brandon, and the bed capacity will be approximately 235.

The acquisition of these additional treatment facilities now brings approximately 770 treatment beds under the direct administration of the Board. Close and continued co-operation has been maintained with the St. Boniface Sanatorium and the King Edward Memorial Hospital, the City of Winnipeg Health Department, and Provincial Health Units. Wherever policies or principles affecting these groups were involved, there was close consultation with their officers, and with members of the Advisory Board representing them. The Dominion and Provincial Departments of Health and Welfare have given us full co-operation.

#### LIVES SAVED

In consequence of all these developments, we are able to report for 1947 that preliminary figures indicate the lowest tuberculosis death rate ever achieved in Manitoba, viz., 36.7 per 100,000 for whites and Indians combined, and 21.9 per 100,000 for white people alone. In 1947 there was a decrease of 18 percent, and 58 fewer people died from tuberculosis during the 12 months just completed than in the year 1946. We believe that all who have contributed to the anti-tuberculosis programme can take pride in this achievement.

#### BUILDING NEEDS

Expansion of the Board's work and the programme of centralization, including the transfer of the survey and travelling clinic headquarters to Winnipeg, have made more pressing the need for some addition to the Central Tuberculosis Clinic. The Clinic building is becoming overcrowded and structural changes in it will be reviewed with the Provincial Department of Public Works.

Due to the high cost of building and to many other pressing considerations, it has not yet been possible to complete plans for modernization and replacement of buildings at Manitoba Sanatorium, some of which are rapidly becoming obsolete and in need of major repairs. This is a matter of the greatest importance and in due course specific recommendations will be made and plans instituted to improve the standard of physical facilities at this, the oldest and largest tuberculosis centre in the Province.

#### FINANCE AND ADMINISTRATION

Negotiations have been carried on with the Provincial Government with a view to placing the financing of tuberculosis treatment on a sound basis. Treatment rates still in effect were established in 1929 and are obviously quite inadequate in view of present day costs. While no official announcement can be made at this time, arrangements with the Province have been fairly well agreed upon and legislation is being introduced at the present session of the House to implement the proposals.

Our Honorary Solicitor, Dr. Isaac Pitblado, K.C., has given valuable assistance in connection with the proposed new legislation.

During 1946 a process of modification of the Board's organization was commenced, with centralization of the direction and administration in Winnipeg. The Medical Director, Dr. E. L. Ross, was transferred from Ninette to Winnipeg. General direction of all the business activities of the Board was specifically assigned to the Secretary-Treasurer, and changes were made in the Executive Office staff to facilitate the co-ordination and efficient conduct of the Board's affairs. Dr. Ross and Mr. Cummings will give their reports at this meeting.

In 1946, after long consideration, a pension plan was established for employees of the Board, which already has contributed greatly to the security and stability of the staff.

#### APPRECIATION

Owing to the fact that we are now running five hospitals—three for the Dominion Department of National Health and Welfare, as well as the Manitoba Sanatorium and the Central Tuberculosis Clinic—the work of the Board has greatly increased during the past few years. We have, however, a competent staff and I take this opportunity of expressing my sincere thanks for their excellent work. To the Superintendents and Staffs of all the hospitals under our charge, I wish to express my sincere appreciation for the excellent work they have done during the year.

- We appreciate the co-operation and support given us by the following:
1. The Dominion Government—Department of National Health and Welfare.
  2. The Provincial Government—Department of Health and Public Welfare.
  3. Union of Manitoba Municipalities.
  4. The City of Winnipeg Health Department and King Edward Hospital.
  5. The Rev. Sister Superior, the Medical Director and Advisory Committee of the St. Boniface Sanatorium.

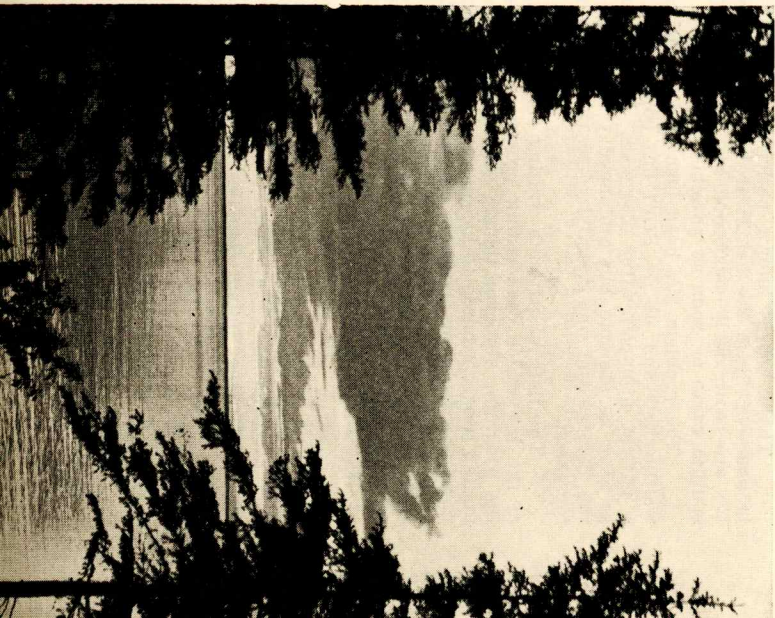
Words cannot express my thanks for the loyal support given me by the members of our Board. We will ask you to honour two members of the Board, Mr. Edward Power and Mr. T. R. Deacon, who have rendered valuable service during a long period of years, by appointing them Honorary Life Members.

I look forward with confidence to the continued support of the citizens of Manitoba, and trust that our combined efforts during the coming years will help to reduce to a minimum the ravages of tuberculosis in our Province.

Respectfully submitted,

G. W. NORTHWOOD,

Chairman, Sanatorium Board of Manitoba.





## REPORT OF THE MEDICAL DIRECTOR

THE outstanding features in the campaign against tuberculosis in Manitoba during 1947 were:—

### PREVENTION

1. A more than twofold increase in case-finding activities by mass X-ray surveys. There were 260,298 people X-rayed by this method in 1947 compared with a total of 108,742 in the two years 1945-46.
2. A comprehensive survey and case-finding program among Indians.
3. Progress in vaccination with B.C.G. for staff and others who are exceptionally exposed to danger of infection.

(The detailed sections of this report covering Prevention generally and the Care of Indian Patients are printed elsewhere in this booklet, in the divisions to which they refer.)

### TREATMENT

4. Provision of over 200 more beds for Indians at the Brandon Sanatorium, which was taken over by the Sanatorium Board on June 15, 1947.
5. Continuing lack of enough beds to hospitalize immediately all new, active cases among white people.

The total number of known tuberculous patients in Manitoba on December 31, 1947 was 5,490, of whom 4,364 were whites and 1,126 Indians. Of these, 986 were in Sanatoria—706 whites and 280 Indians. Most of the remainder are inactive and non-infective and carry on at home and at work safely for themselves and others by having periodic examination and advice.

There are 64 known patients with positive sputum at home, although in some of these the bacilli are found only by gastric lavage or by culture. We are particularly concerned about this group and try to admit all positive sputum cases as soon as possible.

The problem has been insufficient treatment beds. All institutions have waiting lists and, as Dr. Scott has pointed out, it is seldom possible to admit a patient promptly after diagnosis. Patients are discharged from sanatoria as soon as possible but prolonged treatment is necessary to assure arrest of the disease and non-infectivity, so that the rate of turnover can scarcely be increased.

The lists of patients waiting to be admitted are, of course, the result of the intensified case-finding program, and the waiting lists may grow with the program. For even though all patients cannot be treated at once, the case-finding program needs to be continued and extended. Lack of immediate treatment and isolation partially nullifies the advantages of early diagnosis. But still it is better to discover the disease, to advise, and admit as soon as possible in order of urgency, rather than have cases develop unknown to the patient or ourselves.

Beds for treatment	Beds	Occupancy Dec. 31/47
Central Tuberculosis Clinic	51	48
Manitoba Sanatorium	275	258
Dynevor Indian Hospital	50	49
Brandon Sanatorium	200	161
Clearwater Lake Indian Hospital	80	82
St. Boniface Sanatorium	270	238
Winnipeg Municipal Hospitals	140	150
Total	1,066	986

6. Need of more adequate assistance to be made available for families of hospitalized wage earners.

It should also be drawn to the Board's attention that a problem constantly confronted is the welfare of the family when the wage earner has to take treatment for tuberculosis.

Present assistance provided is inadequate and may not be forthcoming at all unless the family is from unorganized territory or eligible for Mother's Allowance. I believe no family is suffering for want of food or shelter but the absence of any definite plan of assistance is a deterrent to early admission.

No doubt in some cases planned assistance for the family when the patient returns home would make possible earlier discharge from Sanatorium and would be a factor in reducing relapses.

This subject is a live issue and this winter Dr. Wherrett has been collecting information from the various provinces with a view to a thorough discussion at the Canadian Tuberculosis Association meeting in May, 1948.

### RESULTS

7. A decided drop in tuberculosis deaths during the year, for both white people and Indians.

Fifty-eight fewer people died of tuberculosis in Manitoba in 1947 than in 1946, a decrease of 18 percent, from 322 deaths in 1946 to 264 last year. This sets a new low record rate of 36.7 per 100,000 for whites and Indians combined, and for white people alone a rate of 21.9 per 100,000.

This continues the marked decline in the death rate from tuberculosis in Manitoba during the last 20 years, of which details are shown in the graph and table on pages 2 and 3. In 1927-47, the rate dropped 36 percent, or from 57.6 to 36.7 per 100,000. In 1927 there were 375 deaths compared with the 264 in 1947.

For whites alone, the improvement has been even more striking. The rate has decreased 56 percent, from 51.0 to 21.9 per 100,000. In 1927 there were 320 deaths of whites; in 1947—154.

For Indians, the rate is still appalling—30 times the death rate for whites. But you will note a definite reduction during the last three years.

### CAUTION

The favorable trend in the death rate should not be allowed to foster complacency. Indeed, it should call forth greater effort, since it is known how tuberculosis can be wiped out. If there were enough beds to isolate and treat promptly all new cases and all known to have positive sputum, the span of one generation would witness a marked reduction in the number falling victim to the disease. As long as active cases have to remain at home, the fight against tuberculosis will be held back.

### APPRECIATION

I thank the Chairman of the Sanatorium Board, the Chairmen of the various committees, the Secretary-Treasurer, and all members of the Board for their assistance and guidance throughout the year. I thoroughly appreciate the devoted and able work of the Assistant Medical Director and of the Superintendents of the Board's institutions and enjoy the pleasant and co-operative relationship with them. I also realize that successful operation depends upon the work and faithful duty of all heads of departments and staff generally. I thank the Superintendents of St. Boniface Sanatorium and of the King Edward Memorial Hospital and their staffs for their complete co-operation and cordial association. I am grateful to the Provincial Department of Health and the Winnipeg Department of Health, to the Central Tuberculosis Registry, the Department of Veterans Affairs, and the Department of Indian Affairs.

Respectfully submitted.

E. L. ROSS, M.D.,

Medical Director.



## REPORT OF THE SECRETARY-TREASURER

THE year 1947 has marked another considerable extension in the anti-tuberculosis campaign in Manitoba with corresponding increase in the volume and responsibilities of business administration of the Board's affairs. During the year, 52 meetings of the Board or its committees were held, and considering that no meetings were called in July and only one in August, it can be seen that there is close and constant supervision of affairs by officers and members of the Board.

### HIGHER PRICES — HIGHER COSTS

Probably the most difficult problem to be faced during the year was the increase in the price of almost all commodities it was required to purchase. Food is the largest single item purchased in hospital operation; and according to the Dominion Bureau of Statistics, food prices in Winnipeg increased by 22.7%. Almost without exception prices of other supplies increased accordingly. There is some indication that the peak of the rise in prices has been experienced, and it is hoped that this proves to be the fact.

Rising costs throughout 1947, with income for Provincial patients remaining fixed at levels set in 1929, have made substantial deficits inevitable. Direct expenditure for operation at Manitoba Sanatorium amounted to \$3,664 per patient day, as against income of \$2,953 per patient, or a deficit of \$.711 per patient day. At the Central Tuberculosis Clinic, cost per patient day was \$4,341 as against income of \$3,014 or a deficit of \$1,327 per patient day. Gross costs increased 22% at Manitoba Sanatorium and 18% at the Central Tuberculosis Clinic as compared to 1946.

During the year, rates in effect with the Department of Veterans Affairs were revised upwards and negotiations were continued with the Minister of Health and Public Welfare towards a revision upwards of the rates for Provincial patients.

The outstanding municipal levies at December 31st, 1947, were \$71,784.79, of which Manitoba Sanatorium and Central Tuberculosis Clinic's share was \$43,760.09. It is to be noted that only slightly over \$4,000 of this outstanding amount applies to years prior to 1947. Except for a small balance, the current amount has been paid over to the Institutions concerned since December 31st.

The Dominion Government assumes the full cost of operation of Clearwater Lake Indian Hospital, Brandon Sanatorium, and Dyrnevot Indian Hospital. This policy of backing the expressed desire to reduce the toll of tuberculosis among Indians with the necessary expenditure of money to accomplish the result is highly commendable.

### FINANCIAL POSITION

Bank loans at December 31st, 1947—apart from those on behalf of Dominion Government institutions—stood at \$256,216.64. The advance from Endowment Fund No. 2 was reduced during the year to \$5,000 and has since been repaid in full. Insurance to an adequate amount has been kept in force to cover the Board's liability in respect to fire, public liability, employees' liability, fidelity, motor vehicle, and property damage risks. All coverage has been reviewed regularly and placed to effect the greatest economy and security.

