



**TUBERCULOSIS CONTROL
IN MANITOBA
1949**

*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
SANATORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
WINNIPEG, MANITOBA R3A 1P6

San
1949

SANATORIUM BOARD OF MANITOBA

Operating

X-RAY SURVEYS
TRAVELLING TUBERCULOSIS CLINICS
CENTRAL TUBERCULOSIS CLINIC
Winnipeg
MANITOBA SANATORIUM
Ninette
DYNEVOR INDIAN HOSPITAL
Selkirk
BRANDON SANATORIUM
Brandon
CLEARWATER LAKE SANATORIUM
The Pas

Co-operating with

St. Boniface Sanatorium
King Edward Memorial Hospital
and Other Agencies

Report for the Year
1949

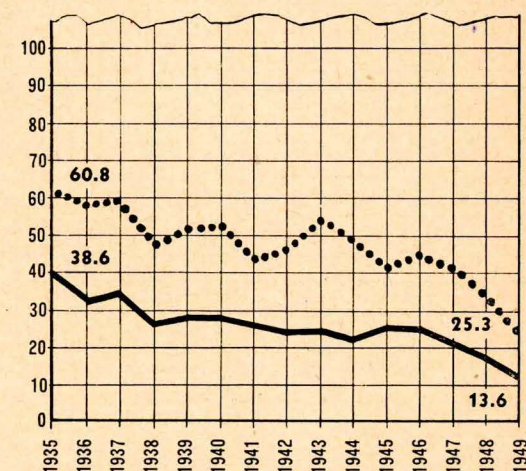
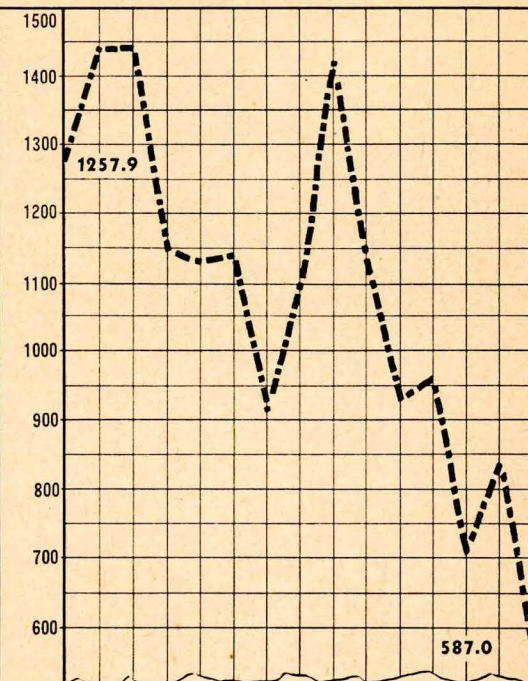
WINNIPEG, MANITOBA

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The Problem

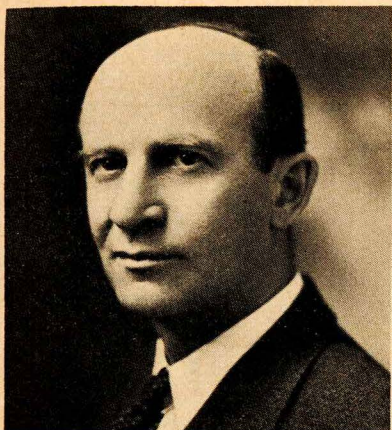
**TUBERCULOSIS DEATH RATE
in Manitoba 1935-1949**



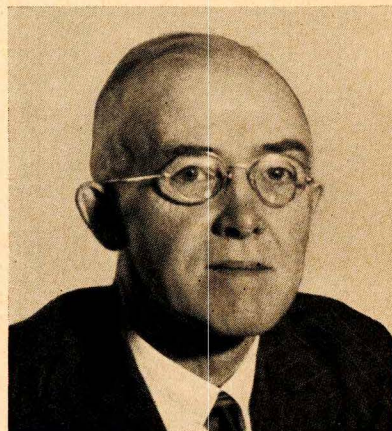
RATE PER 100,000 POPULATION

- - - - - INDIANS ONLY *
 WHITES and INDIANS COMBINED
 _____ WHITES ONLY

| | 1941 | 1949 |
|--------------------------|-------|---------|
| CASES | | |
| under supervision | | |
| in Manitoba..... | 4,261 | 5,730 |
| EXAMINATIONS..... | 7,545 | 243,268 |
| NEW CASES | | |
| diagnosed | | |
| Active..... | 539 | 834 |
| Inactive..... | 155 | 347 |
| | 694 | 1,181 |
| DEATHS..... | 304 | 204 |



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



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

"The battle against disease is a never-ending warfare. Greater medical skill, better nursing care, improved technical procedures, and well-organized public health activities have accomplished more in the last fifty years to increase life expectancy than in the previous twenty centuries of recorded history. One of the most important factors contributing to this spectacular improvement was the advance made in the care and treatment of patients suffering from tuberculosis.

"Many years ago, by statute, this Government delegated to the Sanatorium Board of Manitoba full responsibility for the control of tuberculosis in this Province. Ever since, that responsibility has been met splendidly by the Sanatorium Board. During the past year, the death rate from tuberculosis was the lowest yet recorded in Manitoba—a most encouraging accomplishment.

"Every citizen of Manitoba should feel grateful to the members of the Sanatorium Board whose efforts have made this record possible. Every citizen should continue to co-operate and work with the members of the Board until tuberculosis has been eradicated in our Province."

IVAN SCHULTZ

SANATORIUM BOARD OF MANITOBA - 1949

Executive

| | |
|---|--------------------------|
| Chairman..... | MR. D. L. MELLISH |
| Vice-Chairman; and Chairman, Finance Committee..... | MR. WM. WHYTE |
| Chairman, Administration Committee..... | MR. J. W. SPEIRS |
| Honorary Solicitor..... | MR. I. PITBLADO, K.C. |
| Chairman, Brandon Sanatorium Committee..... | MR. J. N. CONNACHER |
| Chairman, Dynevor Indian Hospital Committee..... | MR. C. E. DREWRY |
| Chairman, Clearwater Lake Sanatorium Committee..... | MR. R. H. G. BONNYCASTLE |

Honorary Life Members

| | |
|-----------------------|------------------|
| HON. CHARLES CANNON | MR. T. R. DEACON |
| MR. A. K. GODFREY | MR. EDWARD POWER |
| MAJOR G. W. NORTHWOOD | MR. W. H. FRENCH |

Statutory Members

| | |
|---|---|
| Representing the Provincial Department of Health and Public Welfare..... | (HON. IVAN SCHULTZ, K.C.) DR. C. R. DONOVAN HON. J. C. DRYDEN MR. W. T. GRAHAM MR. G. D. ILIFFE, C.A. |
| As Municipal Commissioner..... | HON. S. MARCOUX MR. R. BARRETT |
| Representing Union of Manitoba Municipalities..... | MR. W. E. CLARK MR. A. R. PAULLEY |
| Representing St. Boniface Sanatorium..... | DR. A. C. SINCLAIR |
| Representing King Edward Memorial Hospital..... | DR. J. L. DOWNEY |
| Representing City of Winnipeg..... | MR. W. B. BROWN |

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. I. PITBLADO, K.C. |
| MR. J. N. CONNACHER | MR. J. P. JOHNSON | MR. J. W. SPEIRS |
| MR. H. T. DECATUR | HON. J. O. MCLENAGHEN, K.C. | MR. WM. WHYTE |
| MR. W. R. DEVENISH | DR. J. C. MCMILLAN | |

Secretary-Treasurer

T. A. J. CUNNINGS

Auditors

RIDDELL, STEAD, GRAHAM AND HUTCHISON

ST. BONIFACE SANATORIUM

Advisory Board 1949

| | | |
|--------------------|----------------------------|-----------------------|
| Chairman..... | MR. JUSTICE J. T. BEAUBIEN | |
| Vice-Chairman..... | MR. A. MONNIN | |
| Secretary..... | MR. E. DUHA | |
| MR. E. CASS | MR. G. P. JESSOP | MR. NOEL VADEBONCOEUR |

Winnipeg Municipal Hospitals

KING EDWARD MEMORIAL HOSPITAL

Commissioners 1949

| | |
|-------------------------------|------------------------------------|
| ALD. F. L. CHESTER (CHAIRMAN) | MR. A. J. ROBERTS, (VICE-CHAIRMAN) |
| ALD. GEORGE E. SHARPE | ALD. H. V. MCKELVEY |
| | MR. PETER CORNES |

