

**TUBERCULOSIS CONTROL
IN MANITOBA
1948**

*Annual Report
of the
Sanatorium Board
of Manitoba*

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

Health Education Service of the
CHRISTMAS SEAL FUND

MANITOBA LUNG ASSOCIATION
MANITOBAN SANATORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
WINNIPEG, MANITOBA R3A 1P6

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1948

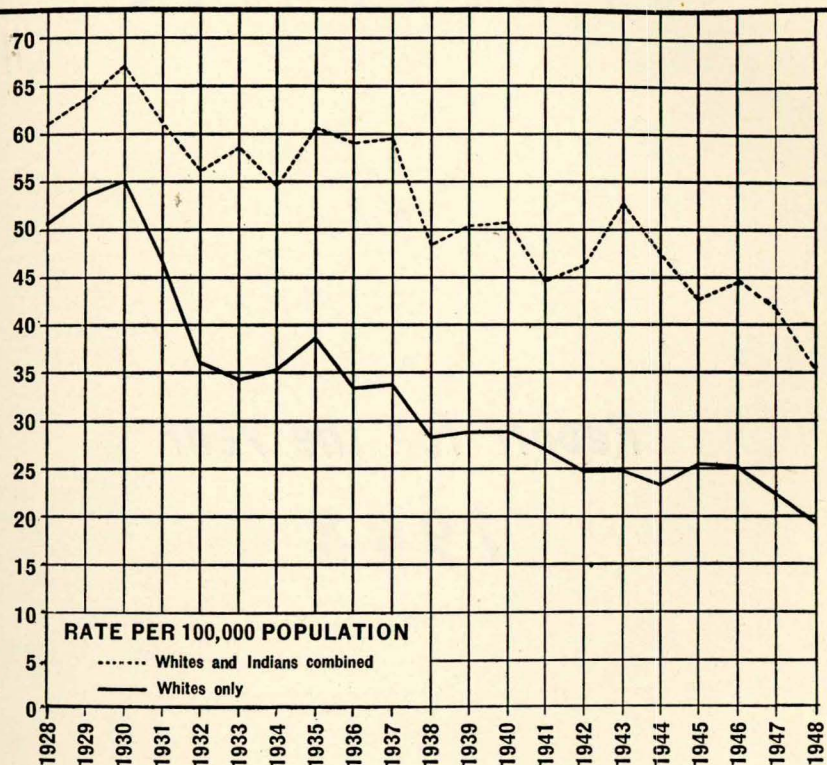
**SANATORIUM BOARD
OF MANITOBA**

Report for the Year
1948

WINNIPEG, MANITOBA

The Problem

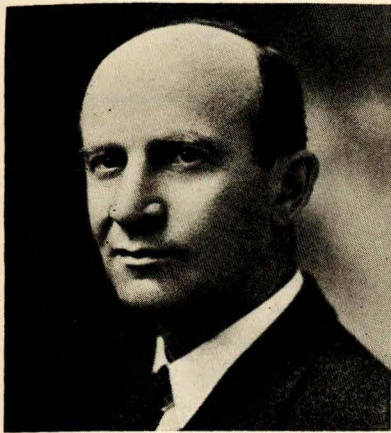
**TUBERCULOSIS DEATH RATE
in Manitoba
1928 1948**



	1941	1948
Cases under supervision in Manitoba.....	4,261	5,586
Examinations.....	7,545	253,671
New cases diagnosed—active.....	539	1,035
—inactive.....	155	455
Total.....	694	1,490
Deaths.....	304	271

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. Drewery | Mr. A. R. McNichol |
| Mr. F. W. Drewery | 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 |



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



C. R. DONOVAN, M.D.,
Deputy Minister.

"The most important event of the year in the anti-tuberculosis campaign has been the introduction of the Federal Health Grant, providing financial assistance for provincial agencies in their campaign against tuberculosis. This assistance will enable the Sanatorium Board of Manitoba to improve its already excellent services for the care of patients and to enlarge its program in the preventive field as well.

"The people of the Province of Manitoba owe the members of the Sanatorium Board a deep debt of gratitude for the leadership they have given in the fight against tuberculosis, for their able management, and for their unwavering devotion to the cause to which they have dedicated so much of their time and efforts."

—HON. IVAN SCHULTZ.

SANATORIUM BOARD OF MANITOBA - 1948

Executive

Chairman	MAJOR G. W. NORTHWOOD
Vice-Chairman and Chairman, Administration Committee.....	MR. D. L. MELLISH
Chairman, Finance Committee.....	MR. WM. WHYTE
Honorary Solicitor.....	MR. I. PITBLADO, K.C.
Members, Executive Committee.....	{ MR. J. W. SPEIRS
	{ MR. W. R. DEVENISH
Chairman, Brandon Sanatorium Committee.....	MR. J. N. CONNACHER
Chairman, Dynevour Indian Hospital Committee..	MR. C. E. DREWRY
Chairman, Clearwater Lake Indian Hospital Committee.....	{ MR. W. R. DEVENISH ***
	{ MR. R. H. G. BONNYCASTLE

Honorary Life Members

HON. CHARLES CANNON	MR. T. R. DEACON
MR. A. K. GODFREY	MR. EDWARD POWER

Statutory Members

Representing the Provincial Department of Health and Public Welfare.....	{ HON. IVAN SCHULTZ, K.C.
	{ DR. F. W. JACKSON **
	{ DR. C. R. DONOVAN
	{ DR. E. W. MONTGOMERY *
	{ HON. J. C. DRYDEN
	{ MR. W. T. GRAHAM
	{ MR. G. D. ILIFFE, C.A.
As Municipal Commissioner.....	HON. S. MARCOUX
Representing Union of Manitoba Municipalities..	{ MR. R. BARRETT
	{ MR. W. E. CLARK
	{ MR. J. B. T. HEBERT
Representing St. Boniface Sanatorium.....	DR. A. C. SINCLAIR
Representing King Edward Memorial Hospital...	DR. J. L. DOWNEY

Elected Members

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

Secretary-Treasurer

T. A. J. CUNNINGS

Auditors:

RIDDELL, STEAD, GRAHAM AND HUTCHISON

ST. BONIFACE SANATORIUM

Advisory Board 1948

Chairman	MR. JUSTICE J. T. BEAUBIEN
Vice-Chairman.....	MR. A. MONNIN
Secretary.....	MR. E. DUHA
	MR. E. CASS
	MR. J. LANGLIER

Winnipeg Municipal Hospitals

KING EDWARD MEMORIAL HOSPITAL

Commissioners 1948

PETER CORNES, ESQ. (CHAIRMAN)	ALD. FRANK L. CHESTER (VICE-CHAIRMAN)
ALD. GEORGE E. SHARPE	EX-ALD. A. J. ROBERTS
	ALD. H. V. MCKELVEY

*** Succeeded as Chairman of Clearwater Lake Indian Hospital Committee by Mr. R. H. G. Bonnycastle on October 26, 1948.

** Succeeded by Dr. C. R. Donovan.
Deceased—September 27, 1948.

Medical Advisory Committee

DR. J. D. ADAMSON	DR. M. S. LOUGHEED	DR. A. L. PAINE
DR. M. BOWMAN	DR. D. MCINTYRE	DR. M. B. PERRIN
DR. R. G. CADHAM	DR. J. C. McMILLAN	DR. W. W. READ
DR. M. H. CAMPBELL	DR. J. R. MARTIN	DR. J. M. RIDGE
DR. C. R. DONOVAN	DR. A. F. MENZIES	DR. E. L. ROSS
DR. J. DOUPE	DR. R. MITCHELL	DR. D. L. SCOTT
DR. J. L. DOWNEY	DR. E. W. MONTGOMERY *	DR. A. C. SINCLAIR
DR. J. G. FYFE	DR. B. H. OLSON	DR. W. J. WOOD

* Deceased—September 27, 1948.

MEDICAL STAFF

EDWARD LACHLAN ROSS, M.D.

Medical Director

D. L. SCOTT, M.D.

Assistant Medical Director

and

Medical Superintendent, Preventive Services

TRAVELLING TUBERCULOSIS CLINICS AND SURVEYS

Physician..... DR. M. F. McRAE

CENTRAL TUBERCULOSIS CLINIC

Medical Superintendent DR. D. L. SCOTT
 Medical Assistants (Part Time) {DR. M. H. CAMPBELL
 {DR. S. RUSEN

MANITOBA SANATORIUM

Medical Superintendent and Chief Surgeon... DR. A. L. PAINE
 Medical Assistants {DR. E. H. DOBBS
 {DR. F. P. HULKE
 Medical Assistant (Interne)..... E. KOLESNICHENKO

DYNEVOR INDIAN HOSPITAL

Medical Superintendent DR. W. W. READ

BRANDON SANATORIUM

Medical Superintendent DR. J. G. FYFE
 {DR. S. L. CAREY
 Medical Assistants {DR. A. H. POVAH
 {DR. M. DUGGAN

CLEARWATER LAKE INDIAN HOSPITAL

Medical Superintendent DR. J. M. RIDGE

St. Boniface Sanatorium

Medical Director and Surgeon DR. A. C. SINCLAIR
 {DR. K. C. JOHNSTON
 Assistant Medical Directors {DR. V. J. HAGEN
 Senior Physician DR. J. M. HUOT

King Edward Memorial Hospital

Medical Superintendent DR. J. L. DOWNEY
 {DR. ELLEN F. TAYLOR
 Assistant Medical Superintendents {DR. J. G. HUNTER
 Senior Physician DR. G. W. RITCHIE

MEDICAL CONSULTANTS

Sanatorium Board of Manitoba

Radiology..... J. C. McMILLAN, M.D., F.A.C.P., F.R.C.P.
 Orthopedics {A. GIBSON, M.D., M.A., M.B., Ch.B.,
 {F.R.C.S., F.R.S.E.
 {HENRY FUNK, M.D., B. A.
 Urology..... {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., F.R.C.S.
 (Edin.) F.R.C.S. (C)
 Ear, Eye, Nose and Throat..... (Brandon and Ninette) R. O. McDIARMID,
 M.D.
 Dentistry (Ninette) J. L. DICKSON, D.D.S.
 and

Honorary Attending Staff, Winnipeg General Hospital.

St. Boniface Sanatorium

Medicine..... J. D. ADAMSON, M.D. B.A., M.R.C.P.,
 F.R.C.P.
 Orthopedics HENRY FUNK, M.D., B.A.
 Proctology J. J. BOURGOUIN, M.D., B.A.
 Urology A. C. ABBOTT, B.A., M.D., C.M., F.R.C.S. (C)
 Dermatology GEORGE BROCK, B.A., M.D., M.S.
 Bronchoscopy..... D. S. McEWEN, B.A., B.Sc., M.D.
 Obstetrics..... HENRI GUYOT, M.D.
 Gynecology..... C. R. RICE, M.D., C.M.
 Dentistry {W. A. WEIR, D.D.S.
 {J. M. BENSON, D.D.S.
 Surgery..... {R. O. BURRELL, ChM., M.D., F.R.C.S. (Edin.)
 { (C)
 {C. E. CORRIGAN, B.A., M.D., F.R.C.S. (Edin.)
 Ophthalmology {C. M. CLARE, M.D., L.R.C.P.
 {R. M. RAMSAY, M.F.C., M.D.

King Edward Memorial Hospital

Chest Surgeon..... M. B. PERRIN, M.D., F.R.C.S. (Edin.) (C)
 Endoscopy D. S. McEWEN, B.A., B.Sc., M.D.
 Orthopedics DUNCAN CROLL, M.D., C.M., F.A.C.S. (Am-
 erican)
 Dentistry R. H. SNYDER, D.D.S.

MR. NORTHWOOD RETIRES

It was with deep regret that everyone associated with the work of tuberculosis control in this province received the announcement—made at the annual meeting of the Board on February 25th, 1949—that Mr. G. W. Northwood was retiring as Chairman of the Sanatorium Board of Manitoba.

For six years the Board had enjoyed the great privilege of Mr. Northwood's far-sighted leadership, and for 27 years his wise counsel.

Mr. Northwood was elected a member of the Board in 1922. He was appointed a member of the Executive Committee in 1925. He was named Chairman of the Administration Committee in 1931; and Chairman of the Board in 1943.

Both in his profession and as a private citizen, Mr. Northwood has made an outstanding contribution to the public welfare. On the Board, his administration has been marked by breadth of vision and by high determination to leave nothing undone that would advance the cause.

His colleagues look forward to his sustained interest in the work, and to continued benefit from his advice, as an Honorary Life Member of the Sanatorium Board of Manitoba.

REPORT OF THE CHAIRMAN

For the year ending December 31, 1948

GENTLEMEN:

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

The recent death of the Honorable Dr. E. W. Montgomery is a great loss to the Board. His distinguished services to Manitoba, both as a physician and a loyal citizen, will be long remembered by us all.

The reports of Mr. Mellish, Chairman of the Administration Committee, Mr. Whyte, Chairman of the Finance Committee, and Dr. Ross Mitchell, Chairman of the Medical Advisory Committee, were presented at the last meeting of the Board. Reports were also submitted by the Medical Superintendents of the five hospitals we operate at Ninette, Brandon, The Pas, Dynevor, and Winnipeg. These reports have been included in the minutes. They review in detail the important items of Finance and Administration, and I would recommend them to you for your consideration.