Total assets of the Sanatorium Board as at December 31st amounted to \$1,259,529.63. Depreciation Reserve against Fixed Assets amounted to \$653,944.23. Total expenditure for the treatment and prevention of tuberculosis by all departments and institutions operated by the Board was \$839,329.50 of which \$112,852.07 was expended from contributed funds for Travelling Clinics, Surveys, and Rehabilitation.

Contributions to the Christmas Seal Fund and other donations for preventive work during the year amounted to \$68,434.58, together with the notable contribution from the Associated Canadian Travellers of \$48,000.00, or a total of \$116,434.58.

This active help and financial support by the citizens of Manitoba for the preventive work has made possible much of the achievement which the Medical Director has reported in the reduction in death rate. All who support the cause can be sure that their contributions are saving many lives and preventing much ill-health.

In closing, I should like to express again gratitude for the counsel and guidance of the Chairman and Vice-Chairman of the Board and the Chairman of the Finance and Brandon Sanatorium Committees. The continued support and assistance of all members of the Board is very deeply appreciated. The cordial relations enjoyed with the Medical Director, the Medical Superintendents and members of the staff throughout the Board's organization are a constant source of pleasure and satisfaction.

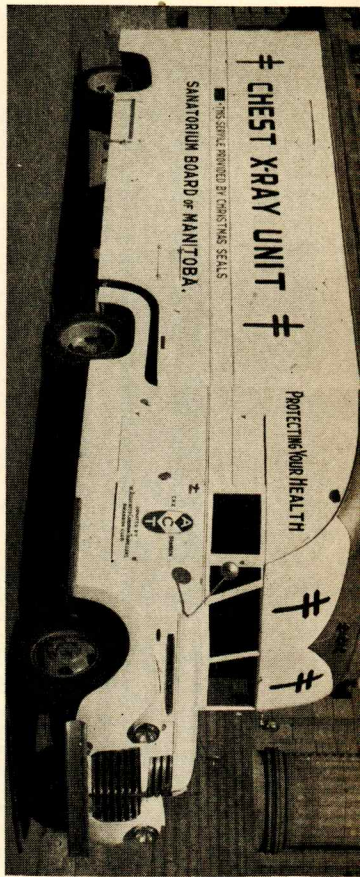
Respectfully submitted,

T. A. J. CUNNINGGS,

Secretary-Treasurer.

After completing treatment in sanatorium, former patients return to suitable work in business and industry. This young lady is a competent worker in an aircraft factory.





In one day, 1,250 people can be X-rayed by this 70mm mobile unit, using movie-type film.

# Prevention

(From the report of the Medical Director)

EARLY discovery and early treatment of tuberculosis is the only effective means of preventing the disease and of ultimately reducing it to minor importance as a cause of illness and death.

Therefore, the search for early disease and for spreaders of infection has been greatly intensified and the Board's greatest accomplishment of 1947 was the wide extent of the case-finding program by mass X-ray surveys. A second mobile 70 mm. unit given by the Associated Canadian Travellers was put into use in July, 1947, and the continuous operation of the two units made possible this greatly expanded work.

Examinations by all tuberculosis clinics and surveys in the province totalled 276,839, which more than doubles the number examined in 1946. Populations of over 80 municipalities were X-rayed. Now the whole of rural Manitoba has been covered, except for a few isolated points.

By June, 1948, the Winnipeg X-ray survey now in progress will be finished, which will complete the first chest X-ray coverage in the history of this province. And already several municipalities have had their second survey.

## Examinations in 1947

Stationary clinics .....	10,457
Travelling Clinics .....	6,084
Surveys .....	260,298
Total examinations .....	276,839

Included in the above figures are 39,096 X-ray examinations by the Winnipeg Health Department, the films being interpreted by the medical staff of the Sanatorium Board. The present Winnipeg survey is being conducted by the Board in co-operation with the City Health department.

## ASSOCIATED CANADIAN TRAVELLERS

The fund-raising and educational work of the Associated Canadian Travellers has been invaluable to the Sanatorium Board of Manitoba during the last three years.

In 1947, the Brandon and Winnipeg clubs of the Associated Canadian Travellers raised and gave to the Board \$48,000. This amount, together with sums previously given, made a total of \$83,424 given by the Travellers up to December 31, 1947, for the prevention and control of tuberculosis. Since January 1, 1948, the Brandon Club has paid in a further \$14,500 and the Winnipeg Club a further \$17,500—a grand total to date of \$115,424 given by the Travellers.

Both the 70mm mobile X-ray units now in use for mass surveys were bought out of these funds. Thanks and appreciation are extended to the Associated Canadian Travellers for this invaluable help, and to radio stations CJOB and CKX for their splendid support of the Travellers' campaign.

## New Cases of Tuberculosis diagnosed in Manitoba

	Whites	Indians	Eskimos	Total
1946 .....	900	280	7	1,187
1947 .....	1,086	597	3	1,686

## VALUE OF SURVEYS AND CLINICS

With the amount of money spent on surveys, it seemed important to determine the relative value of case-finding methods. Therefore a detailed analysis of new cases among white people was made to determine how they were discovered and at what stage of disease.

The 1,043 cases analysed were divided into two groups:—Those in whom tuberculosis was found when they went to physicians in private practice to seek relief from certain symptoms—this group totalled 273 or 26 percent of the cases analysed. And those in whom the disease was found when people supposed to be well were examined by X-ray surveys or by clinics, travelling or stationary—this group totalled 770 or 74 percent of the cases analyzed. (Of this 770, a total of 572 were found by surveys.)

The results of the analysis were as follows:

	By physicians in private practice	By surveys and clinics
New cases analyzed .....	273	770
Advanced disease .....	20% of cases seen	4% of cases seen
Minimal disease .....	28% " " "	75% " " "
Active disease .....	86% " " "	40% " " "
Positive Sputum .....	25% " " "	6% " " "

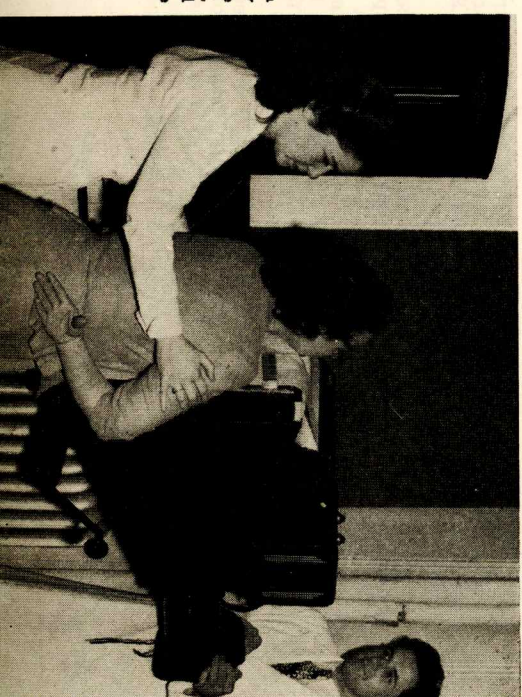
It should be clearly understood that the above findings are no discredit to private physicians. The findings simply demonstrate that by the time tuberculosis produces symptoms, the disease has progressed much farther than when discovered by the X-raying of people who seem well.

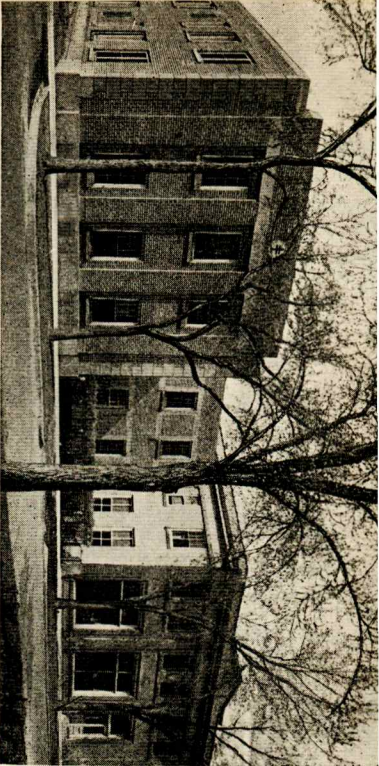
The above analysis would certainly seem to prove the need for continuing the present survey program. A more complete analysis is included in the statistical records on page 41.

## VACCINATION WITH B.C.G.

General hospitals are becoming more interested in this method of affording protection to their nurses who may be unavoidably exposed to tuberculosis infection. Dr. Scott has reported fully on this work at the Central Tuberculosis Clinic. During 1947 there were 991 vaccinations—726 at the Central Clinic and 265 at the Manitoba Sanatorium.

The City of Winnipeg Health Dept. made 39,096 X-ray examinations among large employee-groups in 1947, the films being interpreted by the medical staff of the Sanatorium Board.





Central Tuberculosis  
Clinic

# Treatment

## CENTRAL TUBERCULOSIS CLINIC

IT is again my privilege to report to the Sanatorium Board on the activities of the Central Tuberculosis Clinic during the past year. It has been a year of many changes and much work, as will be noted in the attached statistical report covering the work of the various departments and the Clinic work in general. Total visits of 10,033—the largest number in our 17 years of operation—show an increase over the previous year of 880, which is a considerable increase and quite a strain on our present Clinic facilities. It is becoming more and more evident that our present setup for out-patient work is not adequate to handle much more of an increase.

Under ideal Clinic conditions each referred case would have a thorough and complete examination, including X-ray and laboratory work. But this has been impossible in past years, chiefly due to lack of medical staff and space. Dr. McRae, with his many years of experience, has been of great assistance, but, with the growing amount of survey and travelling clinic work, part of his time is spent in that department.

Lectures on Tuberculosis were given to nurses in three of the larger hospitals and to Medical students, as well as consultation service for the Winthrop General Hospital. The necessary clinical and administration work in connection with an in-patient population of between 40 and 50 and an out-patient department doing more than 10,000 procedures a year—in addition to the above services, which are also a necessary part of our work—is proving to be more than can be efficiently handled.

There were 334 people admitted to the ward during the year, and 328 discharged—close to 100 percent turnover. Of 93 discharged home it is safe to assume that a number of them would have gone to a Sanatorium for further treatment if beds had been plentiful.

There were 16,504 treatment days in 1947, an occupancy of 88 percent, which clearly shows that there were few beds to spare for diagnostic investigation purposes. In late years, our function as a diagnostic centre and clearing house has been lost because of our inability to transfer immediately those in need of Sanatorium care. With our intensified Survey and Travelling Clinic program more and more cases are being found that need investigation and diagnosis, and Clinic beds should be available for this purpose.

There were 317 new cases of tuberculosis diagnosed at the Central Clinic during the year. 131 were discovered on first examination, 67 discovered on re-examination, and 119 found on inspection of X-ray films sent for reading and diagnosis. It is gratifying to note that far advanced disease is becoming less frequent coincident with more active case-finding methods.

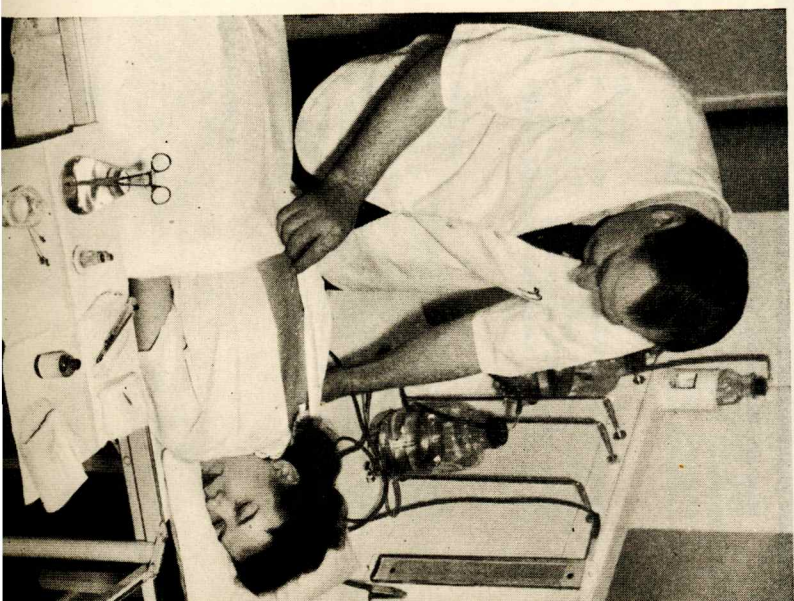
**Admitting Desk and Operating Room:** The admitting nurse is responsible for the admitting of patients for examination and treatment. She is also in charge of the operating room, which means that each one of the 10,000-odd visits went through either of her departments. When one considers that we had an increase of over 800 visits last year the increase in work can be more fully appreciated, not only for her departments but for all departments.

**Laboratory:** The laboratory work has increased so much and procedures have become so time-consuming that we have had to acquire an assistant for the laboratory technologist, Mr. Daneleyko. This past year our laboratory has been responsible for giving B.C.G.—the tuberculosis vaccine—to groups of unavoidably exposed people. Of these vaccinations 726 were given in 1947 to such groups as the Winthrop General Hospital student nurses, Medical Students, Deer Lodge Hospital staff, Grace Hospital student nurses, Selkirk Mental Hospital student nurses, Practical Nurses, and some other smaller groups. The time elapsed is too short to offer any report on results.

**General Office:** The office staff reports on and co-relates all this work, and has had a full year, as can well be imagined. A new filing system was put into effect on August 1, 1947. It saves clerical time, takes less filing space, and is working effectively. Further to relieve our overcrowded files and provide cabinets for other necessary files, we are weeding out the negative records of all patients examined up to August 1, 1947, the relevant data being copied on cards.

**Nursing and Domestic Staffs:** The ward has been well staffed by both nursing and domestic staffs, and they are responsible for the excellent care given to patients. They have had a particularly busy year and many very sick patients to care for.