MEDICAL STAFF, 1949

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

Physicians.....{DR. D. F. McRAE
DR. S. L. CAREY

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
Assistant Medical Superintendent and Assistant Surgeon.....DR. E. H. DOBBS
Medical Assistants.....{DR. F. P. HULKE
DR. C. A. CORBETT
Medical Assistants (Internes).....{DR. E. KOLESNICHENKO
DR. W. ZAJCEW

DYNEVOR INDIAN HOSPITAL

Medical Superintendent.....DR. W. W. READ

BRANDON SANATORIUM

Medical Superintendent.....DR. J. G. FYFE
Surgeon and Medical Assistant.....DR. A. H. POVAH
Medical Assistants.....{DR. M. DUGGAN
DR. K. CHU
DR. G. A. CHAN

CLEARWATER LAKE SANATORIUM

Medical Superintendent.....DR. J. M. RIDGE

St. Boniface Sanatorium

Medical Director and Surgeon.....DR. A. C. SINCLAIR
Assistant Medical Director.....DR. V. J. HAGEN
Senior Physician.....DR. J. M. HUOT
Resident.....DR. F. KOZIN

King Edward Memorial Hospital

Medical Director, Municipal Hospitals.....DR. J. L. DOWNEY
Medical Superintendent, King George Hospital.....DR. ELLEN F. TAYLOR
Medical Superintendent, King Edward Memorial Hospital.....DR. J. G. HUNTER
Senior Physician.....DR. G. W. RITCHIE

MEDICAL CONSULTANTS, 1949

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, B.A., M.Sc., M.B., M.D.
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.
Urology.....A. C. ABBOTT, B.A., M.D., C.M., F.R.C.S. (C)
Bronchoscopy.....D. S. McEWEN, B.A., B.Sc., M.D.
Dentistry.....{W. A. WEIR, D.D.S.
J. M. BENSON, D.D.S.

and

Honorary Attending Staff, St. Boniface Hospital

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. (American)
Radiology.....F. G. STUART, M.D.
Dentistry.....R. H. SNYDER, D.D.S.

and

Honorary Attending Staff, Municipal Hospitals, Winnipeg

Medical Advisory Committee

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

NON-MEDICAL SENIOR STAFF, 1949

| | SUPERINTENDENTS OF NURSES | BUSINESS OFFICERS | CHIEF ENGINEERS |
|-----------------------|---|---|---------------------|
| ium Board Manitoba | ..... | John Mack (Chief Accountant) | ..... |
| gent Tuberculosis | Miss A. M. Waters, R.N..... | G. C. Pearn (Acct.)..... | ..... |
| na Sanatorium | Miss Margaret Goldsmith, R.N... | N. Kilburg (Acct.)..... W. Bradford (Asst.)..... W. B. Stewart (Purchasing Agent) | J. R. Scott..... |
| Indian Hospital | Miss A. Stefansson, R.N..... | ..... | ..... |
| n Sanatorium | Miss M. F. Cascaden, R.N..... Mrs. I. Cruikshanks, R.N. (Asst.) | F. A. Day (Acct.)..... R. B. Scott (Asst.)..... G. R. Gowing (Purchasing Agent) | R. N. Newman..... |
| ter Lake orium | Miss Anne Law, R.N..... (Acting to July, 1949) Miss Jean Turnbull, R.N. (Acting from July, 1949) | C. C. Christianson..... (Acct.-Purch'sg Agt.) E. Dubinsky (Asst.).... S. Halayda (Asst.) | P. E. Johnston..... |

St. Boniface Sanatorium

| | | |
|--|---|-------------------|
| 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 | |
| Rev. Sr. A. Latreille, R.N..... (Director of Nursing) | Rev. Sr. M. Lafond..... (Sec. Treasurer) | N. Pelletier..... |
| Rev. Sr. B. Patry, R.N..... (Night Supervisor) | Rev. Sr. J. Drouin, R.N. (Purchaser) | |

King Edward Memorial Hospital

| | | |
|---|------------------|----------------|
| SECRETARY AND MANAGER..... | Donald M. Cox | |
| ASSISTANT SECRETARY AND MANAGER..... | John M. McIntyre | |
| Miss M. M. Shepherd, R.N..... (Superintendent of Nurses) | | R. Ronsey..... |
| Miss V. Cockburn, R.N..... (Asst. Supt. of Nurses) | | |
| Mrs. K. Cameron, R.N..... (Superv'r T.B. Dept.) | | |

ntion

| | | |
|----------------------------------|--|--|
| ng Tuberculosis s and Surveys | Wm. L. Rutledge, (Survey Organizer) | |
|----------------------------------|--|--|

ployment

| | | |
|---------|--|--|
| itation | S. C. Sparling (Rehabilitation Officer) | |
|---------|--|--|

ds

| | | |
|---------------------|--|--|
| Tuberculosis try | Miss Elsie J. Wilson, R.N..... (Supervisor) | |
|---------------------|--|--|

NON-MEDICAL SENIOR STAFF, 1949

| RADIOGRAPHERS | LABORATORY TECHNICIANS | TEACHERS | OTHERS |
|---|----------------------------|---|---|
| Walter Anderson, R.T..... (Chief Radiographer) | ..... | ..... | Miss Nan T. Chapman (Consultant Dietician) Mrs. Z. Warne (Sec. to Sec.-Treas.) |
| E. Ackroyd, R.T..... | H. Daneleyko, R.T..... | ..... | Miss E. McGarrol (Sec. to Med. Supt.) |
| Wm. Amos, R.T..... | J. M. Scott, M.T..... | Miss E. Busch..... Mrs. Alice Carragher.. (Occup'l Therapist) | Miss G. M. Wheatley (Sec. to Med. Supt.) Miss P. Young (Asst. to Dietician) |
| ..... | ..... | Mrs. E. Cates..... | |
| H. Gibson, R.T..... | Miss Laura Delamater, R.T. | Mrs. G. Anderson..... (Occup'l Therapist) Miss C. Fraser..... Miss Rose Calliou..... | Miss G. M. Hutton (Sec. to Med. Supt.) |
| A. Samolesky, R.T..... | Mrs. A. Carpick..... | Miss A. Eaton..... Mrs. E. M. Smith..... | Miss R. M. Hales (Sec. to Med. Supt.) |

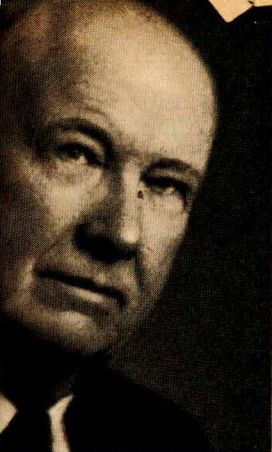
| | | | |
|---|--|---|---|
| Rev. Sr. L. Blais, R.T..... (X-Ray Supervisor) | Rev. Sr. L. Blais, R.T..... (Lab. Supervisor) | Miss E. Swatland, R.N. (Occup'l Therapist) | Rev. Sr. J. Gosselin (Main Kitchen Super.) |
| | Rev. Sr. R. A. Arsenault, (Pharmacist) R.N. | Miss M. Karasavich... (Teacher-Adult Pts.) | Miss E. Jarrett (Social Worker) |
| | | Mrs. O. Ferland..... (School Teacher) | |

| | | | |
|-------|-------|---|---|
| | | Miss G. Motheral..... (Teacher-Occup'l Therapist) | Miss G. Thompson (Dietician) T. G. Kane (Laundry Foreman) D. Donaldson (Head Gardener) |
|-------|-------|---|---|

| | |
|--|--|
| A. Roh, R.T..... (Sr. Radiographer of Surveys) | |
|--|--|

| |
|----------------------------------|
| Miss G. H. Bowman (Secretary) |
|----------------------------------|

| |
|-------------------------------------|
| Miss Gladys McGarrol (Secretary) |
|-------------------------------------|



D. L. MELLISH

REPORT OF THE CHAIRMAN

For the year ending December 31, 1948

GENTLEMEN:

It is with pleasure that I welcome you to this, the thirty-ninth annual meeting of the Sanatorium Board of Manitoba.

At the last meeting of the Board, detailed reports were presented by the Chairman of the Finance Committee, Mr. Whyte; Chairman of the Medical Advisory Committee, Dr. Mitchell; the Medical Superintendents of each of the sanatoria operated by the Board; the Medical Superintendent of Preventive Services; the Medical Director of St. Boniface Sanatorium; and the Medical Director of the Municipal Hospitals, for King Edward Memorial Hospital.

I am sure everyone who heard these reports, or read them in the minutes of the meeting, must have been tremendously impressed with the vigor and determination with which the anti-tuberculosis program is being carried into effect.