LEGISLATION AND FINANCE

During the year 1948, the work of preventing tuberculosis, and the treatment and rehabilitation of tuberculosis patients proceeded on a broad and intensive scale. An amendment to the Tuberculosis Control Act was passed by the Legislature, clarifying and making more specific the duties and responsibilities of the Sanatorium Board of Manitoba in the control of tuberculosis in this Province.

New financial arrangements were completed with the Minister of Health and Public Welfare which materially improved the financing of tuberculosis treatment.

Further arrangements will have to be made this year to provide for the increased costs, to continue necessary financing of free treatment. No charge can be levied against patients who by the very fact that they have tuberculosis, bear a heavy burden, financial as well as physical.

PREVENTIVE SERVICES

The Preventive services of the Board are financed entirely through the sale of Christmas Seals and through the magnificent work of the Associated Canadian Travellers, with their partners in fund raising and education, radio stations CJOB in Winnipeg and CKX in Brandon.

With the great expenditure necessary for treatment of tuberculosis there can be no slackening of the preventive campaign. Every dollar spent in prevention saves many dollars in treatment costs.

X-Ray surveys of entire communities throughout the Province have continued with improving effectiveness during 1948. We must endeavour to obtain 100 percent coverage in these surveys.

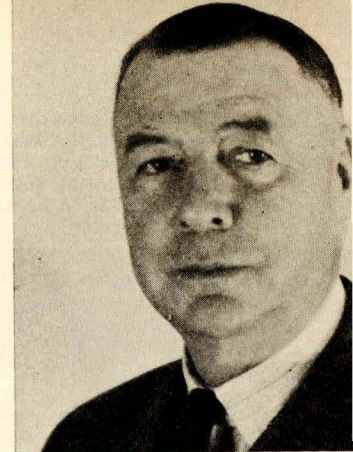
All large employers, including Federal, Provincial and Municipal Governments, are urged to adopt a regular program for X-raying members of their staff. Employers should also arrange for pre-employment chest X-rays of all new employees. The Board and its associated agencies will be glad to provide this service without cost either to the employer or the employee.

RECOMMENDATIONS

1. If Manitoba Sanatorium at Ninette is to continue to fulfil its responsibilities as a major institution for tuberculosis treatment, it is essential that a number of the obsolete buildings be replaced.

There is less use for the old, pavilion type of accommodation which was built at Ninette prior to, and during the First World War. No major additions have been made since that time.

I recommend that the Provincial Government make a capital appropriation to provide for construction of a fireproof addition joining the present Infirmary to the Administration Building. This addition will have to provide us with a new infirmary ward of 35 beds. This project will permit kitchen services to be consolidated and thus avoid present duplication of staff.



G. W. NORTHWOOD

2. More attention than in past years must be given to facilities for staff, not only in the way of living accommodation, but (in non-urban localities) for their recreation. Also, the School Inspector has pointed out the need for adequate accommodation for the teacher at Manitoba Sanatorium; and an Occupational Therapist is to be appointed soon, and accommodation will be necessary for this added service.

It is recommended that a vocational and community building be constructed at the Sanatorium, designed specifically to meet the needs just outlined.

3. The Medical Advisory Committee has recommended the appointment of a Pathologist and the establishment of adequate laboratory facilities for his work. This, together with other space needs, will require some addition to the Central Tuberculosis Clinic.

The major part of the cost of these capital expenditures will have to be provided by the Provincial Government, with assistance from the Dominion grants for Hospital Construction and for Tuberculosis Control. Additional assistance may be available from the fund-raising activities of the Associated Canadian Travellers, since accommodation for infirmary treatment and for adequate rehabilitation and vocational work are necessary supplements to their preventive work.

If the Provincial Government and the Department of National Health and Welfare could provide a capital sum of \$200,000 towards the above projects, I feel sure that any further cost could be taken care of by the Board and the A.C.T.

MEDICAL AND NURSING EDUCATION

It is provided by legislation that every Registered Nurse in Manitoba must have training in tuberculosis nursing.

In order that this training may be adequate, it is recommended that arrangements be completed as soon as possible to provide student nurses with at least two months of actual experience in nursing in a sanatorium, with a concurrent series of lectures from tuberculosis specialists.

It is recommended also that the time which medical students spend in sanatoria be extended to two months in order that they may have an adequate understanding of tuberculosis and its treatment, since private physicians must always have a great responsibility for the early diagnosis and control of tuberculosis.

APPRECIATION

We of the Sanatorium Board 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 the officers of King Edward Hospital.
5. The Rev. Sister Superior, the Medical Director and Advisory Committee of the St. Boniface Sanatorium.

ON RETIRING

This is my last report as chairman of the Board. In concluding it, I would like to mention the names of Dr. D. A. Stewart, pioneer Superintendent at Nipette, and Mr. John McEachern, who was Chairman of the Board for many years. Their work in connection with the Institution was outstanding.

When I first went on the Board the cash expenditures were under \$200,000 per annum and they now exceed \$1,000,000. At that time we had approximately 125 employees. Now, owing to the fact that we operate five hospitals, the number of employees has increased to approximately 500.

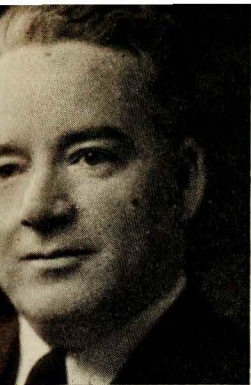
No chairman has had more loyal support than I have had from the members of the Board and the staff. It is with deep regret that I have to announce my retirement from the Board, of which I have been a member for so many years.

Yours respectfully,

GEORGE W. NORTHWOOD,
Chairman of the Board.



Where peace builds health



REPORT OF THE MEDICAL DIRECTOR

THE year 1948 was the greatest the Sanatorium Board has had.

Detailed reports have been presented by the Superintendents of the various Sanatoria and require no particular elaboration. Altogether, there are 1,186 treatment beds in the province, 736 for white people and 450 for Indians. On December 31, 1948, there were 1,078 patients on treatment—698 white and 380 Indian. The following table gives details of bed distribution and occupancy:

	Beds	Occupancy Dec. 31/48
Central Tuberculosis Clinic	51	34
Manitoba Sanatorium	275	251
Dynevor Indian Hospital	50	41
Brandon Sanatorium	250	246
Clearwater Lake Indian Hospital	150	93
St. Boniface Sanatorium	270	264
King Edward Memorial Hospital	140	149
	<u>1,186</u>	<u>1,078</u>

Last year at this time waiting lists of patients were a problem, but at present there are practically no patients waiting admission to sanatorium. This more satisfactory situation is due to finding fewer new cases during the year.

The peak demand for beds should now have been reached, for the whole province was covered by X-ray surveys during the period 1946 to 1948. Experience during the latter part of 1948 indicates this trend.

Continued shortage of trained nursing staff has limited admissions at times, but on the whole I believe this problem is a little less acute than a year ago.

During 1948, over 250,000 people were X-rayed by surveys, travelling clinics, and stationary clinics. The work of the Rehabilitation Division was expanded. Christmas Seal returns reached an all-time high.

Public consciousness about tuberculosis and support of the fight against the disease have never been greater.

(The detailed sections of this report dealing with Prevention generally and with the Care of Indian Patients follow later in this booklet.)

TREATMENT

As is evident from institutional reports, the important factors in treating pulmonary tuberculosis continue to be bed rest and collapse of the lung by surgical and semi-surgical measures, with the additional aid of streptomycin.

A greater use of streptomycin was made possible by the Federal Tuberculosis Grant. The indications and limitations of this new drug are gradually being understood better and it is of definite value in certain types and phases of tuberculosis.

Space at the Central Tuberculosis Clinic is taxed to capacity and does not permit any further expansion. For besides the wards and diagnostic facilities of the Clinic, the building also houses the administrative headquarters of the Board, the Christmas Seal office, Survey and Travelling Clinic offices, X-ray processing and filing, the Central Tuberculosis Registry, the Rehabilitation division and the Messenger of Health offices.

RESULTS

During 1948, there was a total of 271 deaths from tuberculosis in Manitoba, 146 of these white people and 125 Indians. Compared with 1947, Indian deaths increased by 15 and white deaths decreased by 8.

This is the lowest death rate ever recorded in Manitoba for white people, being 20 per 100,000 and practically the same now as Saskatchewan.

All but 14 white deaths occurred in hospital. Seventy-one of the 125 Indian deaths were in hospital whereas only a few years ago practically all Indian deaths were in their homes on the reserves.

In analyzing 64 deaths which occurred within the year of their diagnosis it is found that half of these patients died before 5 years or after 60 years of age—meningeal and miliary types responsible mainly among the former; and old disease at the break-up stage, in the elderly.

Tuberculosis deaths are increasing in the older age groups. It is by no means a disease only of young people. The importance of X-raying old as well as young is evident.

Tuberculosis deaths in Manitoba in 1948 (Vital Statistics report):

	Whites	Indians
Deaths occurring in Sanatoria	98	57
Deaths occurring in General Hospitals	21	13
Deaths occurring in Mental Hospitals	13	1
Deaths occurring at home	14	54
Total	<u>146</u>	<u>125</u>

FEDERAL TUBERCULOSIS GRANT

The Federal Tuberculosis Grant has assisted in expanding the anti-tuberculosis campaign. Only new projects can be financed by this grant, and, with the advanced program already in effect in Manitoba, our opportunity for financial assistance is limited. However, a number of new projects have been approved, are under way, and are an important addition in the further control of tuberculosis.

The two principal projects approved were the financing of streptomycin treatment for sanatorium patients; and providing X-ray equipment in general hospitals, so that all patients admitted will have a free chest X-ray.

Smaller approved projects included new items of equipment for sanatoria, travelling clinic equipment and payment of doctors' fees for pneumothorax refills.

General Hospital admissions (10% annually of the population) have a higher-than-average incidence of tuberculosis. With the new equipment, the general hospitals can serve the community as case-finding centres, and hospital employees and nurses will be protected from spread of tuberculosis infection brought into hospital unsuspected and unrecognized.

The chairman of the Medical Advisory Committee has outlined some suggested projects for the coming year.

REHABILITATION

The Rehabilitation division continues to render a very important service in the anti-tuberculosis campaign. Physical rehabilitation without vocational rehabilitation is unfinished business.

A more detailed report on the Rehabilitation division prepared by Mr. Sparling, Rehabilitation Officer, is appended.

PLANS FOR 1949

1. Continuation of the present intensive case-finding program. A schedule is now arranged ahead until December, 1949, for both mobile units to X-ray 250,000 people. Travelling and stationary clinics will continue to give a more complete diagnostic service than the mass surveys can give.

2. Plans are being made in cooperation with the Winnipeg Health department for a more complete and regular chest X-ray service to industrial firms and business organizations, including a pre-employment X-ray.

3. Continuation of tuberculosis surveys among the Indians. Treatment facilities for Indians should reach full capacity during the year.

4. Improvement of treatment services in sanatoria by additional items of equipment made possible by the Federal Tuberculosis Grant.

5. It is expected that an affiliate course for undergraduate nurses will be in operation at Manitoba Sanatorium in 1949. Arrangements also have been made for five medical students who have completed their third year to spend three months in the Board's institutions this summer.

6. The program of installations for the routine X-raying of general hospital admissions will be extended to include another six hospitals.

7. Plans are in hand to extend the services of the Rehabilitation division.

APPRECIATION

No one more than myself is in a position to appreciate the cooperation and assistance of others, so this expression is by no means an idle gesture. The Chairman of the Board, the Chairmen of Committees and members have guided and assisted me throughout the year and their understanding advice is deeply appreciated. I am grateful for the cooperation and able work of the Assistant Medical Director, the Superintendents of the Board's Institutions, and the Secretary-Treasurer of the Board. I thank the Superintendents of St. Boniface Sanatorium and of the King Edward Memorial Hospital and their staffs for their complete cooperation and cordial association. The Director and staff of the Central Registry give valuable assistance in the anti-tuberculosis campaign and this I acknowledge and appreciate. I am also grateful to the Departments of Health of the Province and of Winnipeg, and the Department of National Health, Indian Services.

Respectfully submitted,
E. L. ROSS, M.D.,
Medical Director

REPORT OF THE SECRETARY-TREASURER

THE year 1948 has witnessed a consolidation of the Board's business and administrative affairs following the period of substantial expansion begun in 1945. Business procedures throughout the organization are now well established, and all operations are under constant review to achieve a maximum of effectiveness and economy.

In March, Mr. John Mack, who for many years had been accountant at Manitoba Sanatorium, was transferred to the central office and appointed to the position of Chief Accountant, with resulting benefit to the accounting services.

The Board had 497 employees at the year end.

Sixty meetings of the Board or its committees were held during the year, at which all transactions and policies were considered, reviewed, and authorized.

INCOME AND COSTS

Revised arrangements for financing tuberculosis treatment were completed with the Provincial Government in April, with consequent benefit to all treatment institutions. Also, effective April 1st, 1948, an improved and uniform treatment rate was brought into effect with the Department of Veterans Affairs.

Nevertheless, financial administration has continued to be plagued by high-price levels and increasing costs. Food, for example, increased in cost a further 13% during the year, with expenditures for other services rising accordingly.

Consequently, it has not been possible to operate on a balanced budget, despite improved income.