Respectfully submitted,  
D. L. SCOTT, M.D.,  
Medical Superintendent.



B.C.G. vaccine protects those who may be unavoidably exposed to tuberculosis infection. Here the vaccine is being administered.

## MANTOBA SANATORIUM

MANTOBA Sanatorium has just completed its 38th year of operation. As in the last few years, staff shortages have played a major role in the amount and quality of work done. The shortage of graduate and practical nurses has continued, but attendants' staff has been adequate. Domestic staff has noticeably improved with the coming of 15 displaced girls in October. These girls are working out well.

Medical staff has undergone some changes, with Dr. Dobbs off work for part of the time and Dr. Carey transferred to Brandon Sanatorium in June, 1947. Dr. Fovah and Dr. Hulke came on staff last spring and Dr. Posner this fall. At present medical work is going nicely with younger members well broken into their various duties.

The affiliate course in practical nursing has now completed its first full year of operation. Groups have been regular in attendance and have received a thorough course of medical and nursing lectures and all possible ward training and demonstration. Miss Margaret Goldsmith, Superintendent of Nurses, has done excellent work both in her ordinary duties and in carrying on this affiliate course. Ward supervisors and other permanent nursing staff have also given valuable training to these affiliates.

### MAINTENANCE AND CONSTRUCTION

Maintenance becomes an increasing problem with our buildings, which are now old and in need of constant repair. General upkeep has been good. In addition general repair and painting of outsiders of buildings was begun on a large scale and it is hoped that a great deal of this work can be completed this year.

The entire women's staff quarters in the Main Building is being redecorated. This includes repainting, building of clothes closets, linoleum in hallways and some refurnishing of rooms. The work is going well and is half completed. Considerable improvements were made on infirmary wards. New nurses' washrooms were built. Utensil sterilizers were installed in service rooms and new dish washing and sterilizing equipment installed in diet kitchens.

Altogether there have been more improvements in existing buildings than in many years. However, there is urgent need for an extensive new building programme. Most immediate needs are a new infirmary unit, a nurses' home to increase staff accommodation, and some building to house recreational facilities.

### PATIENTS

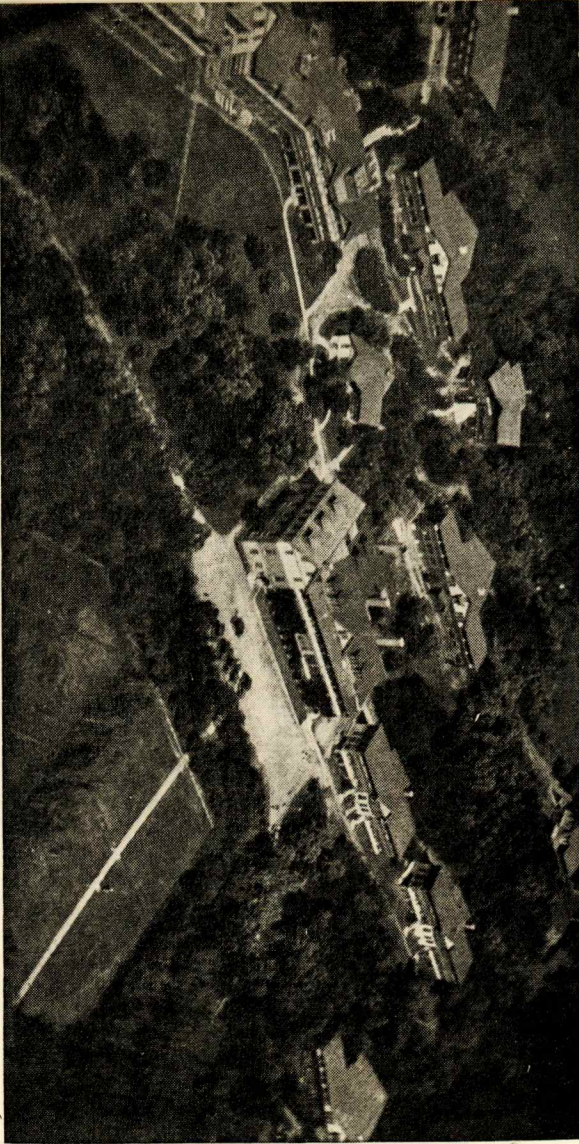
Patient population over the whole year was slightly lower than for 1946, but higher than the two previous years. Total treatment days were 93,143, as compared to 93,773 in 1946. Figures for 1945 and 1944 were 91,263 and 91,509 respectively. Department of Veterans Affairs patients decreased from 28 to 25 individuals as of December 31st.

### ADMISSIONS

Total admissions for the year were 329, of whom 176 came for treatment and 153 for more transitory reasons, such as diagnosis or review. Admissions as regards sex were about equal, 90 men and 86 women, the average age was 31 years. Of the 176 admissions for treatment 163 had pulmonary tuberculosis, with extent of disease in the following ratio: Minimal 31.3%, Moderately advanced 31.9%, Far advanced 36.8%. Seven admissions had non-pulmonary tuberculosis, 3 were undiagnosed and 3 were staff members with non-tuberculosis conditions.

### DISCHARGES

Total discharges for the year were 324. Of these 173 had treatment and 151 were in for short periods for review or diagnosis. Considering all discharges the average stay was 242 days, but for the 173 on actual treatment, the average number of treatment days was 458.3.



Manitoba Sanatorium from the air.

### Condition on Discharge

Arrested .....	10.4%
Apparently arrested .....	32.4%
Quiescent .....	26.5%
Improved .....	16.8%
Unimproved .....	5.8%
Dead .....	8.0%

### Duration of Treatment

Average duration of treatment according to stage of disease on admission:	
Minimal .....	1 year 2 months
Moderately advanced .....	1 year 2 months
Far advanced .....	1 year 8 months

Of those discharged 82.2% showed varying degrees of improvement. Deaths have shown a marked decrease, there being 14 as compared to 27 and 35 respectively in the two previous years.

As regards treatment in general, some improvement in staff conditions has allowed a more rigorous rest routine.

Streptomycin has been used as treatment on 30 patients during the year. Results in acute exudative tuberculosis have been well worth while. Its value seems definitely less in more chronic forms. In no case, including acute disease, has it supplanted other established forms of treatment.

Collapse therapy, as usual, played a major role in treatment. The major collapse procedures of thoracoplasty and paraffin pack were used as frequently as in the previous year, the total number of operations being the same. The incidence of minor procedures is also comparable. Pneumoperitoneum was used for the first time to any extent, 10 cases now taking this treatment. Pulmonary resection for tuberculosis, which was started in 1946, was not continued last year, but we hope to carry on this work in a limited way in 1948.

The incidence of collapse therapy employed on patients resident at January 1, 1947 was as follows: Collapse measures, all forms—74%; pneumothorax—35%; major surgical collapse—35%. The current trend of collapse therapy is better shown when one considers the treatment given to or about to be received by those admitted in 1946 with new or reactivated disease. Figures are as follows: Collapse, all forms—69.4%; pneumothorax—49.6%; major collapse—14%.

### OPERATIONS

Thoracoplasty (all stages—60)	Oxygen Pleural Lavage	
1st stage .....	Excision peri-anal abscess .....	1
2nd " .....	Plastic repair bronchial fistula .....	1
3rd " .....	Hemorrhoidectomy .....	1
4th " .....	Lambar puncture .....	9
Anterior .....	Blood taken .....	10
Paraffin pack .....	Blood transfusion .....	1
Revision operation .....	Castes .....	5
Cavertomy .....	Pelvic examinations .....	10
Monaldi drainage .....	Miscellaneous minor surgery .....	76
Closed pneumolysis .....	Pneumothorax refills .....	3564
Phrenic operation .....	Pneumoperitoneum starts .....	17
Bronchoscopic exams & treatments .....	Pneumothorax starts .....	59
Excision tip of scapula .....	Successful .....	42
Appendectomy .....	Unsuccessful .....	17
Tonsillectomy .....	Aspirations .....	78

### X-RAY DEPARTMENT

This department continues to do excellent work. Radiographic examinations of in-patients increased by 341 last year, the increase being due partly to more use of special techniques, including tomographs.

Total X-ray examinations were 3,558, the highest since the department started in 1919.

In-patients .....	2117
Out-patients .....	880
Staff .....	561
<b>TOTAL .....</b>	<b>3558</b>

### LABORATORY DEPARTMENT

Laboratory examinations totalled 10,406, an increase of 3.3% over 1946. Work was of the usual high standard. Blood work was slightly down in volume but new high records were made in the number of examinations of gastric contents for tubercle bacilli and the number of cultures planted.

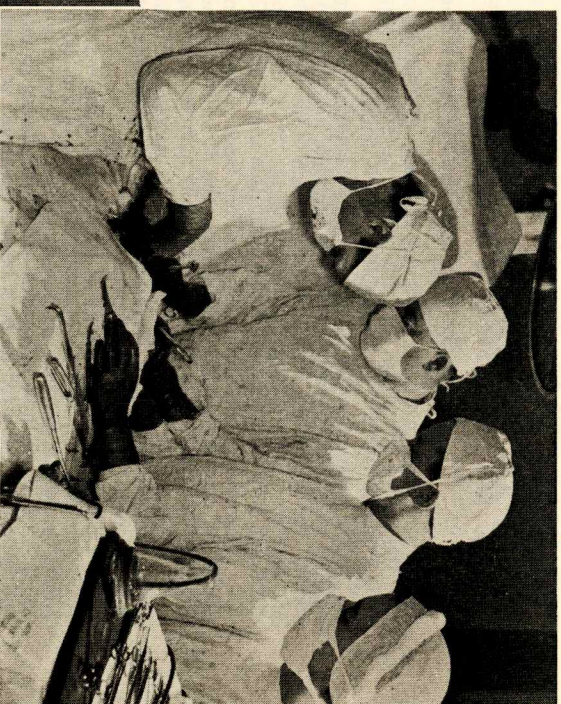
Blood .....	3392
Urine .....	2437
Sputum .....	2382
Gastric contents .....	832
Cultures for tubercle bacilli .....	409
Tuberculin tests .....	263
Pleural fluid and pus .....	161
B.C.G. immunizations .....	265
Unclassified .....	265
<b>TOTAL .....</b>	<b>10,406</b>

### SANATORIUM SCHOOL

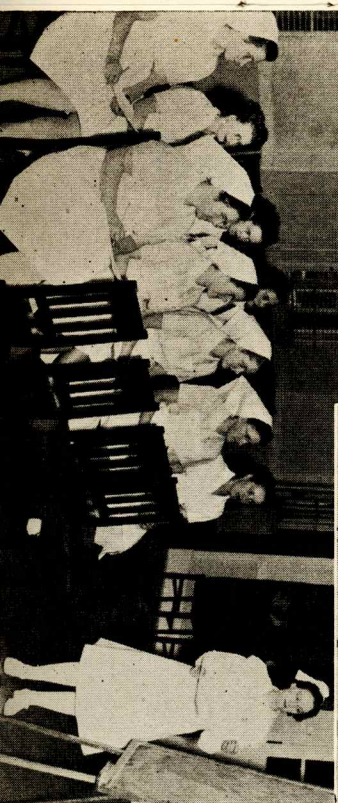
The Sanatorium school has completed an unusually successful year under the able direction of Miss Margaret Busch. The Sanatorium teacher gives tuition in academic work and also supervises the vocational courses of the Division of Rehabilitation. During 1947 there were 135 students enrolled, 72 in Academic work and 63 in vocational training. On December 31st the class totalled 64, of which 37 were academic and 27 vocational. During the year 41 patients passed in one or more academic subjects and 17 received credit for one or more units of vocational work.

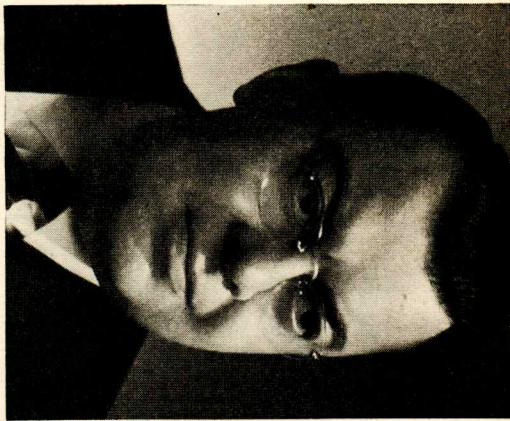
Respectfully submitted,  
A. L. PAINE, M.D.,  
Medical Superintendent.

Major surgery permanently splints the lung in selected cases.



Student practical nurses from general hospitals spend six weeks on a sanatorium staff to learn tuberculosis nursing techniques. At left, a class at Manitoba Sanatorium hears a lecturer from the Superintendent of Nurses.

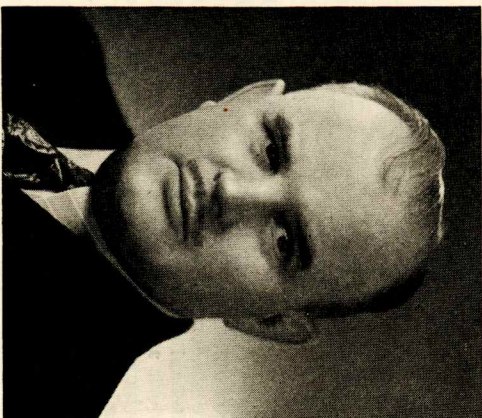




—Photo by Karsh

P. E. Moore, M.D., D.P.H.  
Director, Indian Health Services,  
Department of National  
Health and Welfare.

Hon. Paul Martin,  
Minister of National Health  
and Welfare.



—National Film Board Photo

## Care of Indian Patients

(From the Report of the Medical Director)

THE year 1947 marks the beginning of a new era in tuberculosis control among the Indians of Manitoba. A program of case-finding, segregation, and treatment comparable to that for White people has been launched.