I should like to draw your attention especially to the development of Brandon Sanatorium and Clearwater Lake Sanatorium as well-equipped, capably directed treatment institutions. These sanatoria, financed in full by the Department of National Health and Welfare, and established through the far sighted interest of the Minister and officers of the Department, in co-operation with the Board, have provided the means for real accomplishment with regard to tuberculosis control among the Indian population.

THE PROGRAM

The Board endeavours at all times to carry into effect as comprehensive and effective a program as possible to eradicate tuberculosis from this Province.

There are now 1,200 beds in Manitoba for tuberculosis treatment, of which 780 are in sanatoria operated by the Board, and the remainder at St. Boniface Sanatorium and King Edward Memorial Hospital.

The preventive services have been enlarged and extended, particularly by community X-ray surveys, and in 1949, 256,873 persons were given free X-ray films of the chest, with over 750,000 persons having been X-rayed in the past three years. Travelling Clinics, moving by truck, train, bus, boat, and by air, are reaching out into the most remote areas of Manitoba to stamp out the disease, making available to every citizen the advantages of early diagnosis and, where indicated, prompt treatment.

To round out the program, the Board pioneered in establishing a rehabilitation service which provides vocational counselling and vocational training and, after treatment is completed, assistance in getting the ex-patient re-established in suitable employment.

All this work is carried on through the support of governments, and of interested citizens throughout the Province.

FINANCE

The Federal Government, through provisions of the National Health Grant, has continued to make possible an extension and improvement of services and facilities to all institutions that it would otherwise be difficult or impossible to finance. I should like to record on behalf of this Board, sincere appreciation for the help that this grant has been to us during the past two years.

The Board has continued to enjoy the confidence and support of the Minister of Health and Public Welfare and his colleagues in the Provincial Government. Arrangements have been completed whereby the Provincial Government will relieve the Board of an old and burdensome outstanding debt, accumulated in the difficult years prior to 1942, freeing the Board of a financial handicap that has complicated its affairs for a long time. Certain capital grants have been made for building and renovation at Manitoba Sanatorium, which is now in its 41st year of operation and consequently requires some major replacements of equipment and plant. I should like to express sincere thanks for this assistance and support.

The field work of the Board, which is the primary factor in the preventive effort, is successful only through the interest and loyal support of thousands of people in every community in the province. These include the people who contribute to the

Christmas Seal Fund, the financial foundation of the preventive service; municipal officials; the clergy, teachers, women's organizations; newspaper editors, radio station executives, and responsible citizens generally who join in publicizing, organizing, and helping in a multitude of ways to make X-ray surveys and other preventive activities successful. The Board and its officers are deeply appreciative of this public support in the common cause.

In this connection, I should like to extend special thanks to the members of the Associated Canadian Travellers at Winnipeg and Brandon, Radio Stations CJOB and CKX, and the artists who contribute talent on the amateur shows and the people who contribute money. Their assistance has been an inspiring contribution to the preventive fund, and to public education about the anti-tuberculosis program.

RESULTS

It is worthwhile, I think, to refer for a moment to what has been accomplished through all this organized effort.

In the first place, the death rate has been reduced in the single year 1949 by 30%. Looking back farther, and not taking into account the Indian population, in the three years 1927-1929 inclusive, there were 1,006 persons who died from tuberculosis in Manitoba; in the three years 1947-1949 inclusive, there were 401 persons who died from tuberculosis, a reduction of 60% in the twenty year period. This is one measure of the progress that has been made.

But an equally great achievement is the prompt giving of sanatorium care and its improved effectiveness; the making available of this life-saving service to all people without individual cost; and the assistance in dealing with the social and economic problems brought about by the disease.

APPRECIATION

The work is carried out by a loyal and capable staff. I cannot conclude this report without paying tribute to the conscientious and able manner in which they have carried on their work in all institutions and departments. Each one is a valued member of the team, doing his or her part to carry the program forward in all its aspects. The Board is appreciative of their splendid service.

In closing, may I express our thanks for the continued support of the Union of Manitoba Municipalities, and for the co-operation of the Winnipeg Health Department, the Medical Director and officers of the King Edward Memorial Hospital, and the Reverend Sister Superior, Medical Director, and Advisory Committee of St. Boniface Sanatorium.

Respectfully submitted,
D. L. MELLISH,
Chairman of the Board.

X-ray Surveys examining both school children and their parents are essential to control tuberculosis.





REPORT OF THE EXECUTIVE DIRECTOR

I have pleasure in reporting to you briefly on administrative affairs of the Board at the conclusion of another very busy and successful year of operation. Some who hear or read this report may not know that the Sanatorium Board of Manitoba at present is comprised of 31 members, of whom 19 are elected members and 12 are statutory members. For the most part the Board acts through its seven standing committees, and, indicative of the close and constant review of all aspects of the work, 61 meetings of the Board or its committees were held during 1949.

ASSETS AND LIABILITIES

At December 31st, 1949, assets held by the Board totalled \$1,107,351 not including fixed property at Brandon, Clearwater, and Dynevor owned by the Federal Government and not carried in the books of the Board. Liabilities, not including reserves, totalled \$225,421.

All business transactions are authorized where indicated, and checked and supervised, by the Board's executive officers, with all disbursements made from head office. To facilitate maintaining entirely separate accounts for each institution, bank accounts are carried at the Bank of Montreal, at Winnipeg, Belmont, Brandon, and Selkirk, and at the Royal Bank of Canada, The Pas.

Bank borrowings during the year at Winnipeg and Belmont averaged \$235,733.

CAPITAL EXPENDITURES

Value of plant and equipment at Manitoba Sanatorium has been increased by \$55,223 during the year, the largest item being \$32,500 for repair and renovation of two of the old steam boilers, including the installation of Iron Fireman Pneumatic Spreader Stokers. While it is too soon to draw any conclusions, it is anticipated this necessary expenditure in the power house will result in a worthwhile reduction in fuel cost.

Other major capital operations included construction at Brandon Sanatorium of a basement, 24 feet by 70 feet under the Commissary Stores; construction of an engineers shop; sub-division of a large ward; and installation of new kitchen equipment. At Clearwater, new nurses quarters and a new house for a resident physician are in process of completion. Protestant and Roman Catholic Chapels have been constructed. And, with co-operation of the Board and the Department of Transport, and the volunteer labour of all resident staff at Clearwater base, a curling rink has been built and operated with great success during this winter. A number of items of renovation and repair have also been carried out at Dynevor with considerable benefit.

COSTS

On the whole, operating costs have remained fairly similar to those experienced in 1948, although despite careful management there has been a slight increase. However, one would expect this increase since institutional operating costs are closely related to the cost of living, and the cost of living rose two points on the index. Actually per diem costs varied as follows in 1949, compared to 1948:

| | |
|-----------------------------------|-----------------|
| Manitoba Sanatorium | Increase \$.11 |
| Brandon Sanatorium | Increase \$.05 |
| Dynevor Indian Hospital | Increase \$.08 |
| Clearwater Lake Sanatorium | Decrease \$1.18 |
| Central Tuberculosis Clinic | Decrease \$.07 |

The marked decrease at Clearwater Lake was due to increased efficiency of operation, through increase of patient load when the newly constructed wards were occupied early in the year.

It is of interest to note certain major items of expenditure. For example, the Board expended for food \$253,222 in 1949, serving over 1,035,000 meals to patients and resident staff. Quality of meals has been maintained at a high standard, and the commissary department has been strengthened by appointment of a well-qualified consultant dietitian. Food cost ranged from 23.5c to 27.9c per meal, with an average of 24.4c in all institutions.

In 1949, a total of \$55,995 was expended for heating, with approximately 9,000 tons of coal being purchased. Heating facilities range from outright purchase of steam supply, through wood burning stoves and furnace, domestic type oil heaters, low pressure boilers, to 150-H.P. stoker-fed high pressure multiple unit installations.

Two large laundries are operated at Ninette and Clearwater. At Brandon, Dynevor, and Central Clinic, commercial laundry service is used. At Manitoba Sanatorium, much-needed new equipment is being installed to replace worn-out washers. At Brandon, Clearwater, and Ninette, where accurate records are available, 1,057,634 pieces were laundered during the year.

A diesel electric plant is operated at Clearwater Lake Sanatorium, supplying electric power for both the hospital and the airport. During the year, 694,900 K.W.H. were produced, at an average cost of \$.03 per K.W.H.