FEDERAL HEALTH GRANTS

Under Order-in-Council PC3406, a Federal Tuberculosis Control Grant was established for Manitoba of \$187,998.

Unfortunately, expenditures were restricted to new projects, making it very difficult to fulfill the requirements in this Province, where a comprehensive anti-tuberculosis program was already well established. An effort was made to have a portion of the Grant used to assist in financing existing services, but without success. But it is hoped the Dominion Government may see fit to modify the regulations in this regard for the coming fiscal year.

Despite the fact that circumstances have made full utilization of the Grant difficult, considerable benefit has already been obtained and further projects are in course of submission. The following projects have already been approved:

1	Provision for Streptomycin and other antibiotics, etc.....	\$ 7,000
2	Post-Sanatorium Pneumothorax Treatment.....	1,000
3	X-ray Equipment—St. Boniface Sanatorium Out-Patient Clinic	4,100
4	Travelling Clinic Vehicle.....	3,000
5	Equipment to Improve Surgical Service—Manitoba Sanatorium	3,000
6	Improvement and Extension of Diagnostic Service— Central Tuberculosis Clinic.....	1,200
7	Improvement of Laboratory Facilities—Manitoba Sanatorium	1,200
8	Rehabilitation Service	4,000
9	Laboratory Facilities—King Edward Memorial Hospital.....	4,000
10	X-raying of Hospital Admissions.....	35,000
11	Facilities for Affiliate Course—Manitoba Sanatorium.....	5,000
	Total.....	\$68,500

COSTS OF TREATMENT

At Manitoba Sanatorium and the Central Tuberculosis Clinic, expenditures exceeded revenue for the year by \$13,762.41. Gross costs at Manitoba Sanatorium were \$4.11 per patient day with a recovery for staff maintenance and quarters of 40 cents per patient day, making a net cost of \$3.71 per diem. Gross cost at the Central Tuberculosis Clinic was \$5.51 per patient day, with a recovery for staff maintenance and quarters of 5 cents per patient day, making a net cost of \$5.46 per diem. Compared to 1947, the per diem cost at Manitoba Sanatorium increased \$.447 and at the Central Tuberculosis Clinic, \$1.17.

ASSETS AND EXPENDITURES

Total assets of the Sanatorium Board as at December 31st amounted to \$1,164,496.94, including special funds.

No provision has been made in the accounts for 1948 for interest on capital investments. Depreciation has been provided only on the automobiles and equipment acquired during 1947 and 1948.

Total expenditure for the treatment and prevention of tuberculosis by all departments and institutions operated by the Board was \$1,205,549. This does not include disbursements of grants and funds to associated institutions.

Nor does this total include capital expenditures in the three hospitals operated by the Board for the Department of National Health and Welfare. Full cost of these hospitals—at Dynevor, Brandon and Clearwater—is met by the Dominion Government.

Of the total expenditures, \$132,925 was expended from contributed funds for travelling clinics, surveys, rehabilitation, and education.

Contributions to the Christmas Seal Fund and other donations for preventive work during the year amounted to \$87,854.81, together with the notable contribution from the Associated Canadian Travellers of \$41,650, or a total of \$129,504.81. These magnificent contributions finance the whole of the preventive campaign that every year saves many lives, prevents much ill health, and provides the key to ultimate reduction in the toll taken by tuberculosis.

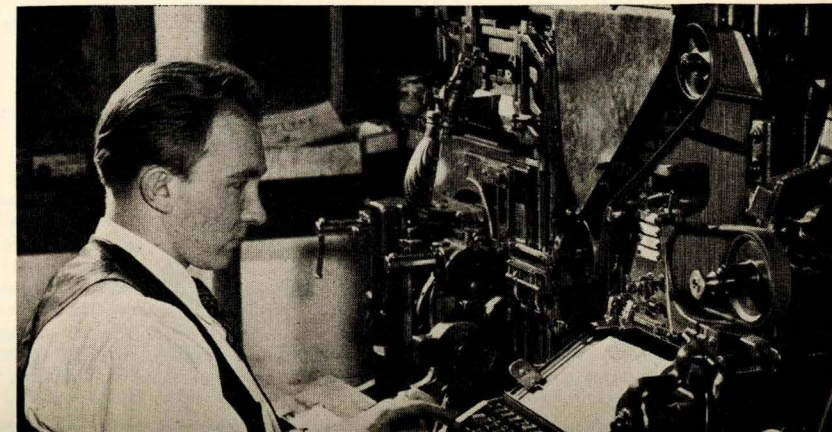
APPRECIATION

Once more, I should like to express gratitude for the guidance and counsel of the Chairman and Vice-Chairman of the Board, and the chairmen of the various administrative committees. I should like to record, too, my deep appreciation of the confidence and co-operation it has been my privilege to enjoy in all relationships with the Medical Director; the officials of Indian Health Services; the officers of co-operating institutions; the Medical Superintendents, department heads, and members of the staff.

Respectfully submitted,

T. A. J. CUNNINGS,
Secretary-Treasurer.

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





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

THE total cost per year of treating tuberculosis in Manitoba is well over \$1,000,000. This cost can be reduced only by discovering the disease early and by preventing its spread.

For the only known method of preventing tuberculosis is to prevent people from becoming infected with the tubercle bacillus. This sounds straightforward enough but the insidious and hidden nature of the disease requires continual X-ray screening of the population.

The average cost for each new active case discovered on surveys is approximately \$500. This is money well spent, when one considers that most of these new active cases found are at a comparatively early stage, when the chance of infecting others is less, and when treatment cost will be less.

Consequently, the Board has maintained the intensified case-finding program put into effect three years ago. In the past three years there has been the very creditable total of 651,462 X-ray examinations. During the past two years, people of all municipalities in Manitoba, including Winnipeg, have been given an opportunity for a free chest X-ray.

Detailed plans are now worked out to keep both mobile X-ray units busy continuously until December, 1949, with an objective of X-raying 250,000 people during the year.

During 1948, by surveys, travelling clinics and stationary clinics, a total of 253,681 people were examined for tuberculosis, or approximately one-third of the population of the province. White people numbered 244,233 and Indians 9,448.

Among white people, the total examined in 1948 was almost as great as in 1947, but the number of new cases found decreased from 1,086 to 858. However, the number of new cases found with active disease was the same in both years—496, or 57% of the new cases found among whites in 1948.

An analysis of the new active pulmonary cases shows that 40 percent had minimal disease, 33 percent had moderately advanced, and 27 percent far advanced.

ASSOCIATED CANADIAN TRAVELLERS

DURING 1948, the Winnipeg and Brandon Clubs of the Associated Canadian Travellers continued to give invaluable support to the preventive program of the Sanatorium Board of Manitoba. Each club arranged two series of amateur talent contests, one in the spring and one in the fall, which were broadcast on Saturday nights over radio stations CJOB in Winnipeg and CKX in Brandon. The two radio stations very generously contributed the time for these public-service broadcasts.

During the year, the Travellers turned over to the Board for the anti-tuberculosis campaign, \$41,650. Added to amounts previously given, this makes a total of \$125,074 contributed by the Travellers since they began their splendid work against tuberculosis in 1945.

The thanks of the Sanatorium Board of Manitoba are extended to the Associated Canadian Travellers and to radio stations CJOB and CKX for their enthusiastic and whole-hearted assistance, through which they are rendering a service of inestimable value to the people of Manitoba.

In spite of efforts to find disease early, at a non-infectious and curable stage, it is rather shocking to learn that 64 of the new cases diagnosed in 1948 had disease so advanced that they died within the year, 38 of these among white people and 26 among Indians.

X-RAY SURVEYS

Of the total of 253,000 people examined in 1948, there were 228,768 people X-rayed on mass surveys. These surveys were held at 315 sites throughout the province with an average of 727 X-rayed per site.

Among those X-rayed on these surveys, 423 had evidence of pulmonary tuberculosis, that is, one in 540. Disease was classified as active in 123, or one in 1,851; and inactive in 300, or one in 762. Included in the above figures is the survey of Winnipeg with 114,637 people X-rayed, 242 found with tuberculosis, 34 of these active and 208 inactive.

The X-ray unit in the City Hall X-rayed another 15,826 people in 1948 with the assistance of the Board. The staff of the Board assists in planning these examinations at the City Hall and provides technical help, and at present one of our units is set up in the City Hall. The X-ray films are all read by the Board medical staff and special examination of suspected cases is carried out at the Central Tuberculosis Clinic.

Thirty-three of the municipalities surveyed in 1945 or 1946 were again surveyed in 1948. The population of our rural municipalities has decreased in nearly every instance since 1945 and 1946, while our urban and suburban figures show an increase. During the first survey of these municipalities, 86,077 people were X-rayed and by the second survey 79,533, a decrease of 7.8%, which in the over-all picture can be accounted for by reduction of the population.

The significant point of comparison, however, is that while only 7.8% fewer people were X-rayed, there was a reduction of 44.8% in our finding of active cases in these municipalities and a reduction of 29.1% in the inactive group. This decrease in new cases I think can be interpreted as indicating the effectiveness of the X-ray and case-finding program.

TRAVELLING CLINICS

Travelling clinics have a distinct function apart from surveys. The people examined are selected—being contacts, or suspected by their doctors of having tuberculosis, or being referred as the result of a survey film—or they are ex-patients for routine check-up. As would be expected, the finding of significant disease is higher in this group.

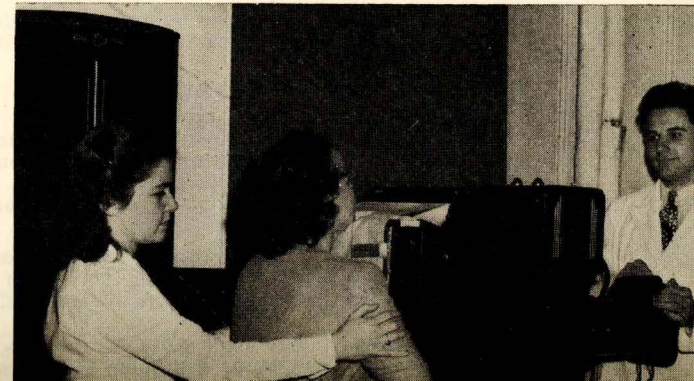
Travelling clinics are held at scattered, strategic points throughout the province, on a schedule of places and dates worked out to follow the survey unit, thus giving opportunity for fuller examination of any cases suspected of having chest disease, from the appearance of the miniature survey film.

Last year, 5,298 people were X-rayed at travelling clinics.

VACCINATION WITH B.C.G.

During the year, 375 B.C.G. vaccinations were done, making the total to the end of 1948—1,098.

Two new hospitals included their nurses in this protective measure—the Misericordia and Portage la Prairie General.



The City of Winnipeg Health Dept. made 15,826 X-ray examinations among large employee-groups in 1948, the films being interpreted by the medical staff of the Sanatorium Board.



Central Tuberculosis
Clinic

Treatment

CENTRAL TUBERCULOSIS CLINIC

IN all, 9,086 patients were dealt with in 1948 at the Central Tuberculosis Clinic. Of these 9,086 patients, 6,331 were referred for examination and diagnosis and 2,775 for pneumothorax and fluoroscopic examinations.

PATIENTS

The number of patients was about 900 less than in 1947. The peak of 10,033 patients in 1947 was perhaps unusual. The present drop, we feel, is probably due to the diversion of many people to mass surveys and travelling clinics who otherwise would have been referred to the Central Clinic.

There were 425 admissions to the ward for observation, for more complete diagnosis, or awaiting transfer to sanatorium. Discharges numbered 439. Their disposal is shown in the statistical report. Of the total, 127 were discharged home, the majority of these being found to have no need for treatment or to be able to carry on at home under supervision. The transfer of others to various sanatoria is also shown in the statistical report.

Besides these examinations and admissions, 694 X-ray films were read and reported on for doctors throughout the province. Twenty-four new cases of tuberculosis were found among the group covered by these films.

New cases of tuberculosis found numbered 185. Of this number 158 were active and in need of treatment, 98 of them with pulmonary tuberculosis divided almost evenly into minimal, moderately advanced, and far advanced. The remaining 60 were pleurisies, bone and joint cases, etc.

This new low total of active pulmonary or infectious cases we hope reflects the general trend for Western Canada as a result of the present intensified case-finding campaign.

TREATMENT

The operating room work consists mainly of pneumothorax treatments given to both in-patients and out-patients, these latter numbering 2,707. Other treatments and procedures, including chest aspirations, dressings, etc., made a total of 3,359 procedures in the operating room. Dr. M. H. Campbell has been of great help in the operating room on a part-time basis, giving pneumothorax treatments.

In the clinical laboratory, a total of 9,829 procedures were completed. Sputum examinations are very important and there were 1,710 of these. The other tests are routine procedures now—blood examinations, cultures, tuberculin tests, etc.

The X-ray Department made 5,913 X-ray films, as well as assisting the travelling clinic and survey staffs and doing some practical teaching.

The upstairs ward with 50 beds has been pretty well filled to capacity, except for occasional short spells. This is caused by beds in the sanatoria being fully occupied, and to some degree by shortage of staff in the sanatoria, making it necessary to curtail the numbers of the sick and infirm type of patient there, who are then taken care of in the Central Clinic. Miss Waters and her staff have had a very satisfactory year looking after many and various patients. The domestic staff under Miss Elliott kept the house in good order and the meals have been excellent.