The outstanding feature in 1947 was the taking over by the Sanatorium Board on June 15th of a Military Hospital at Brandon, for operation as "The Brandon Sanatorium" for the Indian Health Services branch of the Department of National Health and Welfare. Over 177 tuberculosis patients, 151 of these Indians and 26 Polish Veterans, are now on treatment in this institution and by spring 235 beds will be available.

Clearwater Lake Indian Hospital has been enlarged and in a few months will double its capacity to 160 beds. With the 50 beds at Dynevor, Manitoba will have 450 beds for Indians, compared to practically none ten years ago.

In the past there have been sporadic surveys of Indian reserves but in 1947 Indians on all reserves in the southern half of Manitoba were X-rayed at the time they received their treaty payment.

On page 41 is a summary of survey and clinic work among Indians. Altogether 7,769 were X-rayed, which is approximately half of the Indian population. Out of the 7,769 X-rayed there were 252 new diagnoses of tuberculosis. Of the 252 new cases, 136 or 1.7% of all Indians X-rayed had active disease requiring Sanatorium treatment and have been admitted as beds became available at Brandon Sanatorium.

A few surveys have been conducted from Clearwater Lake but in 1948 plans are being made to X-ray the balance of the Indian population, these being mainly in The Pas and Norway House Agencies.

The creation of a Regional Medical Superintendent of Indian Health Services by the Department of National Health has greatly helped to co-ordinate the White and Indian anti-tuberculosis programs. With improved medical and welfare service for Indians, development of nursing stations, surveys for finding cases, and beds for treatment and isolation, marked improvement in health can be expected for the rising generation of Indians.

## DYNEVOR INDIAN HOSPITAL

NINETEEN hundred and forty seven was the eighth year during which Dynevor Hospital has been operated by the Sanatorium Board of Manitoba.

In the year under consideration, there were 82 patients admitted and 80 discharged. The number of patient days was 18,109, an average daily occupancy of 49.6. In 1946, which was the previous highest occupancy recorded, there were 17,481 patient days or an average daily occupancy of 47.9.

This high occupancy has been maintained through the efforts of the nursing staff. Earlier in the year they were short-handed, but pressure from agencies made it imperative to admit even at these times. From mid-year the nursing staff has been relatively unchanged and in full strength, so we were able to record the efficient figure presented.

Of patients admitted, 49 had pulmonary tuberculosis, 17 non-pulmonary tuberculosis, 4 were non-tuberculous, and 12 had varying combinations of tuberculous infection. The cases now being admitted to hospital are "salvageable material"—there being a diminution of those with far advanced disease. This is heartening to those engaged in the Indian Service and we look forward to the increase in Indian hospital beds materially improving the welfare of the people. Indications are that this will occur in the near future.

The discharges due to deaths were 20 (25%), continuing slightly lower than previously. But a long term view will possibly see this figure approaching more closely that for whites.

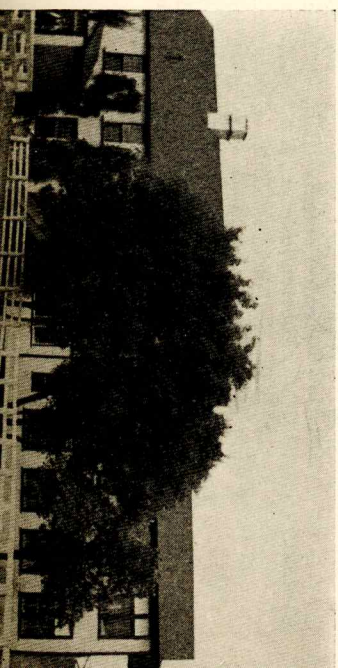
The school has had a good year under the most able supervision of Mrs. Elizabeth Cates. In September she undertook a course in handicrafts which is most popular among the patients. Her interest in the patients and conversely, their interest in her is an indication of the school's success.

The pneumoperitoneum therapy which was initiated at Clearwater Hospital has been continued at Dynevor, but not extended appreciably in the past year due to a shortage of suitable cases.

Streptomycin was used on two early cases of tuberculous meningitis. One case survived for five months after diagnosis, and the other is still alive after four months. I should like to express here my appreciation to Dr. W. J. Wood, of Indian Health Services, for his assistance in making the drug available to us.

Respectfully submitted,  
DENTON BOOTH, M.D.,  
Medical Superintendent.

Dynevor Indian Hospital—Main Building



## BRANDON SANATORIUM

The institution known as the Brandon Sanatorium was constructed during 1943 and 1944 as an Army Hospital, known as the Brandon Military Hospital. It continued so until June, 1946, when it came under the administration of the Department of Veterans Affairs. In January, 1947, the Hospital was turned over for the treatment of tuberculosis found amongst veterans of the Polish Army who had recently immigrated to Canada, and who continued to be treated under the supervision of the Department of Veterans Affairs for the Department of Labour until June 15th, 1947. Then the Hospital was taken over by the Department of National Health and Welfare to be operated by the Sanatorium Board of Manitoba as a sanatorium for the treatment of tuberculous Indians.

We have been fortunate in retaining a large portion of the Department of Veterans Affairs staff, whose knowledge of the institution was especially valuable during the formative first six-and-a-half months, and continues to be of utmost importance.

At June 15th, 1947, 37 Polish veterans remained as patients. At the close of the year, a further 178 Indian patients had been admitted, bringing the total to 215. Of these, 18 showed no evidence of tuberculosis, while 197 were tuberculous. 168 showed pulmonary disease, of which 65 were far advanced, 54 moderately advanced, 46 minimal, and 4 diagnosed as primary infective type. Sixteen patients with bone and joint tuberculosis were admitted, 14 patients had cervical adenitis, 4 had genito-urinary tuberculosis, 8 had pleurisy with effusion, and 7 had other tuberculous manifestations, such as dactylitis and skin tuberculosis. At the end of 1947, 161 patients were in sanatorium, 129 of them Treaty Indians, 30 Polish veterans, and 2 Metis.

Fifty-four patients were discharged. Of these, 8 died, 7 with far advanced pulmonary tuberculosis and 1 of Pott's Disease. Sixteen were discharged as being non-tuberculous. These included bronchiectasis and cardiac conditions. Seventeen patients were discharged as arrested, apparently arrested, or quiescent, all being non-bacillary. Five patients with active tuberculosis left the institution, 3 being transferred to other Sanatoria and 2 leaving against medical advice. Eight patients were discharged with apparently arrested non-pulmonary tuberculosis.

The treatment of tuberculosis here has been of a routine nature. Seventy-three patients are receiving pneumothorax, a further 48 patients had pneumothorax attempted on them unsuccessfully, and 17 patients are receiving pneumoperitoneum. All plaster work necessary for treatment of bone and joint tuberculosis has been carried out. Because of lack of equipment, no surgery has been done here as yet. With the acquiring of trained personnel and equipment, it is anticipated that we will gradually become more self-sufficient in this line. A number of patients have been transferred to other Sanatoria and arrangements are being made for a further number to be transferred for surgery in the new year.

The Brandon Travelling Clinic was held here in August, 1947. During that month, 63 patients attended. From the 3rd of September, it was decided that as a service to the community, a weekly Out-Patient Clinic would be held each Wednesday afternoon. This has been carried on since. At the end of the year, 261 patients had attended, in most cases once, but in some cases several times. 259 out-patients were X-rayed and the Laboratory carried out the following examinations on them:

Blood .....	115
Sputum .....	17
Gastric Contents .....	20
Tuberculous .....	59
Total .....	211

A total of 111 pneumothoraces were given to out-patients.

The X-ray Department X-rayed 937 people, 460 in-patients, 218 as staff, and 259 as out-patients. This constituted 1158 X-rays. Mr. Hugh Gibson is to be congratulated on the fine job he has done, working under adverse conditions due to fire damage to radiological equipment.



Adequate treatment facilities for Indian patients are now provided in Manitoba through an intensive program conducted jointly by the Department of National Health and Welfare and the Sanatorium Board of Manitoba. These are Indian patients at Brandon Sanatorium.

Dr. S. L. Carey transferred here from Manitoba Sanatorium on June 15th, 1947. Dr. A. L. Nowell joined us in the latter part of December.

Dr. B. Claman, dentist with the Indian Health Service, has visited us on several occasions to look after the teeth of our patients.

Registered Nurses have been most difficult to obtain and we have been running short-staffed since coming under the Sanatorium Board. Due to the splendid work of our Superintendent of Nurses, Miss M. F. Cascade, her assistant, Mrs. I. A. Crulshank, and the nurses with us, the necessary nursing duties were performed, including the training of nurses' aides, both in their nursing duties and in the techniques necessary for nursing a tuberculous patient. Practical Nurses have not been plentiful but those whom we have employed have given excellent service. We maintain an Orderly staff for duties on the male side under Mr. A. W. Humphreys. Other staff we have found little difficulty in obtaining.

Mrs. W. Anderson joined us in September as instructor. Progress was made in Occupational Therapy. Another teacher, Miss C. M. Fraser, is to join us in the new year.

### MAINTENANCE AND RECONSTRUCTION

In February, 1947, fire damaged a large part of the wings containing the Operating Room, X-ray department, and Administration offices. Immediate repairs were carried out by the Department of Veterans Affairs.

In July, Mr. C. J. Connolly, Supervising Engineer, Indian Health Services, arrived and under his supervision a noteworthy amount of reconstruction and reconversion necessary to adapt the buildings to the treatment of tuberculosis was carried out.

Projects completed by the end of the year were the reconversion of two large wards to smaller units; the relocating of nursing and maintenance facilities on all wards; the relocating of the Commissary and Linen Stores; the construction of an Engineers' Workshop, Garage, and a Coal and Dead Storage Building; and reconversion of certain Army huts into suites, making in all six family units. The Administration Wing will be ready by March 1st and the Chapels about the same time. Certain construction was carried out on the Nurses' Home, allowing us 25 single rooms to be occupied. Much material was utilized in these projects from the demolition of two former Army buildings.

At the end of the year, 210 patient beds were available for occupancy. I should like to thank Mr. F. A. Day, our Chief Accountant, Mr. L. V. Hart, our Purchasing Agent and Mr. C. V. Rosenberg, our Chef, and their staffs for the excellent work they have done. The maintenance of the plant has run smoothly due to the efforts of Mr. H. Ingle, our Chief Engineer.

In summary, our first six and a half months have seen us emerge from an unsettled period of reconversion, reconstruction, and shortages of trained personnel. We are looking forward to a more settled year with additional facilities for overcoming tuberculosis amongst Indians.

Respectfully submitted,

JAS. G. FYFE, M.D.,  
Medical Superintendent.

## CLEARWATER LAKE INDIAN HOSPITAL

THE outstanding event of the year 1947 at Clearwater Lake Indian Hospital was the beginning of construction of the new unit and the extensions of the present wards. Work was begun on the first of June and has proceeded satisfactorily since, apart from some holdups due to delay in material and supplies. Construction, proceeding while the hospital is in active operation, inevitably leads to some disorganization and confusion and it has been necessary at times to reduce the number of patients in residence so that construction might proceed. Fortunately, the hospital has received the utmost possible co-operation from the contractor, Mr. D. N. Wyatt, and the supervisor, Mr. C. D. Chivers. We wish to acknowledge most gratefully their help in solving the problems which have arisen during construction.

The medical superintendent's residence was completed during the year, except for interior trim and painting, and should be ready for occupation early in March.

Admissions during the year followed the trend forecast in previous reports. With our limited bed capacity and our patients requiring prolonged treatment, it was inevitable that the number of admissions diminished. During 1947 there were 75 admissions of whom 59 were for extended treatment; the remainder were reviews, short admissions, etc. Of 48 pulmonary cases, 41 or 85% were bacillary. Of 40 with re-infection tuberculosis, eight, or 20% were minimal; 12 or 30% moderately advanced; and 20, or 50% far advanced. In other words, at least 80% of our admissions are moderately advanced or worse. Seventy patients were discharged during the year. Fifteen of these were from diagnosis or review. Fifty-five were discharged from actual treatment and of these, 22 or 40% were deaths.

To date, no patient on whom collapse therapy has been started has yet been discharged. This is because it is impossible to continue collapse therapy on an ambulant basis when the patient returns home. This impossibility constitutes one of the great problems in therapy of tuberculosis in isolated districts and prolongs the patient's hospital stay immeasurably. During 1947 the average duration of treatment for patients discharged was 285 days. Treatment has been orthodox in principle and no change has been made during the past year.

Pneumoperitoneum has been used increasingly since its first trial here in 1946. We consider it now to be equal to or superior to pneumothorax for advanced type of disease in persons of poor natural resistance. These constitute a great proportion of our admissions. Accordingly, during 1947, 21 pneumothorax starts were done and 22 pneumoperitoneum. The number of re-fills for pneumoperitoneum almost equalled those of pneumothorax. No major surgery was undertaken, but 19 phrenic crushes and nine thoracoscopies were done.