INVENTORIES

Inventories at December 31st, 1949, stood at \$86,206 as compared to \$93,696 a year previous. In view of the possibility of some lowering of the price level, care is being taken to avoid over-stocking, and you will note a decrease in the year of \$7,490, or approximately 8%. At the three larger institutions a complete perpetual inventory system is in operation.

NATIONAL HEALTH GRANTS

The portion of the National Health Grant accruing to the Province for Tuberculosis Control has been of the greatest value in financing certain extensions and improvements in the anti-tuberculosis program. Total expenditures under approved projects during the year were \$93,993. The larger projects included expenditure of \$16,281 for streptomycin and other anti-biotics; \$41,323 for the hospital admission, chest X-ray program; and \$3,675 for post-sanatorium pneumothorax refills given by private physicians. These grants all come to the Board through the Department of Health and Public Welfare, and I would like to express appreciation for the fine co-operation we have received from both administrative and accounting officers of the Department.

CONTRIBUTED FUNDS

Contributions to the Christmas Seal Fund and other donations for preventive services, education, and rehabilitation during the year amounted to \$95,102. In addition, the Associated Canadian Travellers turned over to the Board for the preventive service, \$18,500. This splendid financial support has enabled the Board to carry on these divisions of work at a very high level of activity, contributing in a major degree to the reduced morbidity and mortality which the Medical Director will report to you today.

PERSONNEL

On December 31st, 1949, the Board had 519 employees, an increase of 22 during the year. This increase was for the most part in the nursing service. On the whole, there has been adequate supply of staff, with the one exception that there is still some need for registered nurses and licensed practical nurses. There is a marked reduction in staff turnover as compared to recent years.

I would like to pay tribute to department heads and employees throughout the Board's organization for the responsible and capable manner in which they have carried out their many and varied duties during the year. Each one has made a valuable contribution to a successful year's work, and has shown keen and loyal interest in efficient and useful operation both of his or her own division and of the program as a whole.

APPRECIATION

In conclusion may I express deep appreciation for the continued counsel and direction of the Chairman of the Board, and the Chairman of each of the administrative committees. It is a pleasure to record, too, my gratitude for the confidence and co-operation it has been my privilege to enjoy at all times with the Medical Director; officials of both Provincial and Federal Governments; the officers of co-operating institutions; medical superintendents, department heads, and the staff.

Respectfully submitted,
T. A. J. CUNNINGS,
Executive Director
and Secretary-Treasurer.



REPORT OF THE MEDICAL DIRECTOR

THE basic interest and responsibility of the Sanatorium Board is the eradication of tuberculosis in Manitoba, and in summarizing and evaluating the year's work the over all picture and problem must be kept in mind.

The logical questions to ask are:— what is being accomplished? Are present policies and programs proving to be adequate? What should plans be for the future and what further progress can be anticipated?

REVIEW

Looking back even for the short period of five years, the Board can review with satisfaction the gain that has been made in clearing tuberculosis from this province. During the last five years the death rate has dropped from 47 per 100,000 to 26, almost half—the actual number of annual tuberculosis deaths from 348 to 196.

New cases are beginning to be fewer. Surveys and clinics X-ray one-third of the population annually for tuberculosis. Organized industrial surveys are in operation. The program for routinely X-raying admissions to general hospitals is well established. There are an adequate number of beds in excellent Sanatoria. A progressive and practical rehabilitation service is available to all patients. A case-finding and sanatorium treatment program for Indians has been developed on a par with that for the White people. The City of Winnipeg Health Department and the Sanatorium Board are working hand in hand in a very effective tuberculosis control program for Winnipeg.

National Health Grants have stimulated and advanced practically all phases of the campaign. There is a close and helpful relationship with the Provincial Department of Health; and the financing of the anti-tuberculosis program is on a sounder basis than ever before. Co-operation, support and consciousness about tuberculosis by the public and medical profession have never been greater.

From now on further reduction of tuberculosis may be more difficult and no doubt slower. Deaths are fewer but as many patients as ever are in sanatoria. In 1949 there were still 427 White people and 402 Indians reported with new, active tuberculosis. It is evident that intensive efforts by the Board must be continued. I believe, however, we can be optimistic in forecasting that tuberculosis will be one of the rare diseases in Canada in a few generations, barring some unforeseen national disaster. A combination of factors should bring this about. The constant weeding out of infective cases is steadily decreasing the opportunity for infection. Vaccination may become more effective. And streptomycin may be just the beginning of scientific advances in the curative field.

TREATMENT

The outstanding lead that the control of tuberculosis enjoys over that of other disease is the over all organization and excellence of its hospitals, which is a tribute to the good judgment of medical men and lay support early in this century and throughout the past 50 years right to the present. So far as the care and treatment of tuberculosis patients is concerned in Manitoba today, no one need lack for anything and each is given the best available anywhere.

In Manitoba there are 1,200 sanatorium beds—750 of these for White people and 450 for Indians. The number of sanatorium beds needed is in direct proportion to the intensity of the case-finding effort and the number of new cases found, rather than in relationship to deaths.

We have seven beds per White death and nearly four beds per Indian death, which is exceptionally satisfactory compared with standards of even 10 years ago.

Treatment is entirely free to the individual. Seldom is there delay in getting a patient admitted for treatment. Earlier and more effective treatment has greatly improved the outlook for sanatorium patients. Most recover.

Bed Capacity and Occupancy December 31, 1949:

| | Beds | Occupancy |
|-------------------------------------|-------|-----------|
| Manitoba Sanatorium | 270 | 251 |
| Central Tuberculosis Clinic | 50 | 39 |
| St. Boniface Sanatorium | 270 | 269 |
| King Edward Hospital | 150 | 157 |
| Brandon Sanatorium (Indian) | 250 | 248 |
| Clearwater Lake Sanatorium (Indian) | 160 | 150 |
| Dynevor (Indian) | 50 | 43 |
| | 1,500 | 1,457 |

Detailed reports for 1949 have been submitted to the Board by the Medical Superintendent of each tuberculosis institution. Each report indicates a full and aggressive year's work and the combined effect of these reports is very impressive.

In the treatment of pulmonary tuberculosis, rest, combined with surgical measures to collapse the lung, continues to play the dominant role. Streptomycin is an important adjunct to other established procedures, in many cases has been life-saving and is being used extensively in all sanatoria. Less pneumothorax is given and more pneumoperitoneum, especially in the Indian Sanatoria; there were more thoracoplasty operations, and resection of the lung for three patients in Manitoba Sanatorium. Bronchoscopic examination is used in many cases in the Board's sanatoria.

THE SANATORIA

Manitoba Sanatorium has completed its fortieth year of operation and has been the backbone of the campaign against tuberculosis in Manitoba. Treatment measures are aggressive and the care given of a personal and understanding nature. The reunion of over 700 ex-patients and staff at the Sanatorium in June, 1949, was most heartening and a demonstration of the esteem and gratitude of former patients.

Brandon Sanatorium has flourished into full and complete sanatorium service during the year. Medical and other staff are enthusiastic; major chest surgery by the resident surgeon has become routine and records are excellent.

Clearwater Lake Sanatorium has greatly expanded, with beds now for 160 patients. The wards in the new wing are of the best, and equipment and appointments generally can be envied by some of the Sanatoria. The Superintendent has had medical assistance during the year and the work has been of high quality. The Sanatorium is also headquarters for clinics and surveys in the tributary Northland.

Dynevor Indian Hospital continues to fulfil a useful treatment function. With only 50 beds, treatment and diagnostic facilities there are limited, and patients in need of surgery or complicated treatment are transferred to Brandon Sanatorium.

The Central Tuberculosis Clinic provides an indispensable diagnostic service. A total of 9,126 examinations were made. The 50 beds upstairs admitted 481 patients in 1949 and the average bed occupancy was 31 days. Diagnosis is settled, treatment need determined and initiated, and those requiring sanatorium treatment transferred. With headquarters for the Board, its extensive business operations involving all its institutions, Christmas Seals, X-ray surveys, travelling clinics, rehabilitation, teaching, and the Central Tuberculosis Registry, it is a busy centre.

St. Boniface Sanatorium has been filled to capacity throughout the year. Treatment methods and trends are of the same high standard as in the other sanatoria. Most of the orthopedic treatment for White patients is centralized there. The outpatient department made 772 examinations, mainly reviews of ex-St. Boniface Sanatorium patients.

The King Edward Memorial Hospital has an overflow of patients in the King George Hospital. Medical and surgical treatment is aggressive and there is a lively interest in all problems relating to treatment. I wish to refer particularly to their monthly luncheons and medical meetings. They are well attended, interesting, and stimulating. The discussion, the interchange of ideas, and the fraternizing contribute to improvement in treatment methods, an appreciation of each other's problems, and a more understanding and cordial relationship generally.