CLINICAL INSTRUCTION

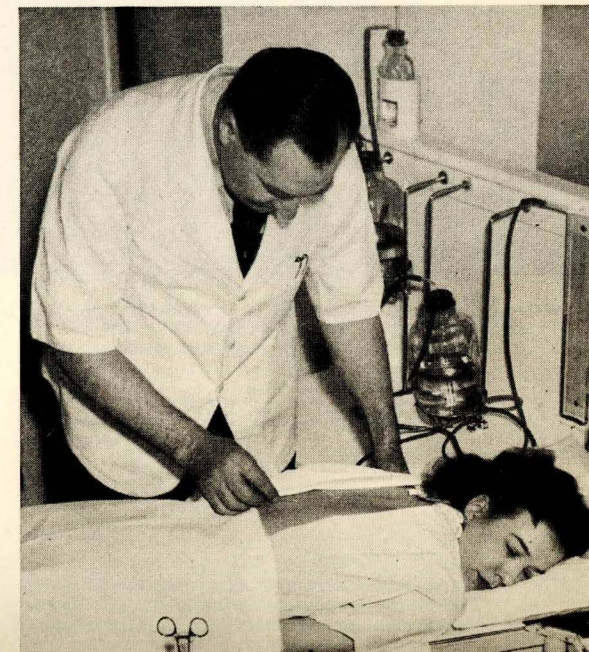
Letters and reports on all patients are sent out to interested medical men, Government departments, and Welfare agencies. The same department also is responsible for filing and indexing all patients' records. To make the best use of the mass of information that we have in the clinical and X-ray files, we feel the need of a cross-index system. Such a system perhaps would require the services of a full-time statistician.

Teaching of nurses and medical students was carried on as usual by the Medical Superintendent. Twenty lectures on tuberculosis and two on the respiratory system were given to nurses, and weekly clinics to third year medical students.

At the Central Clinic there are always patients who are useful teaching material for prospective doctors. Probably better use could be made of this material if more space and more facilities were available. In view of the inclusion of the Central Clinic in the new and beginning Winnipeg Medical Centre and in view of our proximity to the Medical College, it seems to me that some thought should be given to enlargement of our present establishment and probably to an increase in bed capacity, for better working conditions and for more and better teaching.

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.

MANITOBA SANATORIUM

THE outstanding achievement of the year is the fact that we have been able to turn in a good year's work in spite of serious handicaps, mainly due to staff shortage.

STAFF

In retrospect one wonders what we found to worry about in the pre-war years when staff was plentiful and stayed indefinitely and when our only troubles were the ever-present ones of financing and the usual day-by-day medical problems.

Medical staff is still below the approved minimum standard in strength but the situation is better than six months ago. Dr. Povah transferred to Brandon Sanatorium in July. Dr. Elizabeth Kolesnichenko came on staff about the same time, after three months' laboratory work was able to take on medical duties in October, and is now giving valuable assistance. Dr. Dobbs and Dr. Hulke now have accumulated considerable experience in tuberculosis and I am indebted to them for their excellent work and assistance, both on the wards and in the operating room.

This year we have been without a dietitian, except for the three summer months, and the affiliate course in practical nursing has been operated without an instructress. The duties of both dietitian and instructress have been carried on, as far as possible in addition to her regular duties, by the Matron, Miss Margaret Goldsmith, aided by the ward supervisors. She is to be commended on the able manner in which she has performed this three-fold task.

Aside from vacancies in these two key positions our greatest shortage has been in graduate and practical nurses. This shortage has been accentuated by an increased volume of parenteral medications due to greater use of streptomycin. We have met this shortage by employing special nurses when obtainable for surgery and our own nurses have had to carry an extra burden of work.

Domestic staff has been brought up to strength by the employment of a number of girls who came to Canada from Displaced Persons camps.

MAINTENANCE AND CONSTRUCTION

Maintenance continues to be a major problem, with no new buildings and so many years of service from the old ones.

The redecoration of the whole of the women's quarters in the Main Building was completed early in the year. The Women's Infirmary has also been completely redecorated, adding greatly to both comfort and appearance. The East Pavilion, our oldest building, was repaired and redecorated and is now occupied by ambulant women instead of men. An addition was built on to the King Edward Cottage to give added toilet space and this pavilion is now suitable for use as an Observation ward, although staff are not available as yet for this change-over.

Work for the coming year should include redecoration of the Men's Infirmary and the continuation of outside painting of the buildings, started in 1947.

There continues to be a great need for an extensive new building program. First plans for a new infirmary unit have already been drawn up. Additional staff accommodation for nurses is urgently needed; this problem will become acute if and when an affiliate course for graduate school nurses is undertaken, as accommodation is not available at present. Perhaps most urgent of all is the need for a recreation building for the staff. This question has been discussed in detail elsewhere.

During 1948, electric refrigeration was installed in the infirmary kitchen. This completed the installation of electrical refrigeration throughout the Sanatorium, except for several small kitchen units.

For the coming year the two main equipment needs are replacements for boilers in the Power House and for washers in the Laundry.

PATIENTS

Patient population was slightly above the average for the last five years, although a little lower than in 1947. Total treatment days numbered 92,471, as compared to 93,143 for 1947. Department of Veterans Affairs patients remained at about the same level, there being 22 on treatment on December 31 compared to 23 a year earlier.



ion at Manitoba Sanatorium — Viewed from the West Infirmary

ADMISSIONS

Total admissions for the year were 308, of whom 194 were for treatment and the remainder for diagnosis or review. Of those on treatment, women outnumbered men in the ratio of 112 to 82. Average age on admission was 32 years. Those with pulmonary tuberculosis were 174, of which 25.7% had minimal, 33.3% moderately advanced and 40.9% far advanced disease. There were 13 with non-pulmonary tuberculosis, four undiagnosed and six staff members with non-tuberculous conditions.

It is interesting to note that 16.5% of all admissions for treatment were re-admissions with reactivated or new disease, as compared to 33% in the same class some years ago.

DISCHARGES

Total discharges for the year were 335, of whom 201 had had treatment and the remainder were in for short periods for review and diagnosis. Average stay for the total 335 was 282 days and for the 201 on treatment, 469 days. Average duration of treatment for pulmonary tuberculosis according to stage of disease on admission was as follows: minimal—1 year, moderately advanced—1 year, 5 months, far advanced—2 years. On discharge 39.8% were apparently arrested; 23.9% quiescent; 20% improved; 7.9% unimproved and 8.4% dead.

TREATMENT

Collapse therapy continues to play a major role in treatment. Its relative use is indicated by the treatment given, or about to be applied, to all those admitted in 1948 with new or reactivated disease. Of the 137 in this class, figures are as follows: collapse, all forms, 70.2%, pneumothorax—40.5%, thoracoplasty—21.9%, pneumoperitoneum—1.2%, phrenic operations—6.5%.

Pneumothorax remains the procedure of choice for minimal lesions. Apical thoracoplasty is being used with increasing frequency in minimal lesions, especially where pneumothorax has failed. It has largely supplemented the paraffin pack which we frequently used until recently. Of the 30 admissions with new or reactivated disease receiving thoracoplasty, 13.3% had minimal, 63.3% moderately advanced and 23.4% far advanced disease.

Pneumonectomy was performed on two patients with far advanced disease and tracheo-bronchitis, both with success.

Streptomycin was used rather extensively in the past year for pulmonary tuberculosis. Altogether 111 courses of the drug were administered, the average course being 0.5 grams for 42 days. In addition, for the last three months of the year its use was routine for thoracoplasty during the operative period. It has been of great value in active disease, less so in more chronic forms. At no time has it supplanted other established forms of treatment.

Bronchoscopy increased during the year, partly due to its use in controlling and evaluating the treatment of tracheo-bronchitis with streptomycin. Altogether 52 examinations were made.

A complete list of operative procedures is appended.

X-RAY DEPARTMENT

Work was of the usual high calibre. Total of X-rays was 3,960, the highest since the department started in 1919. Of these 2,418 were in-patients, 884 out-patients and 658 staff. Net increase was due largely to more in-patient X-rays to control streptomycin therapy, and to more staff examinations.

LABORATORY DEPARTMENT

This department continues to do a large body of high standard work. In all 9,677 laboratory examinations were made, the various tests being classified as follows: Blood, 3,942; sputum, 2,485; urine, 1,933; gastric contents, 807; Mantoux tuberculin tests, 210; pleural fluid and pus, 117; B.C.G. immunization, 26; unclassified, 157. Cultural tests for identification of bacteria numbered 570, of which 510 were for the tubercle bacillus. The increased use of transfusions in surgical procedures produced a need for more blood grouping and cross matching. An important new test, Rhesus factor typing, was introduced late in the year.

SANATORIUM SCHOOL

The Sanatorium School continues to play a very important part in the patients' return to health and useful living. The value of supervised study as a morale builder cannot be over-estimated. Details of work done are given in the report of the Rehabilitation division.

A night school for the Displaced girls on staff is held 2½ to 3 hours twice weekly. The girls are divided into four classes, according to their previous schooling and knowledge of English. This school is ably conducted by Mrs. Edna Thiessen, who reports most of the girls making good progress.

MEDICAL AND NURSING EDUCATION, ADDRESSES AND PAPERS

During the year, 22 third-year Medical students spent two weeks each at the sanatorium and received instruction in tuberculosis work.

The affiliate course in practical nursing completed its second full year of operation. In 1948, 52 practical nurses in training each spent six weeks at the Sanatorium. These girls received a full course of lectures and as thorough ward training and demonstration as our depleted nursing staff would allow.

Altogether 60 nursing, 77 medical and 11 laboratory lectures were delivered during the year, those participating being Nurses Goldsmith, Duncan and Hamilton, Doctors Paine, Dobbs, Povah and Hulke, also Medical Technologist J. M. Scott.

During the winter months a medical study group held one evening meeting every two weeks, during which current literature on tuberculosis was reviewed and discussed.

A series of radio talks on various aspects of "cure chasing" were given to the patient body by the Medical Superintendent at intervals throughout the year.

PAPERS

1. Streptomycin in Pulmonary Tuberculosis—A. L. Paine and A. H. Povah. (Read before the Canadian Tuberculosis Association May, 1948.)
2. A Sanatorium Christmas—A. L. Paine. (Published in the Canadian Hospital).
3. The Management of Pneumothorax with Special Reference to a General Practitioner—A. L. Paine. (Published Manitoba Medical Review, October, 1948).
4. Some Observations on Saphrophytic Acid-fast Bacilli—J. M. Scott, R.T. (Published in Canadian Journal of Medical Technology June, 1948). This paper won a prize as the best paper of the year published in the Canadian Journal of Medical Technology.
5. Cultivation of Tubercle Bacilli; Analysis of One Thousand Consecutive Cultures—J. M. Scott, R.T., Manitoba Medical Review, March, 1948.

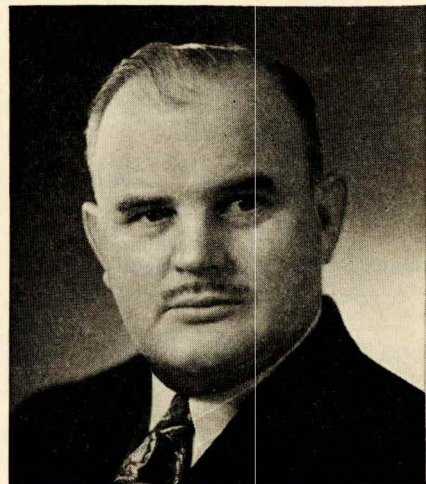
Respectfully submitted,

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

On the balcony, Manitoba Sanatorium



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



—National Film Board Photo

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

—Photo by Karsh

Care of Indian Patients

From the Report of the Medical Director

THERE are 15,000 Indians in Manitoba, with a death rate from tuberculosis 40 times greater than among the white people—800 per 100,000 compared to 20.

Many factors make the problem of tuberculosis control more difficult among Indians than among whites. The Indians' settlements are scattered over vast regions, their habits and living conditions are nomadic, their natural resistance is relatively low. But I am sure that with continuation of the present program, before many years there will be a marked reduction in the morbidity and mortality from tuberculosis among the Indians.

The two outstanding accomplishments during the year in the care of Indian patients were the providing of another 75 beds at Clearwater Lake Indian Hospital, and Brandon Sanatorium reaching full capacity in beds and operation. Clearwater is now a first-class institution with 150 beds, but it has only been operating at about two-thirds capacity due to lack of nurses. Brandon Sanatorium has 255 beds and is functioning at full capacity. Medical services there have steadily improved and now, with a resident surgeon on the staff, major chest surgery has been begun.

Dynevor, with its 50 beds, continues to render an important service, particularly for a certain type of case.

X-ray surveys have now been made on all the Indian reserves in Manitoba. During 1948, 9,393 people were X-rayed and in 1947 another 7,769, making a two-year total of 17,162.

Approximately 3 per cent of those X-rayed in 1948 were found to have active disease—272 out of 9,393.

The policy of continuous surveys is being maintained and as in the past the Sanatorium Board is anxious to cooperate and assist in this program.

The present case-finding and treatment program should prove to be a valuable demonstration of how much and in what length of time tuberculosis can be reduced among a people as heavily infected as our Indians.

I wish to pay tribute to the superintendents and the medical and nursing staffs of these Indian Hospitals for their conscientious, devoted and able work throughout the year.