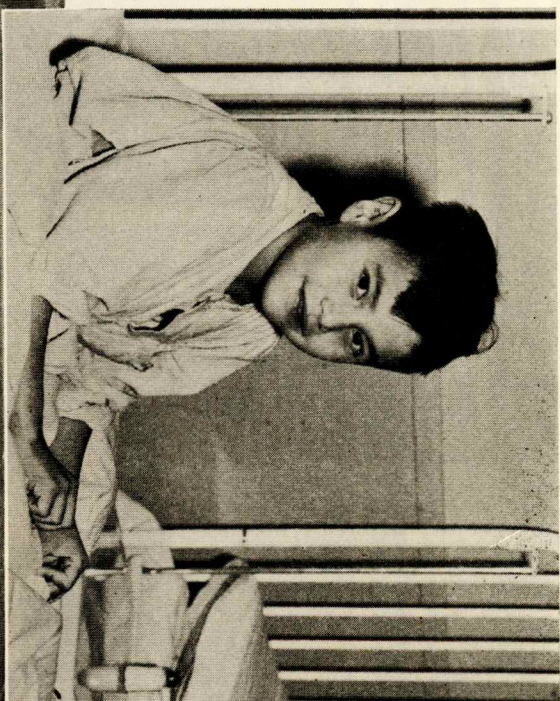
In 1947 a full-time laboratory technician was added to the staff. This has made possible a more complete laboratory investigation than previously, and all examinations except quantitative blood chemistry are now available to our patients. 2,159 examinations were done during 1947. Of these the majority were related to the finding of tubercle bacilli by direct or cultural methods. In addition to the routine, the comparative study of two commonly used cultural media was undertaken during the year and an investigation of the type and incidence of certain parasitic diseases common in the north was begun.

The X-ray department did 4,289 examinations, of which, 1,049 examinations were in the hospital and the remainder on travelling clinics. In view of the limitation on hospital beds throughout the year, no attempt was made at a complete survey of all the Indians in the northern Agencies. This is planned for 1948, coincident with the opening of the new wings in the hospital. Surveys were done at Cumberland House and Island Falls, Saskatchewan, in co-operation with the Saskatchewan Anti-Tuberculosis League.

The matron of the hospital, Miss Morton, resigned in August, 1947, and her resignation was accepted with great regret. She was capably succeeded by Miss M. Mitchell.

Respectfully submitted,  
J. M. RIDGE, M.D.,  
Medical Superintendent.

"I'm getting well!"



Clearwater Lake Indian Hospital,  
The Pas.



# ST. BONIFACE SANATORIUM

## ST. VITAL, MANITOBA

ADMINISTRATIVE PERSONNEL AS AT DECEMBER 31, 1947.

Superior ..... Rev. Sr. Emma Noiseux  
 1st. Assistant ..... Rev. Sr. M. A. Laurendeau, B. A.  
 2nd Assistant ..... Rev. Sr. J. Arcand  
 Chaplain ..... Rev. Fr. L. Primeau

### MEDICAL STAFF

Medical Director & Thoracic Surgeon ..... Dr. A. C. Sinclair  
 \* Assistant Medical Director ..... Dr. K. C. Johnston  
 Assistant Medical Director ..... Dr. V. J. Hagen  
 Senior Physician ..... Dr. J. M. Huot

### CONSULTANTS

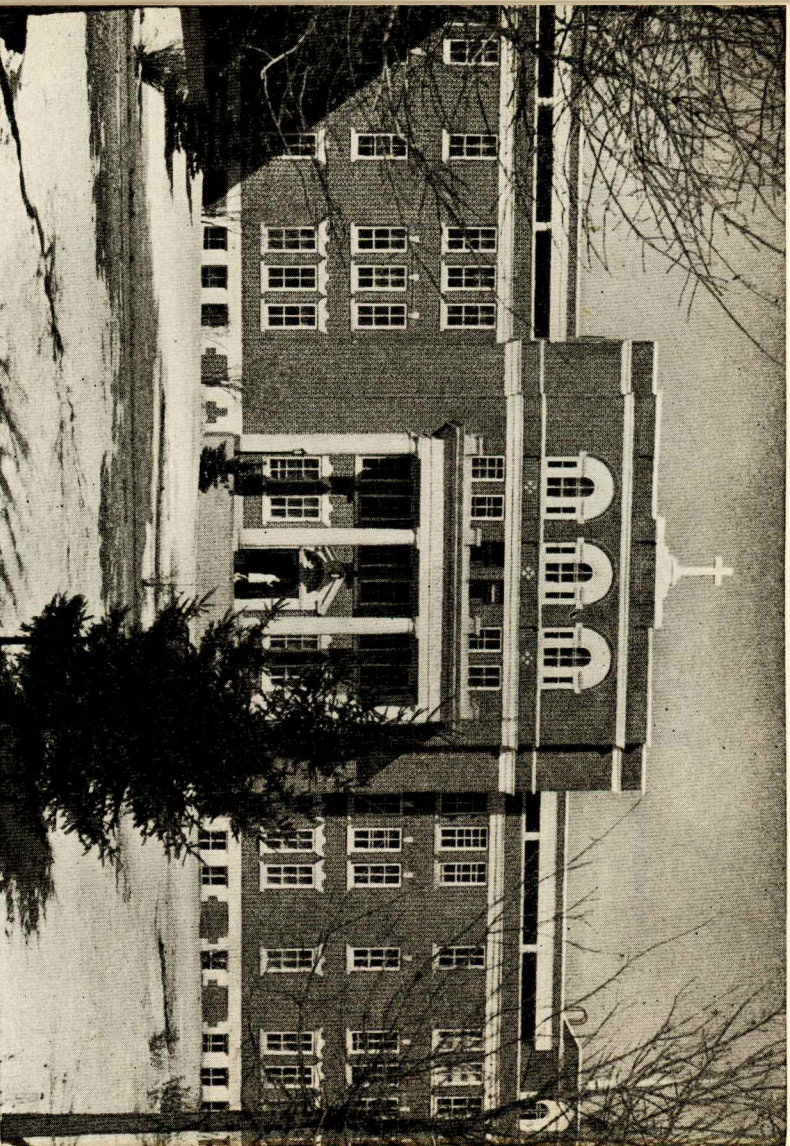
Medicine ..... Prof. J. D. Adamson  
 Orthopedics ..... Dr. Henry Funk  
 Proctology ..... Dr. J. J. Bourgouin  
 Urology ..... Dr. A. C. Abbott  
 Dermatology ..... Dr. George Brock  
 Bronchoscopy ..... Dr. D. S. McEwen  
 Obstetrics ..... Dr. Henri Guyot  
 Gynecology ..... Dr. C. R. Rice  
 Dentistry ..... {Dr. W. A. Weir  
                                   }Dr. J. M. Benson  
 Surgery ..... {Dr. R. O. Burrell  
                                   }Dr. C. E. Corrigan  
                                   }Dr. C. M. Clare  
                                   }Dr. R. M. Ramsay  
 Ophthalmology ..... {Dr. R. M. Ramsay

### STAFF

Director of Nursing ..... Rev. Sr. M. J. Tougas, R.N., B.Sc.  
 Nursing Instructor ..... Miss Vera Peacock, R.N.  
 Night Supervisor ..... Rev. Sr. B. Patry, R.N.  
 Operating Room Supervisor ..... Rev. Sr. M. A. Poliquin, R.N.  
 X-ray Supervisor ..... Rev. Sr. L. Blais, R.T.  
 Dressing room Supervisor ..... Rev. Sr. M. A. Poliquin, R.N.  
 Laboratory Supervisor ..... Rev. Sr. L. Blais, R.T.  
 Pharmacist ..... Rev. Sr. R. A. Arsenault, R.N.  
 Purchaser ..... Rev. Sr. J. Arcand, R.N.  
 Secretary-Treasurer ..... Rev. Sr. M. Lafond  
 Main Kitchen Supervisor ..... Rev. Sr. J. Gosselin  
 Social Worker ..... Miss Vera Peacock, R.N.  
 Occupational Therapist ..... Miss Eva Swatland, R.N.  
 Chief Engineer ..... Mr. N. Pelletier  
 School Teacher ..... Miss Olive Tetreault

AUDITOR: John Shelly & Company, Chartered Accountants.

\* On leave of absence.



St. Boniface Sanatorium—Main Entrance.

## ST. BONIFACE SANATORIUM

THE St. Boniface Sanatorium having opened its doors October 5th, 1931, has now completed its sixteenth full year of service to the people of this Province. A Sanatorium serves a dual purpose—that of treatment of the sick, many of whom are infectious, and of prevention of tuberculosis in the healthy. For this reason, one feels justified in making the claim of "service to all people of the Province."

There were 227 admissions to the Sanatorium during the year 1947. Of this number 174 were on treatment for the first time; 55 (24.2%) were repeaters. Of the total number 170 were suffering from pulmonary tuberculosis: of these 73 (42.94%) had far advanced disease, 63 (37.05%) had moderately advanced disease, and 34 (20%) had minimal pulmonary tuberculosis. 14 were admitted because of pleurisy with effusion, 33 had disease affecting other parts of the body, and 10 (4.4%) of all admissions were found to be non-tuberculous. The number of females exceeded the males by 19. The youngest patient was one year old, the oldest 69, and the average age was 29 years.

The Sanatorium was not fully occupied during the year due to staff shortage for part of the season. This applies particularly in the early fall, when some employees feel the urge to return home to help with the harvest. This is an argument in favour of better paid and more permanent type employees, which in turn depends on adequate per diem allowance for treatment of tuberculosis.

During the year 1947, the average total occupancy of the Sanatorium was 252.72 or 92% of a total capacity of 275 beds. This number of patients in residence has resulted in a total of 92,246 treatment days recorded for the year.

The Sanatorium is modern in every respect and well equipped. Treatment has been followed along conventional lines. Pneumothorax, thoracoplasty and phrenic nerve operations have been used liberally. Monaldi Drainage of cavities, open drainage of cavities and other less commonly required operations were employed only occasionally. Pneumonectomy and Lobectomy have not been practiced on any cases of tuberculosis during the year. There have been no surgical deaths during the period under review. Streptomycin therapy has apparently been of benefit in the very odd case, and is being used in a conservative manner.

There were 225 discharges during the year. Of this number 203 were White and 22 were Indian. The condition on discharge was as follows: arrested or apparently arrested, 81; improved, 72; unimproved, 17; deceased, 44. Eighteen patients left against advice—of these 7 were bacillary. Five patients still bacillary were discharged on medical advice after due consideration and with permission of the Health Office concerned. Of the total number of 184 pulmonary cases, 85 were discharged as far advanced, 63 as moderately advanced, 36 as minimal, 19 as pleurisy with effusion, 2 as Pott's Disease, 2 as tuberculous hip; 6 newborn; 1 bronchiectasis; 1 peritonitis; 1 congenital achlorhydria; 1 atelectasis; 1 glands; 1 Hodgkin's Disease; 1 military; 1 lung cyst; 1 heart failure; 1 genito-urinary; 1 pulmonary oedema.

### MEDICAL STAFF

The Medical Staff has been adequate in numbers and has turned in a good year's work. I wish to thank them for their hearty co-operation. Dr. A. H. Povah transferred his allegiance to Manitoba Sanatorium during the year, and my esteemed Assistant, Dr. K. C. Johnston, is on leave of absence while in Chicago with Dr. Hollinger. His services and advice have been missed greatly.

The Nursing Staff, which includes our most Reverend Sisters, have been, as might be expected, diligent and faithful in their duties. I wish to thank them also.

### VETERANS

The number of Veterans on treatment here has decreased gradually during the year, with 17 remaining at present. They have been excellent patients, and our relations with members of the Department of Veterans Affairs have been most cordial.

### OCCUPATIONAL THERAPY DEPARTMENT

Supervisor, Miss Eva Swatland, concluded another busy year with 150 patients working. The total number of patients enrolled during the year was 400. This Department has again proved very popular with the patients and contributes much to their happiness while they are confined.

### REHABILITATION DIVISION

The Rehabilitation Division, under the guidance of Mr. S. C. Sparing, enrolled 18 patients in 19 units of academic work. Eleven patients, previously enrolled, continued their studies. Two patients dropped their subjects following enrollment; 18 patients continued their studies at home following discharge. The Department of Veterans Affairs continued its policy of providing a visiting Instructor for all patients engaged in academic work. Mr. Saddington, and later Mr. Kuryk, spent about three hours a week in this capacity.

### EDUCATIONAL DEPARTMENT

The Sanatorium School administered to the educational needs of all children physically fit to receive instruction: 36 children were passed from grade to grade during the year. Miss Olive Tetreault rendered excellent service as teacher.

### GENERAL

Nurses and other female personnel are still housed within the Sanatorium. Approximately 60 beds could be released for treatment if a Nurses Home were erected. These beds would likely cost \$600,000 to replace.

John Shelly and Company, Chartered Accountants, have not completed their audit so the Treasurer's report cannot be given at this time. Our operating costs mounted rapidly during the last quarter of the year 1947, due to increased commodity prices and fuller Sanatorium staff.

### RECOMMENDATIONS TO THE BOARD

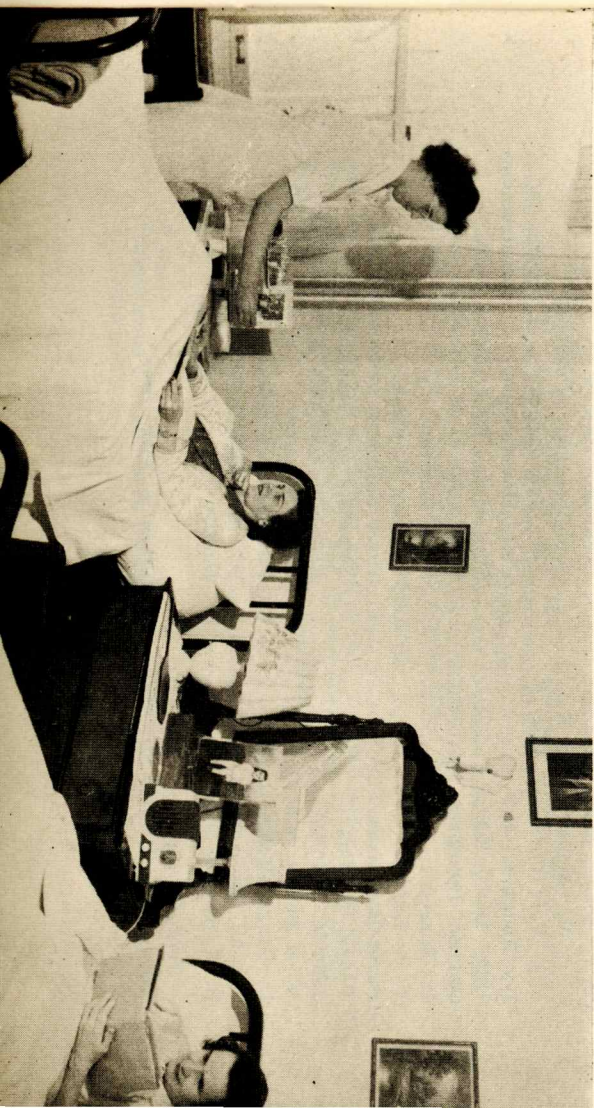
1. That the Medical Faculty be approached to see that more Internes receive Internships in Sanatoria.
2. That the Nursing Schools be requested to begin affiliation with Sanatoria as soon as possible.