TUBERCULOSIS DEATHS

There has been a startling reduction in tuberculosis deaths during 1949, the greatest during any year on record and an all-time low for Manitoba.

| Year | Whites and Indians Combined | | Whites | | Indians | |
|------|-----------------------------|--------------|------------------|--------------|------------------|--------------|
| | Rate per 100,000 | Total Deaths | Rate per 100,000 | Total Deaths | Rate per 100,000 | Total Deaths |
| 1935 | 60.8 | 432 | 38.6 | 269 | 1,258 | 163 |
| 1940 | 50.7 | 369 | 28.5 | 203 | 1,140 | 166 |
| 1945 | 42.8 | 316 | 25.3 | 186 | 928 | 130 |
| 1948 | 37.1 | 271 | 19.7 | 146 | 806 | 125 |
| 1949 | 25.8 | 196 | 13.6 | 101 | 612 | 95 |

The City of Winnipeg, included in the above figures, has the enviable record of the lowest tuberculosis death rate of any city in Canada, having declined to 22 deaths from pulmonary tuberculosis in 1949, a rate of 9 per 100,000 population.

These figures indicate a splendid achievement in the saving of lives, 236 for the year compared to 1935 and even 76 in comparison with 1948. They demonstrate what can be accomplished through well conceived plans aggressively carried out, applying modern concepts of both diagnosis and treatment, and aided by the wholehearted participation and co-operation of public officials, voluntary groups, and responsible citizens throughout the province.

Case-findings by surveys, clinics, and other programs, the increasing consciousness about tuberculosis of physicians and people in general, and adequate treatment and isolation beds—all are the bed rock of tuberculosis control.

But I am certain that streptomycin has been a major factor in the marked decrease of tuberculosis deaths in 1949. Many patients in sanatoria would have died whose lives have been saved by streptomycin, some temporarily but many permanently.

It is to be hoped that the present low rate will be maintained and improved upon, but to accomplish this the preventive and treatment services must continue at a high standard of efficiency. Even with greatly improved methods of treatment, eradication depends upon early diagnosis and early treatment. We need to keep foremost in mind that 27 per cent of the new diagnoses had reached a far advanced stage, and that nearly 200 people died of tuberculosis in a single year.

REHABILITATION

The ultimate objective of treatment is not only the recovery of the patient but his or her re-establishment in the home and at work, either old or new, that will promise social and economic security. Since 1942 the Sanatorium Board has operated a rehabilitation service for all sanatorium patients and has had the leadership in this field in Canada. Appended is an interesting report on the year's activities of this division in rehabilitation, occupational therapy, education, and recreation, all necessary to a well rounded program.

NATIONAL TUBERCULOSIS GRANT

The National Health Grant, through new projects and the extension and improvement of existing services, has been of great assistance in accelerating the anti-tuberculosis program in Manitoba.

Treatment in sanatoria has been improved by added operating room and other equipment. Streptomycin, which has assumed an important role in treatment, is available without charge to any sanatorium patient requiring it. Diagnostic and laboratory facilities have been improved in all tuberculosis institutions and clinics. Case-finding has been assisted and the general hospital admission X-ray program is being financed by National grants. Doctors in rural Manitoba are paid for giving pneumothorax refills to patients after discharge from sanatorium.

Rehabilitation and educational services have been advanced, and altogether the Department of National Health is stimulating, and contributing in a large measure to the provincial campaign.

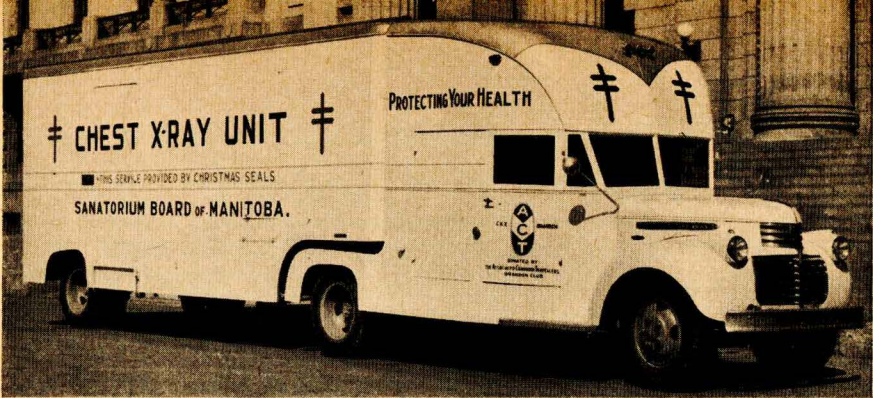
PLANS FOR 1950

1. Continuation of X-ray surveys for both White and Indian people.
2. More case-finding work by our travelling clinics in certain parts of the Province where the incidence of tuberculosis is above average.
3. Enlarging the industrial X-ray program in Greater Winnipeg.
4. Helping more rural hospitals to make routine X-rays of all admissions.
5. Opening a Central Tuberculosis Registry for Indians like that for white people.
6. Extending B.C.G. vaccination to tuberculosis contacts re-exposed to infection.
7. Treatment in sanatoria will keep abreast with scientific advances.
8. National Health Grants will improve existing services and forward present projects.

APPRECIATION

The success of an organization with as extensive and varied operations as the Sanatorium Board depends upon the direction, guidance and policies of its Board, and upon the co-operation and conscientious work of all its staff from superintendents down. I sincerely appreciate the advice and support given and the responsibility taken by the Board in all matters throughout the year. I thank the Chairman, the Chairmen of the various committees, the Executive Director, and all members of the Board for their assistance and guidance. I am grateful for the able and devoted work of the Superintendent of Preventive Services and the Superintendents and staffs of all the Board's institutions. I also wish to thank the Superintendents of St. Boniface Sanatorium and the King Edward Memorial Hospital for their cordial and co-operative association. My thanks are also extended to the Provincial Department of Health, the Central Tuberculosis Registry, the City of Winnipeg Health Department, and Department of National Health, Indian Health Services. I also join the Chairman in paying special tribute to the Associated Canadian Travellers.

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



Prevention

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

From the Report of the Medical Director

GREATEST strides still can be attained by prevention. Discovery of infectious cases, isolating them, and tracking down, if possible, their sources of infection is the most effective means of combatting tuberculosis.

CASE-FINDING

During the past four years by surveys and clinics over 900,000 chest X-rays have been taken in Manitoba. This intensified case-finding program was continued throughout 1949, reaching a total of 256,873 X-ray examinations. These were carried out by stationary clinics, travelling clinics, surveys, and general hospitals (admissions), as set out in the following table:

| | White | Indians | Total |
|---------------------------|---------|---------|---------|
| Stationary Clinics | 10,564 | 72 | 10,636 |
| Travelling Clinics | 4,477 | 38 | 4,515 |
| Surveys | 211,748 | 16,369 | 228,117 |
| Hospital Admissions | 13,605 | — | 13,605 |
| | 240,394 | 16,479 | 256,873 |

(Included in the survey figures are 24,899 X-ray examinations carried out in co-operation with the Winnipeg Department of Health.)

The policy of providing X-ray surveys for communities every two years has been continued, and during the year surveys were held in 82 municipalities. The Medical Superintendent of Preventive Services deals with facts and findings in detail regarding surveys and clinics.

The whole case-finding program is undergoing critical review and may be revised, due to the fact that some parts of the province have very low mortality and morbidity rates, while other sections and population groups have a greater than average incidence.

There are tuberculosis 'nests' scattered in the province, mostly around Lake Winnipegosis, Lake Manitoba, and Lake Winnipeg. These isolated and not easily accessible areas need more intensified and more frequent case-finding service not possible by large survey trucks, and it is proposed that this be carried out by our lighter travelling-clinic unit.

Morbidity and mortality studies by the Central Tuberculosis Registry will give direction to this target program.

NEW CASES

New cases of tuberculosis diagnosed in Manitoba during 1949 totalled 1,181, a decrease of 309 compared to 1948.

| | 1948 | 1949 |
|---------------|-------|-------|
| Whites | 858 | 693 |
| Indians | 628 | 483 |
| Eskimos | 4 | 5 |
| | 1,490 | 1,181 |

The above figures represent all new cases, whether active or inactive. Of course, those with active disease (829) are the most significant. It is gratifying that compared to the previous year the new active cases have decreased by 201.

This is a logical result of our case-finding program as most of the inactive cases have been found on surveys and reported, and by finding and isolating foci of infection we should expect fewer cases each year. However, it has only been within the past two years that this has been attained.