THE INDIAN SANATORIA

THE three tuberculosis sanatoria in Manitoba for the care of Indian patients are provided and financed by the Dominion Government through its Department of National Health and Welfare.

These sanatoria are operated for the Department by the Sanatorium Board of Manitoba, as part of a joint effort to control tuberculosis among all the citizens of this Province. The Department gives ready and substantial support to every effort to reduce the toll of tuberculosis among its Indian wards.

The unique arrangement between the Department and the Board is of the greatest advantage in carrying out treatment and preventive measures in the broadest and most comprehensive manner possible.

DYNEVOR INDIAN HOSPITAL

DURING 1948 we admitted 60 patients and discharged 68. The number of patient days was 17,071. This was a slight drop from the previous two years.

On the advice of Dr. Ross we have put in the same system of records for patients as they use at Brandon.

STAFF

The nursing staff has been shorthanded at times, but generally we have had a full staff and could run the hospital on the basis of eight-hour duty. The nurses generally have worked well together and for the health and welfare of all the patients.

The school has carried on throughout the year under the able direction of Mrs. Cates. The patients are not only learning the three R's, but are now doing some very nice hobby work.

BUILDINGS AND EQUIPMENT

Of the hospital, equipment and grounds there is quite a lot to tell.

We have installed a large electric refrigerator. This gives us enough ice for current needs and storage space for milk and other things that need to be kept cool. The old ice house left vacant was converted into a two-car garage.

We have added a room on the ground floor which gives us a linen storage space and room for all the downstairs charts. With the portable electric radiator it is proving a very warm room as well as very useful.

We made a definite improvement in the fire protection of the hospital during the year. Our old pipes, which were laid outside, for outside protection only, burst open early in September. Now we have them laid about 98% inside the building, protected with rock wool insulation, and have an inside valve and hose for any fire on the roof or in any of the out-buildings. The fire escapes were reconstructed during the year and are now in good condition.

We built a new incinerator out of an old boiler found on the grounds. It has an eight-foot reinforced concrete floor and is working very well. In 1948 we cut on our own property, wood for the nurses' home furnace and for the kitchen fire; and still at the end of the year we have a very good supply.

During the year we put up more preserves and canned goods and pickles than ever before. Most of the food put up was grown in our own hospital garden, and pickled and preserved by the Nursing staff.

VISIT OF HON. PAUL MARTIN

An outstanding event in 1948 was the visit of Hon. Paul Martin, Minister of National Health and Welfare, and his secretary and Dr. Cameron, the Deputy Minister of National Health and Welfare, Mr. Wm. Bryce, the local M.P., and Mrs. Bryce. One of the remarkable features of the occasion was that afterwards Mr. Martin wrote to each patient, a personal message to each one.

Respectfully submitted,

WALTER W. READ, M.D.,
Medical Superintendent.

BRANDON SANATORIUM

BRANDON Sanatorium has completed its first full year in operation, a year which has seen the patient capacity grow to its maximum 255 beds. During 1948, treatment facilities were organized to such an extent that, with the advent of 1949, a complete treatment service can now be offered to all tuberculous Indians admitted here.

During 1948, there were 75,697 patient days. Two hundred and sixty five were admitted, including 125 males and 140 females. These consisted of 248 treaty Indians, 3 Eskimos, 10 Metis, and 4 whites.

While in most cases, there was one diagnosis only on admission, with a few patients there were as many as four diagnoses.

There were 147 patients discharged, of whom 84 were males and 63 females. Average number of days for each patient discharged was 179.5.

Sixteen patients were transferred to other institutions. Twenty-four Polish veterans were discharged, leaving 9 at the year's end.

Nine of the total discharges involved 6 patients who left against advice. The fact that, at time of writing, only one of these with positive sputum is not in hospital is due to much good work of the Indian Health Services under Dr. W. J. Wood; to the Indians' growing knowledge of, and concern over, the infectivity of tuberculosis in relation to themselves and their families; to our staff's better understanding of the Indians' make-up; and to our isolation in regard to the Indian population.

There were 33 deaths, involving 9 males and 24 females. Average number of days for each patient deceased was 184.3.

TREATMENT

In the treatment of pulmonary tuberculosis in Indians, there has been a tendency towards greater utilization of pneumoperitoneum. At the end of the year, 50 patients were on pneumothorax with a total of 2,285 refills being given. On 30 patients, pneumothorax was attempted, 17 being initially successful. Eighty-four were on pneumoperitoneum, a total of 1,710 refills being given. Seventy pneumoperitoneums were started, all being successful. The above figures include both in-patients and out-patients.

Streptomycin was used and found effective as an adjunct to collapse therapy. It appears to be specific in cervical adenitis with sinuses. It prolongs life in miliary and meningeal tuberculosis. But so far, 7 out of 8 such cases have died.

Great strides were made in providing all services in the treatment of tuberculosis. Phrenic crushes, closed pneumolyses, and bronchoscopies have become routine procedures carried out where indicated.

The Operating Room has been equipped and major chest surgery will be carried out early in 1949 under Dr. A. H. Povah.

Dr. Alexander Gibson attended in consultation for a large series of bone and joint cases. A large amount of plaster work, including plaster beds and spicae, was done. All in all, 53 plasters were applied.

Dentistry as required has been done by Dr. B. Claman.

LABORATORY

There were 8,546 examinations done in the Laboratory during the year, which were classified as shown in the appended table of statistics.

An important part of the year's work was the examination of 728 specimens by cultural methods. This is being carried out to determine the relative value of a laryngeal swab (a relatively simple procedure) as compared with the culture from a fasting gastric content. Work has been started on the Determination of Streptomycin Sensitivity of Tubercle Bacilli.

X-RAY DEPARTMENT

The activities of the X-ray Department may be summarized as follows:—

In-Patients	1,355
Out-Patients	645
Fluoroscoped	4,765
Staff	517
Film Used	3,094



Part of Brandon Sanatorium

OUT-PATIENT CLINIC

In conjunction with the Brandon Health Unit, we have examined 578 white and 54 Indian patients. This includes follow-up work resulting from surveys. Ten new diagnoses were established amongst whites and 5 amongst Indians. There were 318 pneumothoraces given to out-patients during 1948.

INSTRUCTION

We have three Welfare Teachers, one in charge of Occupational Therapy and two doing academic work. Considerable progress has been made.

STAFF

We have been fortunate in being able to obtain and keep all types of employees. There has been no more than a reasonable turnover amongst our staff. I would like to take this opportunity of bringing to the attention of the Board the good work done by all the staff in treating, nursing, and feeding our patients, and in administering and maintaining our institution.

MAINTENANCE AND RECONSTRUCTION

The early months of the year saw the clewing up of the 1947 projects initiated under the supervision of Mr. C. J. Connolly. In March, we moved into the Administration Wing. Since that time, two new Chapels were constructed and the Engineers moved into the building originally designed for Chapel purposes. A further two wards were made over into two suites. A fire-wall was constructed between the Kitchen and the Administration Wing. The fire-charred roofs of the Kitchen and Dining-Room were replaced. Towards the end of the year, it was decided that, in order to give us more storage space, a basement would be put under the Engineers' section. This was started. Many minor jobs to facilitate the treatment of patients were carried out.

On the whole, the heating plant has functioned well. A new high-pressure boiler and a second return pump for condensation in the heating system were installed. Mr. H. Ingle retired as Chief Engineer and was replaced by Mr. R. Newman.

Under the supervision of Mr. M. J. Tinline, the Sanatorium grounds were cleared of rubbish and a landscaping plan was initiated. A large amount of work was done and I believe it will begin to show in the coming summer. We also wish to thank Mr. W. R. Leslie and Mr. W. Godfrey of the Morden Experimental Farm for shrubbery and for technical advice.

The buildings were painted on the outside by our staff and the interiors of several were decorated.

Respectfully submitted,

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

CLEARWATER LAKE INDIAN HOSPITAL

THE completion of hospital construction in June and the undertaking of the first complete survey of all the Indian Reserves in The Pas Agency (the area tributary to the Saskatchewan, Nelson and Churchill Rivers) are noteworthy during 1948.

BUILDINGS

The principal setback received during the year was the fire that broke out in the administration unit on February 10th. Happily this was quickly brought under control and damage to property was slight. It did, however, delay the completion of construction appreciably and placed a heavy burden on the staff to maintain services during a rather extended period of disruption. That damage was not more extensive was due to the whole-hearted help of the employees of the Department of Transport and of the Manitoba Engineering Company, and to the work of our own hospital group. The warm thanks of the hospital staff is extended to all who helped us at that trying time.

By the end of 1948, the hospital building itself had been completed and a very good start made on the chapels. In addition to the work of the contracting firm, our own construction crew has completed two extensive alterations:—the removal of a complete Diesel unit from the former power house, approximately a half mile distant; and the installation of a water tank heater in the main standpipe tower, to replace the former cold heater. These besides a host of minor jobs entailed by construction of the new sections. Mr. Johnson, the chief engineer, was director of all these changes and his efforts are gratefully acknowledged.

PATIENTS

During 1948 there were 104 admissions to the Hospital, approximately 27 more than in the previous year. Of these, 77 were for extended treatment, 17 more than in previous year. Of the admissions, 81 were Treaty Indians and 23 were not Wards of the Crown. There were 44 males and 60 females; 96 of the 104 admissions were new admissions; 89 were for pulmonary tuberculosis; 8 were non-pulmonary tuberculosis and 7 were non-tuberculous conditions. There were 103 discharges, including 23 deaths.

TREATMENT

In general, the medical work at the Hospital followed the trend of the previous two years. Unfortunately nursing staff was at a premium, particularly during the latter months of the year, and surgical treatment had to be delayed in a great many cases. In addition to the usual sanatorium regime, pneumothorax and pneumoperitoneum formed the chief medical adjuncts during the year.

Streptomycin therapy was begun in November, 1948. The drug has certainly been of benefit in a fair percentage of cases and a more extended trial is being projected for 1949. Seventeen operations were performed during the year, together with 553 pneumothorax treatments and 555 pneumoperitoneum treatments.

The laboratory, under the direction of Mrs. Carpick, performed approximately 1,000 more examinations in 1948 than in 1947. The new laboratory and the addition of further equipment extended the range of service available to include a full line of blood chemistry. A rapid serological test and a biological test for pregnancy were added to this list of estimations during the year. As in previous years, our facilities in this department were available to the physicians in this area and have been much appreciated by them.

The activities of the X-ray department, in particular, underwent considerable expansion during the year 1948.

X-RAY SURVEY

The outstanding event in this department was the complete survey done of the entire area, including all the Indian Reserves. Over 3,300 Treaty Indians were examined during the year. The percentage of each Band actually filmed in our 1948 survey is shown on an accompanying sheet. This varied from over 90% to as low as 15%. Strenuous efforts are being made during 1949, in co-operation with the Indian Affairs Branch, to raise this percentage to over 90% for all Bands. Much credit is due to Dr. Yule and Mr. Eric Law for their enthusiastic co-operation and hard work in making this survey very successful.

The entire survey was under Mr. Samoleski's direction. Unfortunately, owing to shortage of medical staff, it was not possible for a physician to accompany him on most of the extended trips during the summer and his enthusiasm and hard work is gratefully acknowledged as the main factor in the success of this clinic.

Respectfully submitted,

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

Tony Samoleski with a Clearwater Lake "Sardine"



ST. BONIFACE SANATORIUM

THE total of hospital treatment days was 94,596, an increase of 2,350 days over 1947.

During 1948, a total of 265 men, women and children were admitted for treatment of all forms of tuberculosis.

TREATMENT

In our report to this Board for 1946, reference was made to streptomycin as a new wonder drug, with the notation that it had become available and that we intended to use it during 1947. Two years have now elapsed and streptomycin has become increasingly popular with us. It was used extensively during 1948 and it is now accepted as a valuable adjunct in the treatment of many forms of tuberculosis. Streptomycin may also be of value in preparing the patient for operation and for shortening his course of treatment. This remains to be seen.

Bed rest and collapse therapy are still the most useful in securing a satisfactory arrest of tuberculosis. In individuals with bone and joint involvement, best results are being obtained by plaster splints and surgery.

Pneumothorax, thoracoplasty and a few phrenic operations are still the most useful in our hands. To date no pulmonary excisions for tuberculosis have been carried out in the Sanatorium. Sixty patients had pneumothorax started, three others were tried and failed, and there were 6,358 refills. Twenty-one patients had single stage or apical thoracoplasties and a total of 77 thoracoplasties were carried out in 39 individuals. Eleven patients had spinal fusion operations. Further details, as to list of operations and treatment done, are appended.

LABORATORY

Admission, discharge and three-monthly laboratory tests were carried out on all resident patients. Tests performed in our laboratory totalled 7,960. A detailed report of this work is appended.

NURSES

The Sanatorium deplors the fact that there are very few Registered Nurses on our staff. We have had to rely on Practical Nurses, trained either in this Sanatorium or by the Provincial Government. They are doing an excellent job. Some of the Sisters are Registered Nurses, otherwise the situation would be very serious.