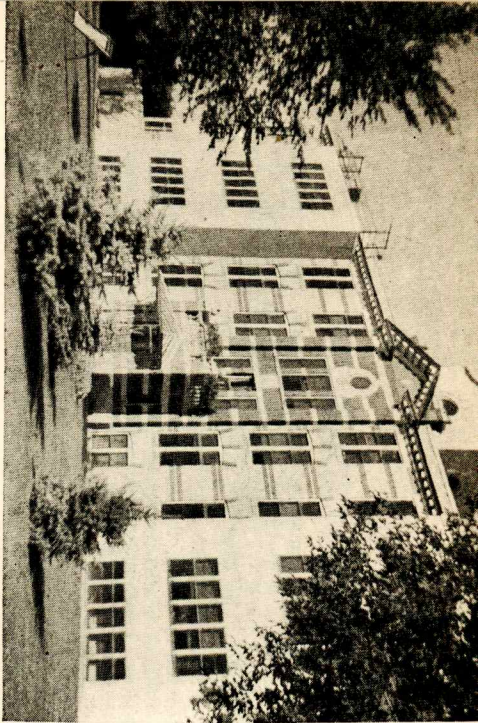
Respectfully submitted,

A. C. SINCLAIR, M.D.,

Medical Director, St. Boniface Sanatorium.

*Rest and relaxation for both mind and body is still the first principle of treatment for tuberculosis, as these two patients in St. Boniface Sanatorium show.*





King Edward  
Memorial Hospital

## WINNIPEG MUNICIPAL HOSPITALS KING EDWARD MEMORIAL HOSPITAL

### COMMISSIONERS FOR 1947

Chairman ..... Peter Cornes, Esq.  
Vice-Chairman ..... Ald. Hilda Hesson  
A. J. Roberts, Esq.  
Ald. Frank L. Chester

### STAFF

\*Dougal McIntyre, M.D. .... Medical Superintendent  
†J. L. Downey, M.D. .... Medical Superintendent  
J. G. Hunter, M.D. .... Assistant Medical Superintendent  
Ellen F. Taylor, M.D. .... Assistant Medical Superintendent  
‡T. I. Quong, M.D. .... Resident Physician  
Mary M. Shepherd, Reg. N. .... Superintendent of Nurses  
Miss Vera Cockburn, Reg. N. .... Asst. Superintendent of Nurses and  
Ivy Hodgkins, R.N. .... Chief Housekeeper (Instructress)  
Ethel Gove, R.N. .... Supervisor, Tuberculosis Dept.  
Goodrin Thompson ..... Dietitian  
R. Bonsey ..... Chief Engineer  
T. G. Kane ..... Laundry Foreman  
David Donaldson ..... Head Gardener  
Donald M. Cox ..... Secretary and Manager  
John M. McIntyre ..... Assistant Secretary and Manager  
M. B. Perrin, M.D. .... Chest Surgeon  
D. Sanger McEwen, M.D. .... Endoscopic Surgeon  
Duncan Croll, M.D. .... Orthopedic Surgeon  
R. H. Snyder, D.D.S. .... Dentist

\* Retired December 15th, 1947.

† Appointed Medical Superintendent December 15th, 1947.

‡ Resigned May 1st, 1947.

## KING EDWARD MEMORIAL HOSPITAL

THE following summarizes the activities of the section of tuberculosis and diseases of the respiratory system in the Municipal Hospitals for the year ending December 31st, 1947.

TABLE 1 Patients in Hospital—31st December, 1947

Total	150
Tuberculous	150
Non-Tuberculous	0
Extent of Disease in Pulmonary Cases	
Minimal	27 or 18%
Moderately Advanced	54 or 36%
Far Advanced	64 or 42%
Pleurisy with effusion	6 or 4%
Total Pulmonary Cases	141 or 100%
Non-Pulmonary Tuberculosis	9
Total Tuberculosis Cases	150

### COMMENTS—(1) Active Therapy

Fifty-four percent of the pulmonary patients are receiving some form of active collapse therapy as listed:

Pneumothorax	40%
Thoracoplasty	7%
Phrenic Crush	3%
Other Procedures	5%

Another four percent are receiving Streptomycin, and 20 cases or 15% have been advised surgical treatment which will be instituted at the proper time. The remaining 26% are on medical treatment only.

### (2) Extent of Disease

The proportion of far advanced cases among admissions is higher than for a number of years. This is reasonable, as some cases after admission change unfavourably to the Far Advanced classification and secondly, cases admitted as Far Advanced definitely require longer periods of treatment.

### (3) Complications and associated conditions

The incidence of complications has definitely decreased with earlier diagnosis and institution of early collapse therapy. No complications exist in the group of minimal pulmonary tuberculosis and very few in the moderately advanced group. The large incidence is in those classified as far advanced: 50% of this group have one or more tuberculous complications.

Twenty-five non-tuberculous associated conditions, involving all systems, were diagnosed in addition to the tuberculous patients.

### (4) Prognosis

An ultimately good prognosis has been tentatively made in over 80% of the cases remaining in Hospital on 31st December, 1947, and most of these will be able to return to their previous occupations.

### ADMISSIONS

149 cases were admitted during 1947. Five only were non-tuberculous and the remaining 144 definitely tuberculous. Of this latter group 52 were first admissions, 42 re-admissions and 50 transfers from other institutions.

TABLE 2 Type of Tuberculosis

Pulmonary	37 or 28.91%
Far Advanced	53 or 41.41%
Moderately Advanced	36 or 28.12%
Minimal	2 or 1.56%
Primary	2 or 1.56%
Total	128 or 100%
Tuberculous Pleurisy with Effusion	8
Non-Pulmonary Tuberculosis	8

**COMMENT — (1) Sex**

There were 94 males and 50 females admitted. This proportion has existed a number of years and generally reflects the incidence in the general population.

**(2) Age**

Age incidence varied from 1 year to 70 years. The greater number of cases admitted were between 25-35 years. Another increase in cases occurred in the older age group, thus emphasizing the importance of examining all contacts regardless of age.

**(3) Military Admissions**

Total number of D.V.A. admissions—47; this includes 5 World War I patients and 1 Polish Army Veteran. The remaining 41 veterans of World War II were classified on admission as Minimal, Moderately Advanced Pulmonary disease or Pleurisy with Effusion, except for 4 patients who were Far Advanced Pulmonary Tuberculosis. The excellent recheck system of D.V.A. is still a potent help in finding and diagnosing early cases of tuberculosis.

**(4) Activity on Admission**

Nearly all cases admitted exhibited evidence of activity. Eighty-four of the 128 pulmonary cases had positive sputum for tubercle bacilli. Some assistance regarding activity in doubtful minimal cases has been provided by the utilization of high dilutions of tuberculin for the Mantoux Test. Because of shortage of bed space more patients were investigated as out-patients until their activity status was proved.

**DISCHARGES**

The following table indicates the condition of patients discharged during 1947 (98 males and 45 females).

**TABLE 3**

Total number of patients discharged.....	152
Total number of tuberculous patients discharged.....	148
<b>Condition on discharge of Tuberculous Patients</b>	
Arrested .....	7 or 4.74%
Apparently arrested .....	2 or 1.35%
Quiescent .....	55 or 37.16%
Improved .....	39 or 26.35%
Unimproved .....	6 or 4.05%
Died (all causes) .....	39 or 26.35%
(Died—Tuberculosis 35 or 23.02%)	
Total .....	148 or 100%

**COMMENTS**

Discharged against advice—7. Of these 5 had positive sputum and were followed closely and arrangements made for admission to other Sanatoria.

**Treatment Days**

Total treatment days for all patients—56,839 days. The average length of treatment of tuberculous patients was 394.7 days. The average length of treatment for non-tuberculous patients was 23 days.

**Deaths**

Thirty-nine patients died during 1947—thirty-five or 23.02% from tuberculosis. Causes of death in the remaining cases were Bronchiectasis, Bronchogenic Carcinoma, Myocardial Degeneration and Pulmonary Embolus with carcinoma of the larynx.

Roughly one third or 12 cases that died from tuberculosis were in hospital less than 1 month. Their prognosis was hopeless from the start and for one reason or another they had come into the hospital to die. All but one of the tuberculous deaths occurred in the group classified as far advanced on admission. Autopsies were done on 25% of deaths.

**GENERAL**

On discharge 67% of patients had or were receiving some form of pulmonary collapse.

During the year, 3,240 pneumothorax rells were given—2,567 In-Patients and 673 Out-Patients. Thoracoplasty was completed on 7 patients and 3 phrenic nerves were crushed. Many minor procedures were done in the dressing room. Eighty-nine chests were aspirated, 15 paracentesis of the abdomen and aspiration of 68 abscesses.

Two cases in the latter group have greatly benefited from Streptomycin. Two tuberculous empyemas were cured with Streptomycin and one tuberculous pneumonia is improving but will later require a thoracoplasty. Streptomycin has been used on only a few selected cases and its ultimate value is still equivocal.

A start has been made on physiotherapy for some selected cases.

**THE MCKITTRICK CLINIC**

**Out-Patient Department Summary**

Total Visits .....	2,141
Total X-rays—In-patients, Out-patients & Staff .....	2,439
Total Quartz and Ultra Violet Treatments.....	1,308

New X-ray equipment has been purchased and installed in a completely remodelled Department. Although there has been a definite increase of work done in this Department, only the most essential X-rays were taken during the 4 months required to install the new X-ray machine.

The Rehabilitation Division and Occupational Therapy have again functioned splendidly. Their part in the general management of the tuberculous patient is increasing in importance. I wish to extend our appreciation and compliments to Mr. S. C. Sparring for his work in rehabilitation, and to the occupational therapy department of Deer Lodge Military Hospital for their assistance.

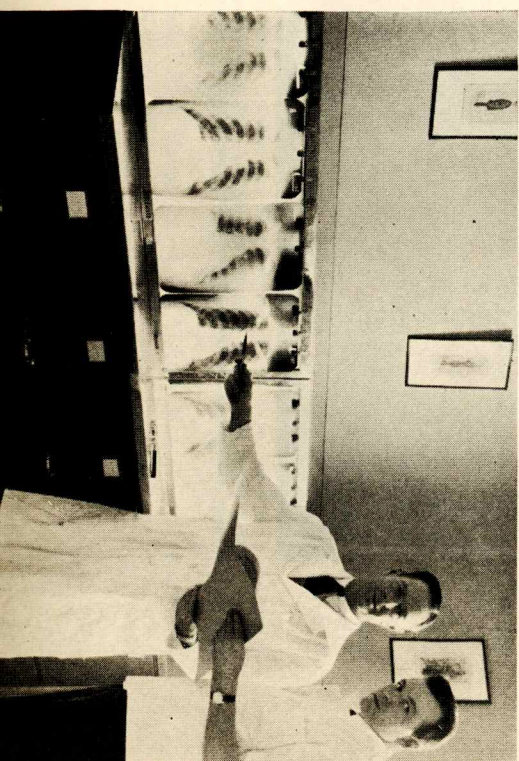
I wish to express the appreciation of this Institution for the fine cooperation received from the Sanatorium Board of Manitoba, the St. Boniface Sanatorium and the City and Provincial Health Departments.

Respectfully submitted,

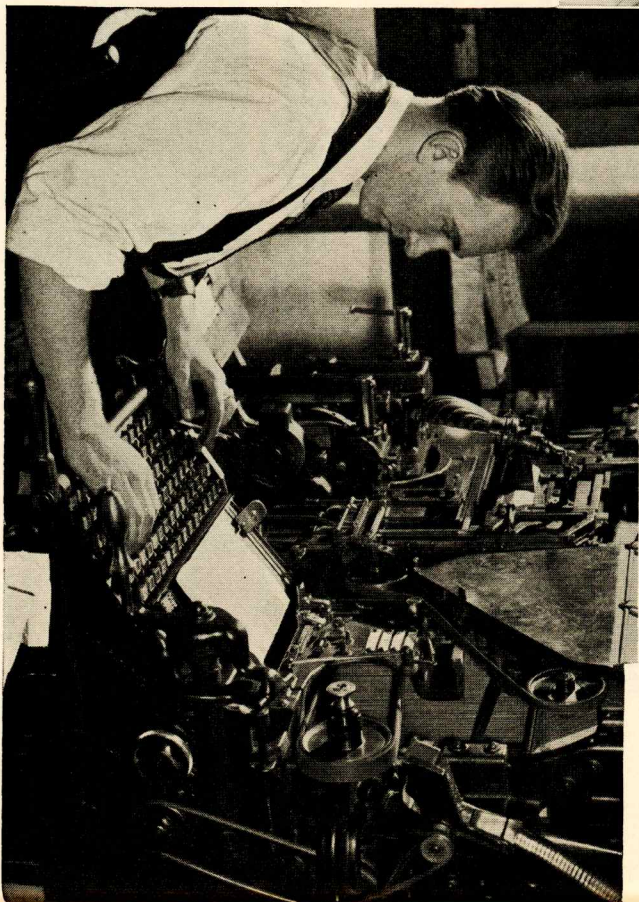
J. L. DOWNEY, M.D.,

Medical Superintendent.