An analysis of the new active cases shows that 47% had minimal disease, 26% moderately advanced, and 72% far advanced. This ratio is about the same as a year ago—at least, the 27% far advanced is exactly the same, and those in this group are no doubt the main spreaders of infection. I refer you to the appended statistical tables for other interesting and significant facts about the new diagnoses.

The Central Tuberculosis Registry has medical and public health records of all known cases of tuberculosis in the province, in sanatorium or at home. Family contacts are known and recommendations regarding clinic, survey or follow-up examination and periodic review are recorded and acted upon.

Incidentally, Dr. F. W. Jackson in Ottawa has recommended the Manitoba Tuberculosis Registry as an example for other provinces.

On December 31, 1949, there was a total of 5,730 tuberculous patients carried on the files of the Central Tuberculosis Registry (4,145 Whites, 1,557 Indians, and 28 Eskimos), which is an increase of 144 compared to December 31, 1948.

ROUTINE CHEST X-RAYING OF PATIENTS ADMITTED TO GENERAL HOSPITALS

It has been demonstrated that the incidence of tuberculosis among the considerable proportion (15%) of the population admitted to general hospitals is higher than among the general population. To further extend the search for unsuspected chronic spreaders of infection, to protect hospital personnel, especially nurses, and to detect non-tuberculous chest and heart conditions, the program of routinely X-raying admissions to general hospitals was inaugurated in Manitoba in May, 1949, and is now well underway.

Although the percentage being X-rayed is lower than desired, the hospitals and radiologists are earnestly co-operating and attempting to X-ray as many as possible. It takes time for this to become a routine procedure and numerous incidental problems have to be overcome.

From May until December 12,722 had chest films on admission to the following hospitals: The Winnipeg General, St. Boniface General, Victoria, St. Joseph's, Dauphin General and Brandon General, all of which had X-ray installations for taking miniature films. An arrangement was made with three smaller rural hospitals for taking standard size films by their own X-ray equipment, and included in the 12,722 are admission X-rays from Bethesda Hospital, Steinbach; Ste. Rose General Hospital; and the Johnson Memorial Hospital, Gimli. Installations have now been completed and this program is in operation in the following additional hospitals: Misericordia, Grace, and Concordia, in Winnipeg; at Portage la Prairie, and Selkirk.

The above program includes all hospitals in Greater Winnipeg, in fact all in the province with over 2,000 admissions annually—a total of 14 hospitals. Extension to a few more smaller rural hospitals is planned for 1950.

As to findings, 1.1 persons per 1,000 was diagnosed as having apparently active tuberculosis, which is about twice the rate found by community X-ray surveys. Besides this, 17.6 people per 1,000 were tuberculosis suspects. Thirty-five per 1,000 had non-tuberculous lung abnormalities and 58 per 1,000 had X-ray evidence of some heart abnormality. I am satisfied that this program, which is financed by National

ASSOCIATED CANADIAN TRAVELLERS

DURING 1949, 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, \$18,500. Added to amounts previously given, this makes a total of \$143,574 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.

Health Grants, is a very worthwhile extension to tuberculosis case-finding and also stimulates greater interest and consciousness about tuberculosis in general hospitals and among doctors and their patients generally.

INDUSTRIAL SURVEYS

During the past four years the City Health Department, with the Board's assistance, has been doing industrial X-ray surveying to the extent of 20,000 to 30,000 persons a year. This program will be systematically expanded during 1950, aiming ultimately to include all industries on a regular two- or three-year schedule. Firms and businesses are being urged to have pre-employment X-rays of all employees. This service will be provided without charge. An organizer for this program has been appointed by the City. The Board will provide the X-ray equipment, operate it, and read the X-ray films.

CITY OF WINNIPEG HEALTH DEPARTMENT

Winnipeg has one-third of the population of Manitoba so the Tuberculosis Division of the City Health Department has an important role in the over all tuberculosis control program in the province and is working in close co-operation with the Sanatorium Board.

The Department is carrying on an aggressive campaign to isolate and treat all known spreaders of infection. An X-ray unit in the Health Department at the City Hall takes a free chest X-ray of anyone wishing to avail themselves of this service, and during the year 31,311 X-rays were taken, most of these on industrial surveys and 6,876 of them by a Sanatorium Board unit. The Board provides technical assistance when required; all the X-rays are read at the Central Clinic and all suspects and positive cases are fully investigated and advised at the Central Clinic.

Of the 24,435 X-rayed by the City unit 26 active cases of tuberculosis were found, which is twice the incidence for community surveys. This is because surveys in Winnipeg in the past year were concentrated among the adult working population. Our last City-wide survey was in 1948 so another survey for 1951 will be considered. Each year all the High School and University students have a chest X-ray. Plans are underway for expanding industrial surveys.

I refer later to the very low tuberculosis death rate in Winnipeg. In the appended statistical section you will find City death rates listed back 20 years, and also a detailed summary of the new cases discovered.

From the Report of the Medical Superintendent, Preventive Services

TRAVELLING CLINICS

The table attached shows the work done by travelling clinics during 1949. Altogether at 99 clinics there were 35 new active cases of tuberculosis found, out of 4,515 people X-rayed—i.e. one in 129 examined. This is very valuable case-finding. The value of the travelling clinic is further enhanced by the reviewing of ex-sanatorium patients. These patients—numbering 684 in 1949—can be reviewed and advised without the necessity of travelling long distances to more permanent clinics. This year again the early minimal cases predominated over moderately advanced and far advanced cases, a condition we hoped to attain when travelling clinics were first started in 1926.

SURVEYS

The number X-rayed at surveys is shown in the statistics appended. This includes Whites and Indians, the Indians being done at Treaty time on large film. Altogether there were 228,233 people X-rayed and 357 were found to have active tuberculosis, being 1 case out of 639 X-rayed. This is a high incidence for mass surveys but it must be remembered that it includes the Indians. For Indians alone the new active cases found were 1 out of 66.4 examinations, emphasizing the need for continued activity. Every effort is made to have these people hospitalized as soon as possible. There are always delays, of course, but these are unavoidable and are mainly due to difficulties of transportation, ignorance, and sometimes shortage of beds. This latter condition will right itself in a few years, we hope, by the lessening occurrence of new cases.

Travelling clinics and surveys together X-rayed 232,748 individuals. This large volume of work is only made possible by the co-ordinated efforts of both the planners and organizers of each type of service—travelling clinics and surveys, also the work of those entrusted with the X-raying of this large mass of people. It is a tremendous job and deserves the thanks and commendation of us all.



Central Tuberculosis
Clinic

Treatment

CENTRAL TUBERCULOSIS CLINIC

THE year ending December 31, 1949, was again a busy one at the Central Tuberculosis Clinic. Slightly over 9,000 visits each year seems to be about our peak. Certainly this amount of work keeps all departments busy.

PATIENTS

There were more admissions to the ward last year—481 as compared to 425 in 1948. In spite of this our treatment days were about 900 less. This can only be accounted for by a quicker turnover. The average length of stay for each patient was 31 days.

New discoveries of disease numbered 166, and 104 of these were sent in for their first examination, the highest incidence being found in the young and middle-aged adult group: 20-39 years. In classifying the 166 new discoveries it is seen that 132 were active cases and 95 were active pulmonary cases. Pulmonary disease is the most infectious form of tuberculosis and therefore the most important to discover.

Admissions and discharges were analyzed this year and this procedure is to be standard for all institutions according to a plan laid out by Dr. Ross. It was rather difficult to get this data ready in time but now that the plan has been completed our summaries should be easier and more comprehensive. For example, there were 355 cases of pulmonary tuberculosis admitted and, of these, 208 had positive sputum; non-pulmonary tuberculosis numbered 36, and there were 90 other cases admitted for diagnosis that proved to be non-tuberculous.

Of the discharges, 282, or almost 60%, were transferred to other institutions for continuation of treatment; 3.8% went home against advice. This is a situation we try hard to avoid and, short of being an absolute dictator, every means at our disposal is used to keep people happily on the 'cure' until well.

Detailed information can be picked out easily in the new analysis, and I am sure these statistics will be found interesting and self-explanatory. Therefore, I do not propose to deal with this further.

TREATMENT

Each department fulfilled its allotted work satisfactorily. Procedures in the operating room, including pneumothorax treatments, remained well up in number. In the laboratory there were over 10,000 examinations of various kinds completed. The B.C.G. vaccination is being continued and this year we hope to extend its use and probably will offer it to contact families. In the X-ray department 5,865 examinations were made. The number of miniature films was increased this year. The use of these films is a great saving and I think we should encourage their use as much as possible.