OCCUPATIONAL THERAPY

During 1948, 300 patients were enrolled and working. At the time of writing, 121 patients are doing handicrafts of various kinds. Forty-nine of these are doing leathercraft, 78 patients are able to knit, 47 are doing crocheting, 37 enjoy doing embroidery and petit-point, and 19 prefer punch-work. Many are interested in plastics but due to lack of an oven (which has been ordered) only small projects can be undertaken. Recently several patients have renewed their interest in wood burning and they are doing very nice work.

Leathercraft still seems to be the most popular of the crafts apart from knitting.

OUT-PATIENT CLINIC

An Out-Patient Clinic for the Sanatorium was opened February 11, 1948, on being transferred from St. Boniface Hospital. The Clinic is held each Wednesday from 1:00 to 4:00 p.m.

During the following 47 weeks a total of 2,219 pneumothorax refills were given or an average of 47.3 fills per week. Six hundred and one individuals were examined for all forms of tuberculosis; this included 470 ex-patients, 119 contacts, and 12 new patients—of this number three were found to have new tuberculosis requiring sanatorium treatment. Fluoroscopic examinations totalled 2,302; 346 large X-ray films were taken and 208 small ones.

The new 4" x 5" X-ray attachment has been in operation since September 8th, 1948. The money for this equipment was supplied through the Dominion Health Grant, which is very much appreciated.



St. Boniface Sanatorium—Main Entrance.

Routine laboratory services are provided for all out-patients seeking review examinations. Five hundred and forty-four had haemoglobin, blood sedimentation estimations and urinalysis done. Many had sputum examinations which included smear, culture and guinea pig inoculations. Fifty-two Mantoux tests were carried out and five B.C.G. inoculations were given.

The total enrolment in the Out-Patient department as of December 31, 1948, was 415 persons.

DISCHARGES FROM THE SANATORIUM PROPER

Two hundred and thirty-nine patients were discharged during 1948. Of this number 113 were male and 126 female. Of the 239 discharges, 190 were leaving the Sanatorium for the first time; 49 were classed as repeaters.

The extent of disease on discharge—pulmonary tuberculosis, minimal 48; moderately advanced, 83; and far advanced, 78. The condition on discharge of pulmonary cases—29 arrested (12.39%); 62 apparently arrested (26.53%); 56 quiescent (23.93%); 24 improved (10.25%); 17 unimproved (7.26%); and 46 deceased (19.65%).

The average duration of treatment for tuberculosis lesions is as follows:—

Pulmonary Tuberculosis, far advanced	471.1 days
Pulmonary Tuberculosis, moderately advanced	410.3 days
Pulmonary Tuberculosis, minimal	201.5 days
Pleurisy with effusion	273.4 days
Pott's Disease	411 days

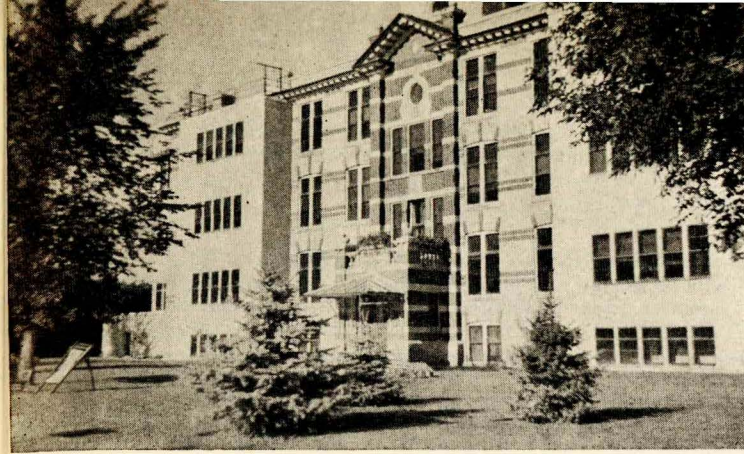
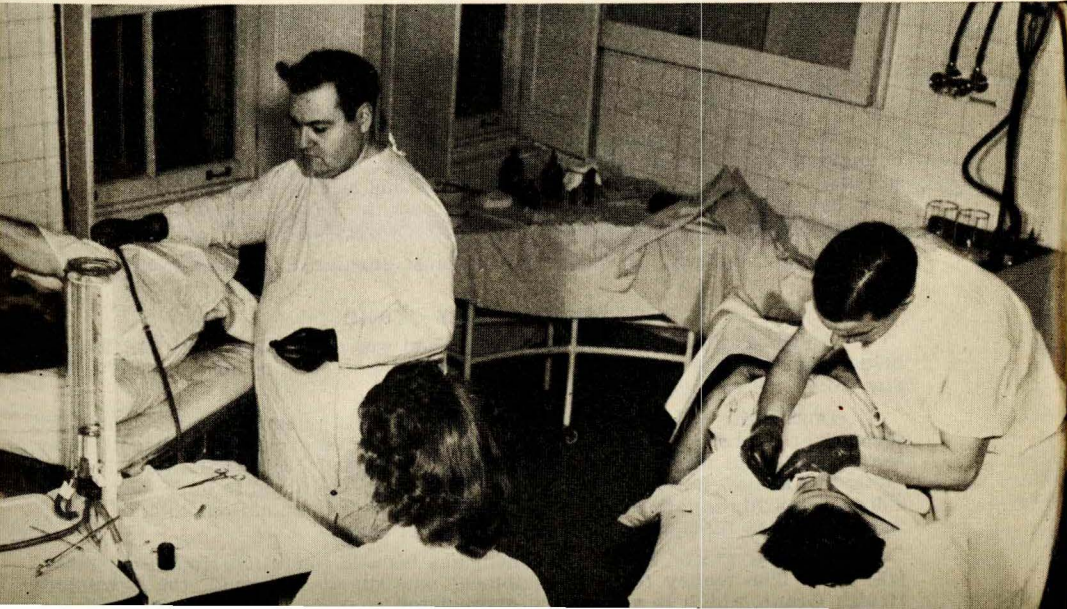
Revenue was received as follows:—Municipal Levy 38.91%; Department of Veterans Affairs 5.02%; Department of Health and Public Welfare 20.50%; City of Winnipeg 15.49%; the remainder furnished by the Department of Indian Affairs and other cities.

At this writing our audit is not complete. A large operating deficit was anticipated; we know now that it is much smaller than expected. The per diem cost will be around \$3.52.

Respectfully submitted,

A. C. SINCLAIR, M.D.
Medical Director, St. Boniface Sanatorium.

A busy morning in the pneumothorax room, St. Boniface Sanatorium



King Edward
Memorial Hospital

Winnipeg Municipal Hospitals 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 31, 1948.

TREATMENT

As of 31st December, 1949, 149 tuberculosis patients remained in Hospital under treatment. Their average age was 39 years. See Table for percentage in each age group.

The extent of disease is preponderantly Far Advanced and Moderately Advanced—over 80%. A total of 65,412 days treatment were given.

Of these patients 61.3% were receiving some form of active treatment. This does not include a further 13% of long-term chronics who have at some time received pneumothorax, which for some reason or other was subsequently discontinued.

Streptomycin therapy is now considered more as adjunct treatment and its application is increasing. The 10% of patients receiving this antibiotic at the end of the year will be much lower than the figure anticipated for the future.

More extensive use of physiotherapy was made in selected cases. All post-thoracoplasty cases now receive routine exercises. And later in their treatment a number of pleurisy-with-effusions did supervised breathing exercises, in an attempt to decrease pleural and diaphragmatic adhesions. Our preliminary observation is that the exercises definitely helped but must be continued for some time—even after discharge from sanatorium.

Pneumoperitoneum was induced on 20 patients. Careful study and follow-up of this group have convinced us of its efficiency, not only as a definitive form of therapy but of great use occasionally in preparation for major surgery.

There has been a definite trend to the use of multiple procedures in individual cases.

The Out-Patient Department (The McKittrick Clinic)—although nearly out of action during the flood months of April and May—showed increased activity over previous years. There were approximately 3,000 visits, 2,800 X-rays taken and a total of 1,458 lamp treatments given.

ADMISSIONS

In all, 137 cases were admitted during the year. Of the 134 tuberculous patients, 90 were males and 44 females. Sex distribution is that of the general population.

Approximately 76% of these patients had positive sputum and over 50% were classified as having Far Advanced tuberculosis. This figure has been consistent throughout the year. It is definitely high compared with the trend of the last decade. If this condition exists in all the provincial admissions it behooves us to intensify our already comprehensive case-finding program and follow-up examinations.

Department of Veterans Affairs patients admitted totalled 23, or 16.7% of all admissions; whereas in 1947 a total of 47, or 31.1% admitted, were veterans. As has been pointed out in previous reports, a very high percentage of these cases are diagnosed with Minimal or Moderately Advanced disease. This decrease in numbers admitted, and this discovery of the disease at an early stage, speak well for the recheck system of the Department of Veterans Affairs.

DISCHARGES

Of the 138 discharges, 135 were tuberculous and of these 67% were classified as improved or better. Approximately 12% were unimproved and 20% had died. Days of treatment averaged 436 per patient.

At date of discharge, 69% had received some form of active treatment.

There were 13 cases discharged against advice, of whom five had positive sputum. These patients were handled by the City Health Department; four were immediately re-admitted at other sanatoria and arrangements have been made for the remaining one.

Autopsies were completed on roughly 50% of deaths, with clinical summaries, gross and microscopic findings described and recorded.

GENERAL

Throughout 1948, the total of patient days, treatments, investigations, consultations, clinical conferences and rehabilitations increased.

Rehabilitation has achieved a permanent place in our management of tuberculosis. The contribution of this department, under Mr. S. C. Sparling, is extremely valuable and appreciated.

Assistance from the Dominion Tuberculosis Grants has started and the anticipated projects will be a great help in the future.

With increased cost of living our tuberculosis patient's day now costs somewhat under \$5.

Utilization of bed space in the King George Hospital relieved the waiting list throughout the year and has provided us with a first-class infirmary. Although medical and nursing staffs have not been complete, they are adequate.

Clinical Conferences are held on the first Tuesday of each month and have been well attended. Open ward rounds are held 8:30 a.m. every Friday.

Arrangements have been completed for the enlargement and construction of a clinical and pathological laboratory.

Respectfully submitted,

J. L. DOWNEY, M.D.,
Medical Superintendent.



"Tuberculosis . . . is by no means a disease only of young people. The importance of X-raying old as well as young is evident"

Re-Employment

REPORT OF REHABILITATION DIVISION

DURING 1948, 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. At the request of Dr. Fyfe, Medical Superintendent of Brandon Sanatorium, regular visits will be made to give assistance in establishing an in-sanatorium training program for the Indian patients there.

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.
2. Vocational training—in-sanatorium, by correspondence courses and institutional tutors; post-sanatorium, in established training centres.
3. Placement guidance and assistance through the National Employment Service and by direct referral.

TRAINING

All vocational correspondence courses were arranged through the Department of Education, Technical Branch, until recently under the direction of Mr. R. J. Johns. The Rehabilitation Division has been most fortunate in having had Mr. Johns as a staunch supporter during the years when it was becoming established.

From patients who enrolled directly through the Rehabilitation Division, approximately 700 lesson units were submitted for correction. Seventy-five patients enrolled for technical courses such as bookkeeping, typing, shorthand, sewing, practical mathematics, radio servicing, photography, etc.

The Rehabilitation Division continues to have the close co-operation of the Casualty Rehabilitation division, Department of Veterans Affairs. Throughout the past year, Mr. Frank Johnston has been Supervisor of Institutional Training and most of the rehabilitation activities associated with tuberculous veterans have been carried on by him. He reports 108 veterans in sanatoria at the beginning of the year and 94 at the end of the year. During 1948, 26 veterans availed themselves of academic instruction and 27 were enrolled in vocational or technical courses.

The correspondence branch of the Department of Education under Mr. C. J. Hutchings continued to give us full co-operation. Twenty-nine courses were arranged through this Department.

The in-sanatorium training program at Ninette deserves special mention and a great deal of credit is due Miss Margaret Busch, institutional teacher in that Sanatorium. During the year, 134 students were enrolled in the sanatorium school, 68 in academic work and 66 in vocational training Courses. There were 132 units of work completed in the academic section and 34 units of study completed in the vocational section. Twenty-eight students were promoted to higher grades during the year. Two of these completed two years of work in one year and passed with honours in both years. The academic study ranged from elementary to second-year University.

PLACEMENT

Placement has not been as difficult during the past year as was anticipated, there being at present no one classified as "physically fit to work" registered on our files and who is not working. At present, we have five ex-patients taking vocational training, in radio, cabinet-making, upholstery, and shoe-making, at the Manitoba Technical Institute.

These ex-patients will receive from 6 to 12 months training free of charge under Schedule "M", Provincial Training Scheme. Where these ex-patients had Unemployment Insurance Benefits to their credit, their maintenance is being paid as well. In one case, the Provincial Welfare Division is assisting with the maintenance while the ex-patient is taking his training.

Throughout the year, the Special Placements Officers, under Mr. Wm. Hutton, of the National Employment Office, have been particularly helpful in placement problems. Our appreciation to all members of this office is indeed sincere. Miss Beatrice Hutchings, who has handled practically all of our cases in the Women's division, merits our special thanks.

MESSENGER OF HEALTH

Publication of the Messenger of Health continued from the Rehabilitation office in the Central Tuberculosis Clinic. Circulation continued at 16,200, the same as in 1947. News reports are received from all of the institutions being administered by the Sanatorium Board.