During the patient's treatment in sanatorium, chest X-rays are taken at regular intervals, to measure progress. Dr. J. L. Downey and his assistant are shown reviewing a patient's X-ray record.



"School keeps" even in Sanatorium, and this teacher is giving bedside lessons.



Since being discharged from Sanatorium in 1943, this young man has worked steadily at his former trade of linotype operator.

# Re-Employment

## REPORT OF REHABILITATION DIVISION

URING 1947, the Rehabilitation Division continued to function for the benefit of patients in the Manitoba Sanatorium, St. Boniface Sanatorium, the King Edward Memorial Hospital and discharged patients from all sanatoria. Although regular visits were not made to the newly established Brandon Sanatorium, occasional visits were made to this institution to give assistance in setting up a program for in-sanatorium training. All post-sanatorium interviews for placement guidance were given at the Central Tuberculosis Clinic and in special cases counselling of new patients was also done in this institution.

The three-fold program as originally planned was followed:

1. Vocational counselling—with a personal interview supplemented by the administration of aptitude and vocational interest tests where indicated and institutional tutors; post sanatorium, in established training centres.
2. Vocational training—in sanatorium, by correspondence courses and Service and by direct referral.
3. Placement guidance and assistance through the National Employment

### TRAINING

The Department of Education, Technical Branch, under Mr. R. J. Johns, continued to give excellent service by supplying technical courses to patients in sanatorium and patients recuperating at home. From patients whose enrollments were made directly through the Rehabilitation Division, approximately 800 lesson units were submitted for correction. Seventy-nine enrollments were made for technical courses.

Close co-operation has been maintained with the Casually Rehabilitation Division and the Training Branch of the Department of Veterans' Affairs. In June, Mr. W. Hasselfield was appointed Supervisor of Institutional Training for the Department of Veterans' Affairs and arrangements were made by which he could work in the three Manitoba Sanatoria along with the Rehabilitation Division. Mr. Hasselfield's efforts were directed primarily towards counselling of veterans. Mr. B. Kuryk was procured as an institutional teacher and is dividing his time evenly between the King Edward Memorial Hospital and the St. Boniface Sanatorium. Sixty-eight veterans availed themselves of study courses while in sanatorium. Some of these were enrolled through the Department of Veterans' Affairs and the remainder took courses through the Canadian Legion Educational Services.

Twenty-six courses were arranged through the Correspondence Branch of the Department of Education under Mr. C. J. Hutchings who continues to give full co-operation.

With regard to academic training in sanatorium, special credit is due to Miss Margaret Busch for her fine work as Institutional teacher at Ninette. In addition to supervising the students enrolled in vocational courses throughout the year, tuition was given for 72 academic courses.

Few young married women in Sanatorium have a rehabilitation problem so far as a job is concerned. However, they do have real problems of adjustment to face on return to their homes and families. With this problem in mind, a discussion group of 10 young married women was organized at the King Edward Hospital. Through Mrs. Shepherd of the Central Volunteer Bureau, Mrs. Gray, a graduate in Home Economics, was obtained to act as leader of this group in an 8-weeks' series based on the problems of Marriage and Family

# Records

## THE VALUE OF SURVEYS AND CLINICS

How 1,043 new cases were diagnosed in 1947

By Practising Physicians.....	273	— 26%
Patients sent to stationary clinics because of symptoms.....	124	
Patients sent to stationary clinics after diagnosis.....	44	
Patients sent to Manitoba Travelling Clinics because of symptoms.....	23	
Patients diagnosed and admitted to Sanatorium.....	40	
Patients reported by communicable disease card.....	40	
Pulmonary Far Advanced.....	56	— 20.5%
Pulmonary Moderately Advanced.....	55	— 20.1%
Pulmonary Minimal.....	77	— 28.1%
Pleurisy with Effusion.....	43	— 15.8%
Non-pulmonary Tuberculosis.....	42	— 15.5%
Active Tuberculosis.....	237	— 86.8%
Inactive Tuberculosis.....	36	— 13.2%
Bacillary.....	70	— 25.6%
Admitted to Sanatorium.....	158	— 57.8%
By Agencies other than practising physicians.....	770	— 74%
Diagnoses made from surveys.....	572	— 74%
Diagnoses made from General Hospitals.....	24	
Diagnoses made—routine exams, Sanatorium, O.P.D. and clinics.....	72	
Referred for diagnosis by D.V.A.....	26	
Diagnoses made on Manitoba Travelling Clinic routine exams.....	71	
Retired for diagnosis by M.O.H.....	5	
Pulmonary Tuberculosis Far Advanced.....	31	— 4%
Pulmonary Tuberculosis Moderately Advanced.....	115	— 15.1%
Pulmonary Tuberculosis Minimal.....	582	— 75.5%
Pleurisy with Effusion.....	25	— 3.2%
Non-pulmonary Tuberculosis.....	17	— 2.2%
Active Tuberculosis.....	307	— 39.8%
Inactive Tuberculosis.....	463	— 60.2%
Bacillary.....	49	— 6.3%
Admitted to Sanatorium.....	133	— 17.2%
<b>Diagnostic Service by the Sanatorium Board of Manitoba to Treaty Indians during 1947</b>		
Total X-rayed at Surveys and Manitoba Travelling Clinics.....	6,665	
New diagnoses of active tuberculosis, 91 and 71 primary tuberculosis.....	162	
New diagnoses of inactive tuberculosis.....	69	
Known tuberculosis patients.....	96	
Total number of patients advised admission following X-ray.....	131	
Total number of patients admitted to date.....	49	
X-ray plates read and interpreted by the Sanatorium Board staff apart from surveys and travelling clinics.....	1,104	
New diagnoses of active tuberculosis—45 and 45 primary tuberculosis.....	90	
New diagnoses of inactive tuberculosis.....	31	
Films of known tuberculosis patients.....	39	
Total number patients advised admission.....	19	
Total number patients admitted to date.....	11	

Life. At the conclusion of the series, Mrs. Gray reported that these young women expressed keen interest in continuing the group but along more practical lines. Accordingly, arrangements have been completed with the Bureau for an instructor to commence a new series in the near future. Instruction in the various fields of handwork will be given.

### PLACEMENT

The problem of placement is becoming more difficult as the war-work boom subsides. In order that ex-patients may compete in the labor market with normally healthy workers, greater use of training facilities will no doubt be necessary. It is hoped that by April of 1948, the facilities of the Canadian Vocational Training scheme, which have been used solely for ex-service personnel during the past years, will be available. The courses offered will provide training in watchmaking, radio, electricity, and many other occupations suitable for the majority of ex-patients.

At the present time, we have only one man whose placement problem is rather difficult, due to his limited physical work capacity and lack of any specific training. There are no women on file awaiting placement. The Placement Officers of the Women's Division of the Special Placements Branch of the National Employment Service have been particularly helpful throughout the year. Our appreciation to all members of this office is indeed sincere. The work of Miss Sally Kilver who handled most of our cases in the Women's Division merits special attention. Better understanding of the employment problems of the tuberculous was furthered by an address delivered to a luncheon gathering of the International Association of Public Employment Services.

### THE MESSENGER OF HEALTH

Publication of The Messenger of Health continued from the Rehabilitation Office in the Central Tuberculosis Clinic. Circulation during 1947 was 16,200, the same as in 1946. Reports from Clearwater Lake Sanatorium, Brandon Sanatorium and Dwyneor Indian Hospital were added to the Sanatorium news section.

### GENERAL

Thanks is extended to the Canuckeena Club for its donation to the rehabilitation work. Three portable typewriters and three portable electric sewing machines were donated by this club for use of veteran patients in the three sanatoria mentioned above. This is indeed a worthwhile donation and will be of great assistance in carrying on the in-sanatorium training program. Sincere appreciation is expressed to Mr. J. Purdie, Chairman of the Club's Committee on Rehabilitation and Welfare and to Past Chairman Major D. M. Marshall for their kind interest.

In the early part of last year, Clarence E. Bradbury, newly appointed Rehabilitation Director for the British Columbia Tuberculosis Society, spent 10 days observing the method of procedure used in the Manitoba program. In March, 1948, arrangements have been made for Mr. S. C. Cameron, who has recently been appointed Rehabilitation Officer for the Alberta Association, to spend two weeks with us for the same purpose. It is interesting to note that rehabilitation for tuberculous patients in other provinces is being more or less patterned on the Manitoba program.

Respectfully submitted,

S. C. SPARLING,

Rehabilitation Officer.

**CENTRAL TUBERCULOSIS REGISTRY**

	Whites		Treaty Indians		Eskimos	
	1946	1947	1946	1947	1946	1947
<b>General:</b>						
Total tuberculous patients carried in Registry file December 31, 1947.....	4,097	4,364	618	1,126	9	13
Re-infection type.....	3,977	4,213	532	920	8	11
Primary Type.....	120	151	86	206	1	2
Active pulmonary tuberculosis at home.....		157		64		
Bacillary pulmonary tuberculosis at home.....						
<b>New Cases:</b>						
New Cases of tuberculosis diagnosed in Manitoba.....	900	1,086	280	597	7	3
Re-infection type.....	854	996	209	446	6	1
Number belonging in Manitoba.....	806	984	182	395	6	1
Number of active cases.....	514	492	186	337	6	1
<b>Classification of New Cases:</b>						
Re-infection type.....	415	557	68	160		
Minimal tuberculosis.....	205	168	39	81	2	
Moderately advanced.....	80	91	48	76	1	
Far advanced.....						
Pulmonary tuberculosis—extent not stated.....	19	40	18	47	1	1
Tuberculous pleurisy.....	92	69	10	32	2	1
Non-pulmonary tuberculosis.....	43	71	26	50	2	1
Total re-infection type.....	854	996	209	446	6	1
Number admitted to Sanatoria.....	327	297	125	199	3	
Of these:						
Number belonging to Manitoba.....	306	293	96	157		
Primary Type.....	46	90	71	151	1	2
Number admitted to Sanatoria.....	10	3	21	14	1	
Of these:						
Number belonging to Manitoba.....	10	3	16	12		

**STATIONARY AND TRAVELLING CLINICS AND SURVEYS**  
January 1st, 1947 to December 31st, 1947

	Whites and Treaty Indians		Treaty Indians		Eskimos	
	1946	1947	1946	1947	1946	1947
Total Examinations at all clinics and surveys.....	19,466	19,447	130,390	276,839		
Stationary Clinics.....	12,908	10,457				
Travelling Clinics.....	8,740	6,084				
Surveys—Manitoba.....	108,742	259,271				
Surveys—Outside Manitoba.....		1,027				
New Cases of Tuberculosis diagnosed at clinics and surveys.....	257	282	696	1,051		
Stationary Clinics.....	143	74				
Travelling Clinics.....	296	695				
Surveys—Manitoba.....						
Primary Infection Type of Tuberculosis diagnosed as such for the first time.....	26	17	79	170		
Stationary Clinics.....	52	55				
Travelling Clinics.....	1	98				
Surveys—Manitoba.....						
Old Tuberculous Patients reviewed.....	4,989	2,971	6,033	4,456		
Stationary Clinics.....	864	911				
Travelling Clinics.....	180	574				
Surveys—Manitoba.....						
Pneumothorax treatments given at all stationary clinics.....	4,176	5,541				
Contacts examined at stationary and travelling clinics.....	7,629	6,339				

**INSTITUTIONAL STATISTICS**

	Whites		Treaty Indians		Eskimos	
	1946	1947	1946	1947	1946	1947
<b>Patients in Sanatoria as at</b>						
December 31, 1947.....	668	706	154	280		1
Number belonging to Manitoba.....	651	700	119	239		
<b>Patients admitted to Sanatoria</b>						
January 1, to December 31, 1947.....	892	900	251	318		
Tuberculous patients admitted.....	829	828	218	281		
<b>First Admissions.....</b>	406	452	165	246		
Primary type of tuberculosis.....	10	7	19	22		
Minimal pulmonary tuberculosis.....	105	145	33	65		
Moderately advanced pulmonary tuberculosis.....	124	146	38	43		
Far advanced pulmonary tuberculosis.....	86	86	47	76		
Tuberculous pleurisy.....	61	46	10	15		
Non-pulmonary tuberculosis.....	20	22	18	25		
<b>Re-admissions.....</b>	277	236	51	33		
Primary type of tuberculosis.....	2	1	1	1		
Minimal pulmonary tuberculosis.....	43	35	5	13		
Moderately advanced pulmonary tuberculosis.....	103	85	17	6		
Far advanced pulmonary tuberculosis.....	110	91	12	4		
Tuberculous pleurisy.....	5	2	1			
Non-pulmonary.....	14	22	15	9		
<b>Patients admitted for review.....</b>	146	140	2	2		
Tuberculous patients transferred.....	198	208	26	65		
<b>Patients discharged from Sanatoria</b>						
January 1 to December 31, 1947.....	912	863	227	190	3	1
Tuberculous patients discharged.....	847	792	195	163	3	1
Discharged with arrested tuberculosis.....	61	89	22	24		
Discharged with apparently arrested tuberculosis.....	166	141	33	17		
Discharged with quiescent tuberculosis.....	169	152	26	20		
Discharged with improved tuberculosis.....	120	95	37	23		
Discharged with unimproved tuberculosis.....	58	73	17	17		
Discharged dead.....	127	102	58	60		1
Discharged after review.....	146	140	2	2		
Discharged against medical advice.....	43	36	21	16		