TEACHING

Lectures to nurses at three general hospitals were given on Tuberculosis, also two lectures to the Winnipeg General Hospital nurses on other respiratory Diseases. Clinics are given once a week to medical students. No record was kept but this past year there were quite a number of consultations in the general hospitals.

Again I would like to point to the lack of space in this building for proper teaching and even for proper care of patients. Progress is slow but one still hears of plans for the Medical Centre, and the Sanatorium Board should no doubt assume its rightful place in this scheme.

APPRECIATION

Those helping in this wide field, covering both the province and the city, have become so numerous that one cannot thank them individually. My thanks, therefore, are directed to all who helped in this great work. The co-operation and spirit of helpfulness shown by our sister institutions, including the general hospitals, is much appreciated. May I take this opportunity to thank the members of the Department of Health with whom we come in contact, and particularly the members of the Board and its officers for their help and tolerance during 1949.

Respectfully submitted,

D. L. SCOTT, M.D.,
Medical Superintendent,
Central Tuberculosis Clinic
and Preventive Services.

To discover disease, careful laboratory tests are routine. Here a technician at the Central Tuberculosis Clinic studies blood samples.





Romantic Ninette. The happy-looking married couples who fill the foreground of this picture all met first when they were cure-chasers or on staff at Manitoba Sanatorium. In the background are more of the many former patients who filled the grounds during the 1949 reunion.



Twenty Years On. These five robust-looking citizens chased the cure together at Ninette in 1927, and came together again for "The Reunion."

MANITOBA SANATORIUM

MANITOBA Sanatorium has now completed its Fortieth year of operation; a year marked by unusual improvement in staff, buildings and equipment and continued progress in the treatment of tuberculosis.

STAFF

Medical staff has undergone considerable fluctuation in strength and is still below approved minimum standards. Dr. Hulke has been off sick since July. Dr. Dobbs, as Assistant Medical Superintendent and Assistant Surgeon, has given fine support and Dr. Kolesnichenko, as Medical Interne, is carrying on well. In September, Dr. Zajcew begun duty as Medical Interne but has been on loan to Clearwater Lake since Dec. 1st. Dr. Corbett came on staff as Medical Assistant on Nov. 1st and is fitting nicely into the work.

The nursing situation has shown some improvement. Miss Goldsmith is still filling the double role of Matron and Instructress of Nurses, but has been relieved of her dietary responsibilities. We are still short of graduate and practical nurses but have not had to employ special nurses for surgery for the last six months. Attendant staff has improved in calibre.

Domestic staff has shown some deterioration since the immigration of displaced girls has ceased.

Our greatest gain has been in the dietetic department. Miss Nan Chapman came as Chief Dietitian in September, and with Miss Pearl Young as Assistant this department is better staffed than for many years. We are already receiving great benefits in management and in lessening of the load on other department heads.

MAINTENANCE AND CONSTRUCTION

The upkeep and repair of our buildings, water and steam lines has, with advancing age, placed an increasingly heavy burden on maintenance staff. Despite this, buildings have not only been well kept up but improvements continue to be added.

A lecture theatre for affiliate nurses was built into the East One balcony early in the year. It has been handsomely decorated and equipped. Another great improvement was the laying of a colorful Kentile floor in the rotunda and adjoining hallway in the Main Building, together with new furniture. Amongst other painting the East infirmary has been completely redecorated inside and considerable outside painting done on various buildings. The approach to the Nurses Home was improved and remodelled. Increased ventilation was installed in the infirmary kitchen and the laundry. A stoker system was installed in the power house, the boiler-room roof repaired and a new coal shed built and equipped with portable coal conveyor. Considerable new sterilizing equipment was obtained for the operating room.

Projects for the coming year include complete redecorating and refurnishing of the Nurses Home and further improvements to the approach to the home. Plans are going forward for building a recreational centre for staff and for some new wards on the back balconies of the men's infirmary. Redecoration of the laundry, including a new floor, and electrification of all equipment is under consideration. New washers are already on order.

Another very urgent building need is more housing for female staff, both nursing and domestic. Due to shorter working hours, staff has materially increased and housing is no longer adequate.

PATIENTS

Treatment days were 91,944, as compared to 92,471 for 1948. Department of Veterans Affairs patients decreased over the year from 23 to 13, as of Dec. 31.

ADMISSIONS

Admissions for the year were 313; of these 185 were for treatment and 128 for diagnosis or review. Average age on admission was 28 years and men outnumbered women in the ratio of 104 to 81. As regards racial origin 45.4% were Anglo-Saxon, 31.3% Central European, 11.3% half-breeds, 5.9% French, 5.4% Scandinavian and 0.7% Chinese. The 171 who had pulmonary tuberculosis were from the following sources: 71, or a little more than two-fifths were recent discoveries of tuberculosis who were on treatment for the first time; 34, or one-fifth had suffered relapse and were back for further treatment; 66, or a little less than two-fifths belonged to a miscellaneous group with no significant change in disease and were made up chiefly of transfers and patients returning from leave or other absence. Regarding extent of disease, it is more informative to consider the new cases rather than the whole group, and of the former 33.8% had minimal, 36.6% moderately advanced, and 29.6% far advanced disease.

There were seven admissions with non-pulmonary tuberculosis and nine with non-tuberculous conditions, of which five were undiagnosed.

DISCHARGES

Total discharges were 313, of whom 194 had been on treatment and the remainder in for short periods of review and diagnosis. Average stay for those on treatment was 1 year and 5 months. On discharge 35% were apparently arrested, 33% quiescent, 20.6% improved, 5.2% unimproved and 6.2% dead. There were 39 patients bacillary on discharge of whom five left against advice. Of the bacillary discharges 18 went home, 11 were transferred, seven died and three are again in Sanatorium.

TREATMENT

Rest, combined with collapse therapy, still plays the dominant role in the treatment of pulmonary tuberculosis. The relative use of various collapse procedures is indicated by the treatment given, or about to be applied to all those admitted in 1949 with new or reactivated disease. Figures for the 100 patients in this class are as follows:— Collapse all forms 61%, pneumothorax 27%, thoracoplasty 27%, phrenic operations 5%, pneumoperitoneum 2%.

Although no radical changes in treatment have occurred, certain trends taking place in the last two or three years have now begun to clarify themselves. Pneumothorax is being used less frequently, but we have not turned away from this procedure as much as in many other places. It is still considered the treatment of choice in active minimal lesions in the apical and subapical zones. It has been tried on all such lesions in patients admitted during the year and with success in 82.6%. When it is unsuccessful, apical thoracoplasty is being used with increasing frequency. We are employing pneumothorax only occasionally in moderately advanced lesions and not at all in extensive disease.

More major surgery was done in 1949 than at any time since pre-war years. However, there is a considerable backlog of work due partly to streptomycin preparing patients more quickly for operation. During the year, 84 stages of thoracoplasty were done on 39 individuals. Pulmonary resection for tuberculosis was performed on three patients, all with success. A pneumonectomy for persistent positive sputum and tracheo-bronchitis after thoracoplasty; a left lower lobectomy and a lobectomy on the right side for an atelectatic middle lobe.

Phrenic operations were done in 15 cases, bronchoscopy in 42 and pneumoperitoneum in only two. A complete list of operative procedures is appended.

Streptomycin has taken a recognized place in our armamentarium not as a definite treatment, but as a powerful adjunct to already established procedures. Rest must be placed at the top of the list of curative measures and this, combined with streptomycin, is not only saving many lives but bringing seemingly hopeless cases within reach of the surgery necessary for permanent arrest of disease. For this reason more cases are qualifying for thoracoplasty than previously. Also many patients heretofore requiring extensive collapse are now clearing disease sufficiently on streptomycin to allow a more limited thoracoplasty, thus preserving the adequate vital capacity so necessary to longevity after surgery.

Even before the advent of streptomycin there was a growing tendency to remove, when in doubt, fewer rather than more ribs. It is believed that sputum conversion and cavity closure can often be obtained with a considerably smaller collapse than previously used. It is also believed that the smaller collapse avoids the not infrequent fate of those with extensive disease treated by thoracoplasty, namely death from right-sided heart failure many years after recovery from tuberculosis.

The general use of streptomycin has been extensive, including almost all active, moderately and far advanced lesions and in some more chronic forms. Its use is much more limited in minimal tuberculosis, only 8.2% receiving the drug and then mainly because pneumothorax failed or was withheld due to location of disease.

Altogether 195 patients received 212 courses of streptomycin in 1949. It was a great aid in pulmonary resection and all thoracoplasty patients received a ten-day course with each stage. The average dose was at first $\frac{1}{2}$ gram daily for 42 days and was later increased to one gram daily for 56 days.