FUTURE PLANS

It is the plan of the Rehabilitation Division to increase the staff considerably during the year 1949.

A start has already been made in this direction with the appointment of Miss Gladys Motheral to carry on Educational and Occupational Therapy activities in the King Edward Memorial Hospital. We hope to appoint an academic teacher for the St. Boniface Sanatorium and a handicraft teacher for the Manitoba Sanatorium in the near future.

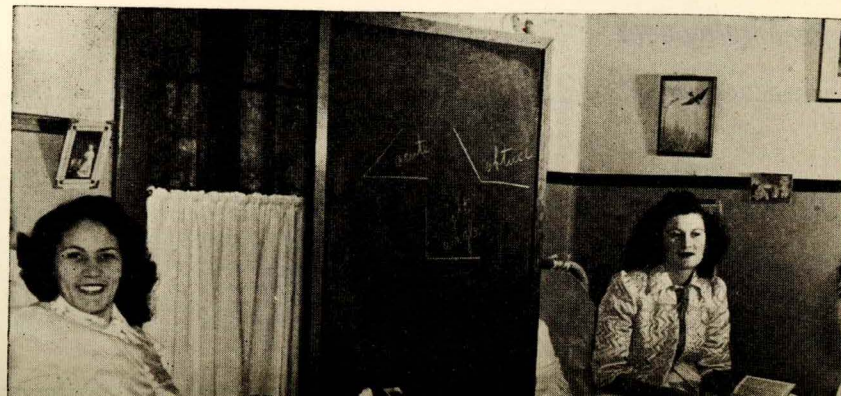
GENERAL

In December of 1948, the Rehabilitation officer attended the annual conference of the National Rehabilitation Association. This proved to be an exceptionally fine conference, covering rehabilitation activities in all fields of disability.

Respectfully submitted,

S. C. SPARLING,
Rehabilitation Officer.

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



SANATORIUM BOARD OF MANITOBA

1948

eral

Sanatorium Board
Manitoba

tment

General Tuberculosis Clinic Miss A. M. Waters, R.N.....

G. C. Pearn.....

Manitoba Sanatorium.....Miss Margaret Goldsmith, R.N.....

N. Kilburg..... J. R. Scott.....
W. Bradford (Asst.)

Winnipeg Indian Hospital.....Mrs. I. Kohn, R.N.....

London Sanatorium.....Miss M. F. Cascaden, R.N.....
Mrs. I. Cruikshanks, R.N. (Asst.)

F. A. Day..... H. F. Ingle.....
R. B. Scott (Asst.)

Water Lake Indian Hospital.....Miss M. M. Mitchell, R.N.....
Miss L. B. Roy, R.N.....
Acting from Aug. 4, 1948

C. C. Christianson..... P. E. Johnston.....
E. Dubinsky (Asst.)

vention

Controlling Tuberculosis
Inspections and Surveys.....Wm. L. Rutledge, Ph.D.....
(Surveys)

DIRECTOR

TECHNICIAN

TEACHER

A. Roh, R.T.
(Sr. Technician).....
G. Wardley, R. T.
R. Tachynski, R.T.
E. Thompson, R.T.
C. Doern, R.T.

Employment

Rehabilitation.....S. C. Sparling.....
Rehabilitation Officer

Miss E. Busch,
Man. Sanatorium

ords

General Tuberculosis
Registry.....Miss Elsie J. Wilson, R.N.....

SANATORIUM BOARD OF MANITOBA

1948

PURCHASING AGENT

RADIOGRAPHER

SENIOR LABORATORY
TECHNICIAN

SECRETARY TO
MEDICAL
SUPERINTENDENT

..... Walter Anderson, R.T.
(Chief Radiographer)

..... E. Ackroyd, R.T..... H. Daneleyko, R.T..... Miss E. McGarrol

W. B. Stewart..... Wm. Amos, R.T..... J. M. Scott, M.T..... Miss G. M. Wheatley

L. V. Hart..... H. Gibson, R.T..... Miss Laura Delamater, R.T... Miss G. M. Hutton

C. C. Christianson..... A. Samolesky, R.T..... Mrs. A. Carpick..... Miss G. Harper

SECRETARY

Miss G. H. Bowman

Miss Gladys McGarrol

ST. BONIFACE SANATORIUM

ADMINISTRATIVE PERSONNEL as at Dec. 31, 1948

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

STAFF

Director of Nursing } Operating Room Supervisor } Dressing Room Supervisor }	REV. SR. A. LATREILLE, R.N.
Night Supervisor.....	REV. SR. B. PATRY, R.N.
X-Ray Supervisor } Laboratory Supervisor }	REV. SR. L. BLAIS, R.T.
Pharmacist.....	REV. SR. R.A. ARSENAULT, R.N.
Purchaser.....	REV. SR. J. DROUIN, R.N.
Secretary-Treasurer.....	REV. SR. M. LAFOND
Main Kitchen Supervisor.....	REV. SR. J. GOSSELIN
Social Worker.....	MISS E. JARRETT
Occupational Therapist.....	MISS EVA SWATLAND, R.N.
Chief Engineer.....	MR. N. PELLETIER
School Teacher.....	MRS. OLIVE FERLAND

AUDITOR: John Shelly & Company, Chartered Accountants

Winnipeg Municipal Hospitals

KING EDWARD MEMORIAL HOSPITAL

STAFF 1948

Secretary and Manager.....	DONALD M. COX
Ass't. Secretary and Manager.....	JOHN M. McINTYRE
Superintendent of Nurses.....	Miss MARY M. SHEPHERD, R.N.
Ass't. Sup't. of Nurses and Instructress.....	Miss VERA COCKBURN, R.N.
Supervisor, Tuberculosis Dept.....	MRS. KATHERINE CAMERON, R.N.
Dietitian.....	Miss GOODRIN THOMPSON
Chief Engineer.....	R. BONSEY
Laundry Foreman.....	T. G. KANE
Head Gardener.....	DAVID DONALDSON

Records

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Indians		Eskimos	
	1947	1948	1947	1948	1947	1948
Patients on File, Dec. 31.....	4,364	4,061	1,126	1,508	13	17
Primary type.....	151	136	206	330	2	1
Re-infection type.....	4,213	3,925	920	1,178	11	16
Patients at Home						
Active pulmonary tuberculosis.....	157	161		130		
Of these, known to be bacillary.....	64	42		7		
New Cases diagnosed in Manitoba,						
Jan. 1-Dec. 31.....	1,086	858	597	628	3	4
Primary type.....		76		181		
Re-infection type.....	996	782	446	447	1	4
New Diagnoses admitted to Sanatoria..	300	281	213	197		3
Primary type.....	3	2	14	21		
Re-infection type.....	297	279	199	176		
New Cases—Classified						
Primary type.....	90	76	151	181	2	
Re-infection type.....	996	782	446	437	1	4
Minimal.....	557	403	160	158		
Moderately advanced.....	168	151	81	83		
Far advanced.....	91	77	76	76		3
Pulmonary tuberculosis, extent not stated.....	40	31	47	49		
Tuberculous pleurisy.....	69	66	32	8		
Non-pulmonary tuberculosis.....	71	54	50	63	1	1

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians
Examinations at all clinics and surveys, Jan. 1—Dec. 31, 1949	244,223	9,448
Stationary Clinics.....	9,684	68
Travelling Clinics.....	5,298	87
Surveys—in Manitoba		
Sanatorium Board.....	212,613	6,678
Civic Surveys.....	15,826	
Industrial Hygiene.....	329	
Surveys—Outside Manitoba (Sanatorium Board).....	473	2,615
New Cases of tuberculosis diagnosed at Clinics and Surveys—	694	381
Stationary Clinics.....	197	18
Travelling Clinics.....	74	9
Surveys—Manitoba.....	423	354
Primary Infection Type among new cases diagnosed		
first time.....	69	155
Stationary Clinics.....	23	6
Travelling Clinics.....	15	5
Surveys—Manitoba.....	31	144
Contacts Examined at clinics.....	5,671	67
Stationary Clinics.....	3,091	32
Travelling Clinics.....	2,580	35
Old Tuberculous Patients Reviewed.....	4,656	92
Stationary Clinics.....	3,478	10
Travelling Clinics.....	711	22
Surveys—Manitoba.....	467	60
Pneumothorax Treatments given at all stationary clinics...	7,521	

INSTITUTIONAL STATISTICS

	Whites		Treaty Indians		Eskimos	
	1947	1948	1947	1948	1947	1948
Patients in Sanatoria						
as at December 31.....	706	694	280	378	1	6
Number belonging to Manitoba.....	700	691	239	322		
Patients admitted to Sanatoria						
Jan. 1 to Dec. 31.....	900	858	318	386		6
Tuberculous patients admitted.....	828	784	281	315		3
First Admissions:						
Primary type.....	7	6	22	16		
Re-infection type:						
Minimal.....	145	109	65	74		
Moderately advanced.....	146	101	43	52		
Far advanced.....	86	97	76	71		
Tuberculous pleurisy.....	46	38	15	7		
Non-pulmonary tuberculosis.....	22	25	25	41		
Total.....	452	376	246	261		3
Re-admissions:						
Primary type.....	1		1			
Re-infection type:						
Minimal.....	35	30	13	22		
Moderately advanced.....	85	106	6	8		
Far advanced.....	91	130	4	11		
Tuberculous pleurisy.....	2	4		1		
Non-pulmonary tuberculosis.....	22	12	9	12		
Total.....	236	282	33	54		
Patients admitted for review.....	140	126	2			
Tuberculous patients transferred.....	208	277	65	60		
Patients discharged from Sanatoria						
Jan. 1 to Dec. 31.....	863	868	190	280	1	1
Discharged patients discharged:						
Discharged after review.....	140	126	2			
Discharged with arrested tuberculosis....	89	48	24	24		1
Discharged with apparently arrested tuberculosis.....	141	174	17	26		
Discharged with quiescent tuberculosis..	152	151	20	38		
Discharged with improved tuberculosis..	95	113	23	55		
Discharged with unimproved tuberculosis.....	73	80	17	14		
Discharged dead.....	102	104	60	68	1	1
	792	796	163	225	1	1
Discharged against medical advice.....	36	55	16	9		

TREATMENTS—Operating Room

Central Tuberculosis Clinic

Pneumothorax treatments—					
Out-patients..... 2,707					
In-patients..... 465 (234 patients).....	3,172				
Unsuccessful Pneumothorax.....	6				
Pneumoperitoneum treatments—					
Out-patients (5 patients).....	48				
Aspirations:					
Chest.....	41				
Gland.....	5				
Back.....	3				
Shoulder.....	1				
Lumbar Punctures.....					5
Lipiodol.....					1
Intravenous pyelograms.....					6
Dressings (chest).....					67
P.V. Examinations.....					1
Incision (finger).....					1
Rectal Examinations.....					2

Manitoba Sanatorium

Pneumothorax starts:					
Successful.....	52				
Unsuccessful.....	9				
Pneumothorax refills..... 3,494					
Pneumoperitoneum (10 people taking Pneumoperitoneum).....	5				
Aspirations.....	80				
Pneumonectomy (Tuberculosis).....	2				
Thoracoplasties:					
All stages.....	64				
1st stage.....	34				
2nd stage.....	17				
3rd stage.....	4				
4th stage.....	0				
Anterior.....	9				
Paraffin Pack.....	3				
Extra Pleural Pneumothorax.....	1				
Cavernostomy (2 stages).....					1
Excision of Sinus.....					3
Closed Pneumonolysis.....					22
Phrenic operation.....					17
Bronchoscopic examination and treatments.....					52
Excision tip of Scapula (with 2nd stage).....					4
Appendectomy.....					4
Tonsillectomy.....					3
Oxygen Pleural Lavage.....					1
Excision peri-anal abscess.....					1
Lumbar puncture.....					5
Blood taken.....					18
Blood transfusion.....					5
Casts.....					7
Pelvic examinations.....					21
Miscellaneous minor surgery.....					22

Clearwater Lake Indian Hospital

Pneumothorax:					
Starts.....	16				
Refills.....	537				
Pneumoperitoneum:					
Starts.....	12				
Refills.....	543				
Phrenic Crush.....					10
Pneumonolysis.....					1
Cystoscopy and Pyelography.....					5
Appendectomy.....					1

St. Boniface Sanatorium

THORACOPLASTY	ORTHOPAEDIC
First stage of posterior.....	Spinal fusion.....
Second stage posterior.....	Hip fusion.....
Third stage posterior.....	Arthrodesis of right arm.....
Revision.....	Arthrodesis of right knee.....
	Plaster shells.....
Pneumothorax started.....	Plaster spicas.....
Pneumothorax tried and failed.....	Plaster shoulder spica.....
Pneumothorax refills..... 6,358	Plaster cast to extremities.....
Pneumolysis.....	Removal of pack.....
Bronchoscopy.....	Intravenous.....
Novocaine injections.....	Laparotomy.....
Subacromial injections.....	Nephrectomy.....
Confinement.....	Appendectomy.....
Sympathetic block.....	Blood plasma.....
Cystoscopy.....	Tonsillectomy.....