# BALANCE SHEET as at

## ASSETS

### Land, Buildings, Plant and Equipment:

	Cost	Depreciation Reserve	Book Value
Land and Improvements	\$ 10,852.71		\$ 10,852.71
Buildings	561,117.47	\$484,726.73	76,390.74
Plant and Machinery, Heating, Lighting, Water and Sewage	100,239.06	85,724.72	14,514.34
Furniture and Equipment	17,325.93	16,064.33	1,261.60
Furnishings and Miscellaneous Equipment	61,449.63	58,282.46	2,767.17
Automobiles	3,720.27	3,522.96	197.31
Horses, Hacks, etc.	1,572.39	1,572.39	
Sport Tract	700.85	700.85	
Fire Equipment	3,911.82	3,911.82	
Fire Protection Reservoir	12,304.27	2,706.92	9,597.35
<b>Endowment Fund No. 1:</b>			
Bank of Montreal, Belmont			\$ 939.62
Investments at par, as per Schedule No. 6			91,550.00
Accrued Interest on Bonds			838.25
<b>Endowment Fund No. 2:</b>			
Bank of Montreal, Belmont			\$ 67,770.72
Investments at par, as per Schedule No. 6			8,000.00
Accrued Interest on Bonds			96.95
Advance to General Fund			5,000.00
Inventories and Deferred Charges			6,572.90
Vehicles and Mobile Unit			\$ 20,658.43
X-ray and similar Equipment			38,855.84
Furniture and other Equipment			4,865.10
<b>Less—Reserve for Depreciation</b>			
	\$ 64,379.37		30,505.25
	33,874.12		33,874.12
<b>Less—Due to General Fund</b>			
	\$ 3,018.24		\$118,045.82
<b>Due to Canadian T.B. Association</b>			
	\$ 5,205.64		8,223.88

### Employees' Emergency Fund:

Bank of Montreal, Belmont			\$ 991.65
Investments at par, per Schedule No. 6			19,000.00
Accrued Interest on Bonds			152.35
Due from Central Tuberculosis Clinic			30.00
<b>Building Fund:</b>			
Bank of Montreal, Belmont			\$ 3,304.84
Investments at par, as per Schedule No. 6			500.00
Accrued Interest on Bonds			.57
<b>Cash on Hand: Petty Cash</b>			
In transit			\$ 4,982.51
<b>Accounts Receivable:</b>			
Manitoba Sanatorium			\$ 2,175.00
Central Tuberculosis Clinic			4,982.51
Municipalities, etc., Treatment			3,805.41
Provincial Government—Municipal Levy			2,175.00
Per Capita Grant			7,157.51
Due from Endowment Fund No. 2			3,018.24
Miscellaneous			210.71
Payroll Advances			74.05
Due from Dynevor Hospital			44.84
Due from Clearwater Lake Hospital			24.55
Due from Department of Veterans Affairs			201.87
Due from Brandon Sanatorium			514.16
			470.00
			209.31

### Requesters:

Estate Mrs. E. Johnstone			\$ 81,219.79		\$ 18,430.72	\$ 99,650.51
Interest in Agreement for Sale			1.00			
Estate A. R. McNichol			1.00			
500 Shares A. R. McNichol Ltd.			1.00			
Estate John Yellowlees			1.00			
Deed of Land			1.00			3.00

### Inventories and Deferred Charges:

Supplies on Hand—Schedule No. 1			\$ 40,403.92		\$ 5,177.45	\$ 45,581.37
Deferred Charges			4,867.39		388.35	5,255.74
			\$ 45,271.31		\$ 5,565.80	\$ 50,837.11

# 31st DECEMBER, 1947

## LIABILITIES

### Bank of Montreal:

Demand Loan		\$210,000.00
Overdraft—General Account, Winnipeg		30,917.19
Overdraft—General Account, Winnipeg		15,299.45
		\$256,216.64

### Accounts Payable:

Trade Accounts		\$ 5,840.83
Accrued Bank Interest		1,378.63
Patients' Satekeeping		710.00
Dr. A. P. Mackinnon Trust		125.00
Women's Auxiliary R.C.N.V.R. Fund		423.51
Retirement Annuities Contributions		4,252.42
Advance from Endowment Fund No. 1		535.00
Advance from Endowment Fund No. 2		5,000.00
W. McG. Rait Trust		500.00
Accountable Film Supply		2,223.06
Employees' Trust Funds		129.07
Due to Employees' Emergency Fund		30.00
Due to Clearwater Lake Hospital		134.87
		21,282.39

### Patients' Entertainment Fund

Endowment Fund No. 1		\$ 1,690.17
Endowment Fund No. 2		93,327.87
Employees' Emergency Fund		109,821.94
Building Fund		20,174.00
		3,805.41

### Reserves:

Inventories		\$ 3,101.62
Uncollectible Levies		2,172.12
		5,273.74

### Surplus:

Balance, 31st December, 1946		\$ 45,533.47
Add—Provincial Government Grant		31,448.05
Profit on Sale of Automobiles		1,841.82
Appropriations from Building Fund for Residence No. 5		2,399.75
		\$ 81,223.09

### Deduct—Adjustment in respect of Municipal Levy

Excess of Expenditures over Income for the year		\$ 143.50
per Exhibit B		89,044.24
		89,187.74
		Cr. 7,964.65
		\$503,627.51

G. W. NORTHWOOD  
Chairman

T. A. J. CUNNINGHAM  
Secretary-Treasurer

We have received all the information and explanations we have required. We report that, in our opinion, the annexed Balance Sheet, Exhibit A, is properly drawn up so as to exhibit a true and correct view of the state of the affairs of the Manitoba Sanatorium and the Central Tuberculosis Clinic as at 31st December, 1947, according to the best of our information and the explanations given to us and as shown by the books.

Reported by,  
(Signed) RIDDELL, STEAD, GRAHAM & HUTCHISON  
Chartered Accountants, Auditors.



# Thank You

## THE SANATORIUM BOARD EXTENDS SINCERE THANKS TO:

### THE PUBLIC

For their generous purchase of Christmas seals and for many kind references to the work of the Board.

The receipts from the sale of Christmas Seals are used only to finance the preventive programme, namely Travelling Tuberculosis Clinics, Tuberculosis Surveys, Rehabilitation and Education. The Board considers this work one of the most needed and useful under its auspices and deeply appreciates the cordial support that makes it possible. The Sanatorium Board also gratefully acknowledges the enthusiasm and help of the Associated Canadian Travellers in promoting interest in the anti-tuberculosis campaign and in augmenting funds for the prevention of tuberculosis through the sale of Health Bonds.



## AND TO THOSE NAMED BELOW, IN RESPECT TO THE INSTITUTIONS THEY HAVE HELPED:

### MANITOBA SANATORIUM

**Entertainment**  
Brandon Little Theatre, Brandon; Knox United Church Choir, Brandon; Crystal City Orchestra, Crystal City; Rev. Dr. Howse and concert party from Westminster Church, Winnipeg.

**To Clergy**  
Rev. Dr. A. W. Kenner, of the United Church of Ninette; Rev. N. H. Atkinson, of the Anglican Church of Belmont; Rev. Father Bertrand, of the Roman Catholic Church, Dunree; and Rev. Father Borys of the Greek Catholic Church of Brandon.

### Flowers

Holy Trinity Anglican Church, Killarney; Mrs. William Shaw, Boissevain; W. B. Stewart, Ninette; Mr. J. Spakman, Ninette; Mr. John Paskewitz, Ninette; and Dr. J. H. Dickson, Killarney.

### Other Gifts

Station CKY, Winnipeg; Associated Army Auxiliaries (Hospital Committee); Winnipeg Dental Nurses Assistants Association; Engineers Wives Association, Winnipeg; H. L. MacKinnon Co., Ltd., Winnipeg; Ladies Auxiliary, Canadian Legion St. James Branch; Canuckeena Club, Winnipeg; Ukrainian Catholic Women's League, Winnipeg; United Hebrew Social Services, Winnipeg; Mr. C. C. Fields, 727 Grain Exchange Bldg., Winnipeg; E. B. Frost, Ogilvie Flour Mills, Winnipeg; Mr. George S. Miller, Winnipeg; Simmons Limited, Winnipeg; Mrs. Emily Sigmar, Grund Ladies Aid, Grund; Mrs. Robert Best, Killarney; Baldur Canadian Legion Branch; T. Eaton Legion Christmas Tree; Brandon Canadian Legion Christmas Tree; Town of Belmont. An Anonymous gift from Winnipeg; Mr. Neil Love, Carman; A. Malcolmson, Carman; J. R. Harrower, Wawanessa; Dr. J. H. Dickson, Killarney; Mrs. R. C. Laidlaw, Reston; Mr. R. P. Gowen, Belmont; J. W. Bridge, Carman; Miss Georgie McPherson, R.R. No. 4, Brandon; Miss Margaret Witt, Hartney; Newdale Community Club, Newdale; Mrs. B. E. Caswell, Box 17, Killarney; T. B. Crute, Brookdale; Mr. King of Sheas Brewery, Winnipeg; Red Cross Society, Winnipeg.

### DYNEVOR INDIAN HOSPITAL

#### Gifts

Mr. Langrill, Selkirk; St. Andrew's Sunday School, Winnipeg; St. Andrew's River Heights United Church; Miss Margaret Johnston; Mrs. B. E.

Caswell, P.O. 127, Killarney; St. Peters Womens' Association, Selkirk; First Baptist Church, Calgary, Alberta; I.O.D.E., Selkirk; Gilhuly's Drug Store, Selkirk; North American Lumber Company Limited, Selkirk; H. L. MacKinnon, Brown's Bakery, Selkirk.

### BRANDON SANATORIUM

#### Gifts

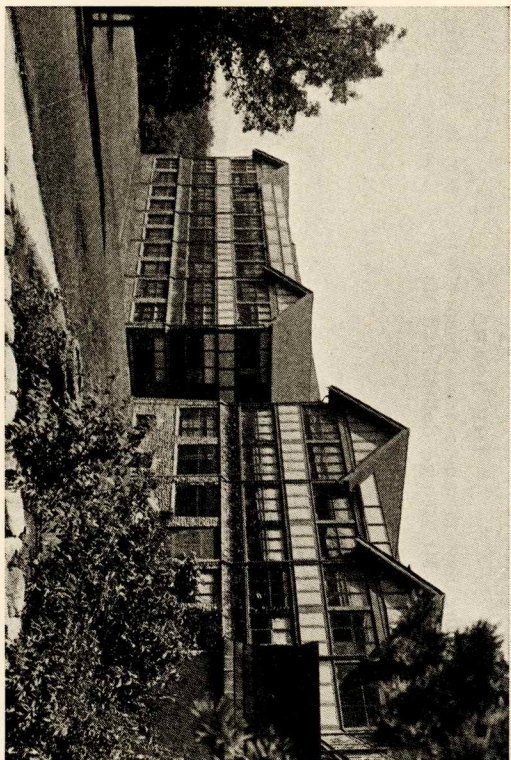
Ladies' Auxiliary of the Associated Canadian Travellers; The Ladies' Auxiliary of St. George's Anglican Church; the Knox United Church; St. Paul's United Church; St. Mary's Anglican Church; St. Matthew's Anglican Church; Father McInerney, Roman Catholic Church; I.O.D.E., Brandon; Red Cross, Brandon; Scottish Association, Brandon; Norway House Womens' Homemakers Club; Mr. Colin Campbell, Reston, Manitoba.

### CLEARWATER LAKE INDIAN HOSPITAL

H. E. Most Reverend Bishop Martin LaJeunesse, O.M.I.,  
Vicar Apostolic of Keewatin

Father Chaput, O.M.I., and the Roman Catholic Missions throughout the North  
Rev. F. Donaghy, Anglican Church, The Pas  
Rev. J. C. Bower, Anglican Church, The Pas  
Rev. N. K. Campbell, United Church, The Pas  
Captain J. W. Gillespie, Salvation Army, The Pas  
B.P.O. Elks, The Pas  
Order of Eastern Star, The Pas  
Christ Church W.A., and Junior Sunday School, The Pas  
Boy Scouts, The Pas  
Onanole Sunday School, Onanole, Man.  
St. Jude's Anglican Church, Winnipeg  
St. Paul's United Church, Winnipeg  
St. Stephen's W.A., East Kildonan  
Women's Auxiliary of Kew Beach United Church, Toronto, Ont.  
King's Daughters Class, Alma Ont.

Manitoba Sanatorium—part of the Infirmary Buildings



# A Glance Into 1948

THE Sanatorium Board of Manitoba has planned for 1948 another aggressive year of attack on the problem of tuberculosis control.

Progress has been highlighted by the following accomplishments:

## PREVENTION

In a free X-ray survey of Winnipeg citizens, jointly sponsored by the Board and the City Health Department, more than 115,000 persons have received chest X-ray films.

## TREATMENT

Certain changes and renovations have begun at Manitoba Sanatorium to slightly increase the number of beds available and to make more effective use of pavilion accommodation.

Work at Clearwater Lake Indian Hospital has progressed rapidly and the new accommodation should be ready for admission of patients in June.

Alterations and rebuilding at Brandon Sanatorium have been completed, making present bed capacity 235.

## ADMINISTRATION

An amendment to the Tuberculosis Control Act has been passed by the Legislature repealing the establishment of the Tuberculosis Control Commission and transferring the powers of the Commission to the Sanatorium Board of Manitoba. The Act increases from two to four the number of members of the Board nominated by the Minister and provides for a statutory representative on the Board to be appointed by the Winnipeg City Council.

Revised and improved financial arrangements have been completed with the Provincial Government and the Municipalities, and the Department of Veterans affairs, for the treatment of tuberculosis patients. Tuberculosis treatment in Manitoba is entirely free to the individual.

## THE BOARD

The following new members have been elected: Mr. R. K. Berry, Mr. R. H. G. Bonnycastle, Mr. George Collins and Mr. H. T. Decatur.