ABSCESSES

Aspiration of pus or fluid from pleural space.....	181	RADIOLOGY AND PHYSIOTHERAPY
Abdominal Paracentesis.....	1	Fluoroscopy.....
Aspiration of abscesses.....	9	X-ray plates.....
Cavity Drainage.....	8	Lamp treatments.....
Closed Drainage.....	2	Intravenous pyelograms.....
Open Drainage and pack.....	1	

King Edward Memoria Hospital

Pneumothorax starts:					
Successful.....	19				
Unsuccessful.....	16				
Pneumothorax refills:					
In-patients.....	2,325				
Out-patients.....	1,341				
Total.....	3,666				
Pneumoperitoneum starts.....	20				
Pneumoperitoneum refills:					
In-patients.....	331				
Out-patients.....	12				
Total.....	343				
Thoracoplasties:					
First Stage.....					10
Second Stage.....					9
Third Stage.....					1
Total.....					20
Pneumolyses.....					7
Thoracoscopy.....					1
Phrenic Crush.....					2
Lobectomy.....					1
Bronchoscopies.....					22
Aspirations—All Types.....					156
Lumbar Punctures.....					45
Miscellaneous Procedures.....					9

BALANCE SHEET as at

31st DECEMBER, 1948

CENTRAL TUBERCULOSIS CLINIC, MANITOBA SANATORIUM, AND GENERAL FUNDS

ASSETS			
	Cost	Depreciation Reserve	Book Value
Land, Buildings, Plant and Equipment			
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	14,065.95	1,260.58
Furnishings and Miscellaneous Equipment.....	62,057.94	58,559.50	3,498.44
Automobiles.....	3,720.27	1,474.13	2,246.14
Horses, Harness, etc.....	1,572.39	1,572.39	
Spur Track.....	700.85	700.85	
Fire Equipment.....	3,911.82	3,911.82	
Fire Protection Reservoir.....	12,804.27	2,706.92	9,597.35
	<u>\$773,802.71</u>	<u>\$655,442.41</u>	<u>\$118,360.30</u>
		Central Manitoba Tuberculosis Sanatorium Clinic	
Cash on Hand			
Petty Cash.....	\$ 2,000.00	\$ 75.00	
In transit.....	1,325.59	585.00	
Payroll Account.....	48.90	325.20	
	<u>\$ 3,374.49</u>	<u>\$ 985.20</u>	4,359.69
Accounts Receivable			
Municipalities, etc., Treatment.....	\$ 23,405.15	\$ 4,015.55	
Provincial Government—Municipal Levy.....	43,668.51	5,957.92	
—Per Capita Grant.....		10,570.21	
Miscellaneous.....	1,340.79	374.04	
Payroll Advances.....	275.43	29.15	
Dynevor Hospital.....		120.90	
Clearwater Lake Hospital.....		485.25	
Brandon Sanatorium.....		779.23	
Department of Veterans' Affairs.....		114.05	
Department of Health and Public Welfare.....	949.68	2,583.72	
Endowment Fund No. 1.....	1,572.88		
Endowment Fund No. 2.....	29.99	666.13	
	<u>\$ 71,242.43</u>	<u>\$25,696.15</u>	<u>96,938.58</u>
		Central Manitoba Tuberculosis Sanatorium Clinic	
Bequests			
Estate A. R. McNichol 500 Shares A. R. McNichol Ltd.....	\$ 1.00		
Estate John Yellowlees Deed of Land.....	1.00		2.00
Inventories and deferred charges			
Supplies on Hand—Schedule No. 1.....	\$48,699.74	\$ 3,329.72	
Deferred Charges.....	5,707.98	264.78	
Accountable Film Supplies.....		1,382.38	
Accountable Streptomycin Supplies.....		362.73	
	<u>\$54,407.72</u>	<u>\$ 5,339.61</u>	59,747.33
			<u>\$279,407.90</u>
Endowment Fund No. 1			
Bank of Montreal, Winnipeg.....	\$ 60.18		
Investments at par, as per Schedule No. 6.....	96,050.00		
Accrued Interest on Bonds.....	844.23		96,954.41
Endowment Fund No. 2			
Cash.....	\$ 74.40		
Bank of Montreal, Winnipeg.....	34,608.48		
Bank of Montreal, Belmont.....	50,000.00		
Investments at par, as per Schedule No. 6.....	8,000.00		
Accrued Interest on Bonds.....	28.20		
Receivable from Associate Institutions.....	114.90		
Inventories and Deferred Charges.....		2,966.75	
Vehicles and Mobile Unit.....	\$20,688.26		
X-ray and similar Equipment.....	39,920.48		
Furniture and other Equipment.....	6,550.93		
	<u>\$67,159.67</u>		
Less Reserve for Depreciation.....	50,147.82	17,011.85	112,804.58
Employees' Emergency Fund No. 1			
Bank of Montreal, Winnipeg.....	\$ 449.08		
Investments at par, per Schedule No. 6.....	19,000.00		
Accrued Interest on Bonds.....	152.35		19,601.43
Employees' Emergency Fund No. 2			
Bank of Montreal, Winnipeg.....			200.12
Building Fund			
Bank of Montreal, Winnipeg.....			86.09
			<u>\$509,054.53</u>

LIABILITIES

Bank of Montreal			
Demand Loan.....			\$210,000.00
Overdraft—General Account, Belmont.....			2,764.37
Overdraft—General Account, Winnipeg.....			312.43
			<u>\$213,076.80</u>
Accounts Payable			
		Manitoba Tuberculosis Sanatorium Clinic	
Trade Accounts.....	\$15,515.77	\$ 3,815.82	
Accrued Bank Interest.....	1,608.76		
Accrued Wages and Cost of Living Bonus.....	1,517.51	1,149.48	
Patients Safekeeping.....	210.00	40.00	
Women's Auxiliary R.C.N.V.R. Fund.....	40.19		
Retirement Annuities Contributions.....	1,500.90	845.32	
Accountable Supplies.....		1,745.11	
Employees' Trust Funds.....		89.65	
Meal Ticket Outstanding.....	51.60		
Streptomycin Reserve.....	295.01		
	<u>\$20,739.74</u>	<u>\$ 7,685.38</u>	28,425.12
Patients' Entertainment Fund			2,175.42
Reserves			
Inventories.....			\$3,101.62
Uncollectible Levies—Manitoba Sanatorium.....			2,146.42
—Central Tuberculosis Clinic.....			239.67
			5,487.71
Surplus			
Provincial Government Grant—1947 Deficit.....	\$ 89,044.24		
Appropriations from—Dr. A. P. McKinnon Trust.....		125.00	
—R.C.N.V.R. Ladies Auxiliary Trust.....		383.32	
—W. McG. Rait Trust.....		500.00	
Adjustment of Maintenance Charges and Depreciation, prior years.....		215.24	
		<u>\$ 90,267.80</u>	
Deduct—Balance at debit, 31st December, 1947.....	\$ 7,964.65		
Adjustment of Per Capita Grant Receivable, Manitoba Sanatorium, in accordance with legislation 22nd April, 1948.....	38,296.89		
Book value of Johnstone Estate Legacy written off.....	1.00		
Excess of Expenditure over Revenue for the year, per Exhibit B.....	13,762.41	60,024.95	30,242.85
			<u>\$279,407.90</u>
Endowment Fund No. 1			
Payable to General Fund.....	\$ 1,572.88		
Capital Account.....	95,881.53		96,954.41
Endowment Fund No. 2			
Payable to Manitoba Sanatorium.....	\$ 29.99		
Payable to Central Tuberculosis Clinic.....	666.13		
Capital Account.....	112,108.46		112,804.58
Employees' Emergency Fund No. 1			
Capital Account.....			19,601.43
Employees' Emergency Fund No. 2			
Capital Account.....			200.12
Building Fund			
Capital Account.....			86.09
			<u>\$509,054.53</u>

G. W. NORTHWOOD
Chairman.

T. A. J. CUNNINGS
Secretary-Treasurer.

No provision is made in the accounts for interest on Capital Investments. Depreciation has been provided only on the Automobiles and Equipment acquired during 1947 and 1948.

We examined the Bonds held in Safekeeping by the Sanatorium Board.

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, 1948, according to the best of our information and the explanations given to us and as shown by the books.

Reported by,

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 program, 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.



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

MANITOBA SANATORIUM

Entertainment

Brandon: Kiwanis Club; St. Augustine Young People's Club; Brandon Musicians Protective Union.

Clergy

Rev. Dr. A. W. Kenner and Rev. T. A. Payne of Ninette United Church; Rev. Thomas Thurlow of Belmont and Rev. John Patric of Somerset — both Church of England rectors; Rev. Father Bertrand of the Roman Catholic Church, Dunrea; and Rev. Father Borys of the Greek Catholic Church of Brandon.

Flowers

Messrs. John Spakman and W. B. Stewart, Ninette; Dr. J. Dickson and Mr. D. J. Chapman, Church of England, Killarney; Mrs. William Shaw, Boissevain; Strachan Seed Company, Carman; Mrs. J. Shannon, Vancouver, B.C.

Other Gifts

Winnipeg: Canadian Red Cross Society; Associated Canadian Travellers Ladies' Auxiliaries; Armed Services Auxiliaries; Hospital Committee of the Engineers Wives Association; Women's Auxiliary, All Saints Church; Simmons Limited; Canadian Legion; Mrs. H. B. Sommerfeld; G. S. Miller; Kingdon Printing; C. D. Fields; E. B. Frost; H. R. Veals; Ogilvie Flour Mills; United Hebrew Social Service; Mello Music Publishing Co.; H. L. MacKinnon Co. Ltd.; Winnipeg Dental Nurses' Assistants Association.

Ladies Auxiliary, and Mrs. T. Johnson, Baldur; Ladies' Aid, Belmont; Messrs. Neil Love, A. Malcolm, and J. W. Bridge, Carman; Ladies' Aid, Glenboro; Mrs. Gordon Witt, Hartney; Mrs. R. S. Malone, Holmfield; Crocus Women's Institute, Minnedosa; Newdale Community Club, and Mrs. Art Pederson, Newdale; Miss Georgie McPherson, Rounthwaite; Mrs. Mark Janz, Souris; Mrs. J. Shannon, Vancouver, B.C.; Mrs. J. W. Taylor, Avalon, Calif.

DYNEVOR INDIAN HOSPITAL

Gifts

Selkirk: Women's Missionary Society and the C.G.I.T. Group, Knox Church; North American Lumber and Supply Co. Ltd.; Gilhuly's Drug Store; Imperial Order Daughters of the Empire, Little Britain chapter; St. Peter's Church; Kinsmen's Club.

Winnipeg: St. Andrews' United Church Sunday School, Senior Department; H. L. MacKinnon Co. Ltd.; Mr. H. M. Meiklejohn.

Branksome Hall School, Toronto; Dominion Douglas Church, Westmount, Que.; Mr. Justice John E. Read, International Court of Justice, The Hague, Netherlands.

BRANDON SANATORIUM

Gifts

Brandon: Brandon A. C. T. Ladies' Auxiliary; Brandon B'Nai Brith Lodge No. 748; Canadian Legion Brandon Branch No. 3 and Ladies' Auxiliary; Stewartville Women's Auxiliary; Brandon Branch of I.O.D.E.; Students of Brandon College; St. George's Anglican Women's Auxiliary; St. Matthew's Anglican Women's Auxiliary; Mothers' Union, St. Matthew's Pro-Cathedral; Knox United Church C.G.I.T.; Ladies' Auxiliary U.C.T.; Boy Scouts; West End Community Club Choir; Kiwanis Club; Board of Trade; Knowlton's Boot Shop; T. Eaton Company Limited; Box Brothers; Mr. Nick Bass—United Grill; Dominion Experimental Station; Brandon Hospital for Mental Diseases; Dr. W. Thorleifson, radiologist.

Clergy

Rev. A. E. Kemp, Griswold; Rev. Father J. Poulette, O.M.I., Elphinstone; Rev. Father G. Laviolette, O.M.I., St. Boniface.

CLEARWATER LAKE INDIAN HOSPITAL

Gifts

The Pas: Capt. Pamphlin, Salvation Army; B. P. O. Elks; Order of the Eastern Star; Rotary Club; Christ Church W.A. and Junior Sunday School; Boy Scouts; Mr. Jack Graham.

Sherridon: Sherridon United Church Sunday School; St. Simon's Anglican Sunday School.

Wellwood: Zion Presbyterian Ladies' Aid; Zion Presbyterian Mission Band.

Winnipeg: St. Jude's Sunday School; Mrs. E. M. Ruse; H. L. MacKinnon Co. Ltd.; Mrs. G. W. Bradley, St. James; Sunday School in the Home.

A. W. Thomas, Narcisse; Onanole Sunday School, Onanole; Mrs. W. G. Blackburn, Pilot Mound; Anglican Sunday School, Souris.

Mrs. J. Hendy, Kenora, Ont.; King's Daughters class, Alma, Ont.; Mrs. W. D. Burgess, Beaverton, Ont.; Mrs. H. E. Stewart, Bolton, Ont.; Miss Jeannette Sedor, Whitby, Ont.; Women's Auxiliary of Kew Beach United Church, Toronto; Women's Auxiliary, Church of England, Toronto Diocesan Board, Toronto.

Clergy

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 and Rev. J. C. Bower, Anglican Church, The Pas; Rev. N. K. Campbell, United Church, The Pas; Father Poirier, O.M.I., Guy School, Sturgeon Landing, Sask.; Rev. R. B. Horsefield, Flin Flon.

Manitoba Sanatorium—part of the Infirmary Buildings