P.A.S. has been used in four cases during the year.

X-RAY DEPARTMENT

Work was of excellent quality and increased slightly in volume over last year, mainly due to the taking of more planigraphs. Altogether 4,027 radiographic examinations were made, 2,496 in-patients, 956 out-patients and 572 staff. The installation of a cassette changer with high-speed bucky has greatly facilitated the work.

LABORATORY DEPARTMENT

The usual high standard of work was maintained, with volume remaining about the same. Laboratory examinations numbered 9,670 and are classified as follows: Blood, 4,150; sputum 2,335; urine 1,801; gastric contents 813; Mantoux tuberculin tests 197; pleural fluid and pus 77; streptomycin sensitivity tests 70; B.C.G. immunization 41; B.M.R. tests 27; unclassified 159. New equipment included a microscope and lamp; a basal metabolic tester, an incubator and a pipette shaker.

One important new procedure, a test for the development of resistance of tubercle bacilli to streptomycin, was introduced during the year.

SANATORIUM SCHOOL

The Sanatorium school has always played an important role in helping the patient towards increased knowledge and training for post-sanatorium work and living. Miss Margaret Busch continues to do excellent work in academic teaching and supervision of vocational courses. Details of work done are given in the report of the Rehabilitation Division.

A night school also was held twice weekly for Displaced Persons on staff. An average of 20 girls attended, with Mrs. Edna Thiessen directing their studies.

OCCUPATIONAL THERAPY AND RECREATION

In July 1949, Mrs. Alice Carragher came on staff to give occupational therapy to the patients and direct recreational activities amongst staff. This joint occupation has proven a very busy and useful endeavour. Occupational therapy, which has always gone on, should be much better for her supervision, not only in results obtained, but also in controlling the amount of time employed in this activity.

Staff have already benefitted greatly from regular recreational evenings of various forms and some special occasions with more to come. Recreational facilities will be greatly increased with the erection of the new recreational building.

MEDICAL, NURSING AND PATIENT EDUCATION

During the year, 26 third-year medical students spent two weeks each at the Sanatorium and received instruction in the work.

The affiliate course in practical nursing again had a successful year, its third of operation. Altogether 50 practical nurses in training participated, spending six weeks at the Sanatorium and receiving a full course of lectures and also ward training and demonstration. Lectures during the year totalled 137, 66 nursing, 60 medical and 11 laboratory. The work will be greatly helped by an instructress who will soon be on staff.

Two study groups were held at intervals during the winter, one to review current medical literature and the other to discuss and demonstrate laboratory methods.

A series of talks on cure chasing and allied topics were delivered by the medical staff over the public address system at intervals throughout the year.

APPRECIATION

I wish to express my sincere thanks to the Chairman, the Chairman of the Administration and Finance Committees, the Secretary-Treasurer and all members of the Sanatorium Board for their interest and very considerable efforts in maintaining our Institution in efficient operation.

My sincere appreciation is given to all staff, especially old members, for loyalty and good work.

I wish to thank the Medical Director of the Sanatorium Board and the Superintendents of the various tuberculosis institutions and the Department of Public Health for cordial relations and assistance.

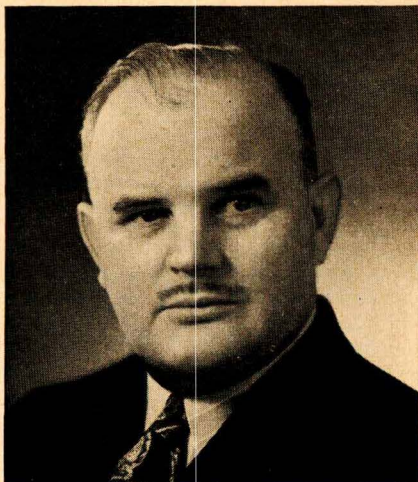
Respectfully submitted,
A. L. PAINE, M.D.,
Medical Superintendent.



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

—Photo by Karsh

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



—National Film Board Photo

Care of Indian Patients

From the Report of the Medical Director

THE National Government is responsible for the health and welfare of the Indians. Until a few years ago there was no comprehensive program of tuberculosis control for them, so with their lower resistance, poor living conditions, minimal nutritional requirements, lack of hygienic appreciation, and lack of treatment beds, tuberculosis ran rampant among them.

In 1948 and again in 1949 most of our Indians had chest X-rays, getting to them by truck, boat or plane.

Last year 16,369 were X-rayed on Indian surveys, and 248 active cases were discovered, which is a rate of 1.5%. This is high and about twenty-five times the incidence found among white people. But the rate is definitely improving and is just about half the amount of active disease discovered on our first Indian survey.

Plans are being made to re-survey in 1950 all reserves and schools with one or two exceptions.

There are now 450 sanatorium beds for Indians, all filled, so during the next few years (even now) a marked decrease of tuberculosis can be expected.

THE INDIAN SANATORIA

THE three tuberculosis sanatoria in Manitoba for the care of Indian patients are provided and financed by the Government of Canada 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

THE year 1949 was the tenth that Dynevor Indian Hospital has been operated by the Sanatorium Board of Manitoba for the Dominion Government.

During the year 58 patients were admitted and 49 discharged. There were seven deaths, one less than in 1948, and the second lowest for any year in Dynevor's history as a sanatorium. Patient days totalled 16,814. Patients received the regular sanatorium care and the addition of streptomycin proved to be of value in many cases. Patients requiring more active treatment, such as surgery or collapse therapy, were transferred to Brandon Sanatorium.

STAFF

The nursing staff has been short-handed at times but everybody co-operated to give as efficient service as possible to the patients. We had two periods of considerable length without a matron and the rest of the staff certainly carried on with a spirit that deserves the highest praise. Everyone was sorry to see Miss Stefanson resign as matron, due to ill-health. She had given years of faithful service to the hospital as nurse, X-ray technician and finally matron. We are very pleased that her position has been filled by Miss Anne Law.

Mrs. Cates, the school teacher and hobby instructress, carried on her work efficiently. She contributed much to the patients' comfort and mental contentment. She is really a remarkable woman and we are very fortunate to have her on the staff.

BUILDINGS AND EQUIPMENT

The hospital has had several material improvements made during the year.

The main kitchen has a new stove placed on a concrete base, and a new floor covering which makes it attractive and also easier to clean. The new shed off the kitchen, with a concrete floor, is also a marked improvement.

The front hall and stairway was done over with plaster board, corners finished in wood and painted with white enamel. This improves the entrance hall and gives a better impression to visitors as well as a sub-conscious uplift to the staff. The new floor in the Nurses' Home kitchen and the first floor service-room is a needed improvement. The Superintendent's Residence was also painted, or repainted for the first time and looks 100% better.

Contracts have been made to install a new hot-water softener and a new hot-water tank, thermostatically controlled, with adequate capacity for the hospital. This is much needed equipment and will provide soft hot water, and also soft water for the furnace. In reducing the scale on the furnace and hot-water tanks there should be some drop in heating costs as well as more comfort to the patients and especially for the domestic staff in dish washing, etc.

For an old building, the clean appearance of the floors and walls speaks well for the daily care given by the domestic cleaning staff. I cannot thank the nurses, the domestics and the orderlies adequately for their continued co-operation during the year.

ENTERTAINMENT

The Christmas season was the one big event of the year for the patients. The folk of Selkirk and district and even Winnipeg, Montreal, etc., excelled themselves in giving our patients a lovely festive season. I wish particularly to mention the tree which the Kinsmen Club sponsored in one of the local stores, the Janis Lynn Shoppe. They pushed the thought of giving to the patients, and over 180 presents were left there for Dynevor. The Kinsmen even brought out their own Santa for the event.

In conclusion I wish to thank the Sanatorium Board and the Dynevor Committee for their usual kindly help and co-operation, also all members of the medical, accounting and X-ray department at the Central Tuberculosis Clinic for their help throughout the year. Thanks are due to Dr. W. J. Wood, the Regional Medical Superintendent of Indian Affairs and his staff and to all the medical superintendents of the Sanatorium Board and affiliated institutions and the various Indian superintendents in the area for their help and advice throughout the year.

Respectfully submitted,

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

BRANDON SANATORIUM

DURING the year 1949, there were 88,581 patient days utilized in this Sanatorium. The majority of these were in the treatment of Treaty Indians and Eskimos. The year saw the last Polish Veterans discharged or transferred to other Sanatoria.

ADMISSIONS

During the year, there were 153 patients admitted, consisting of 148 Treaty Indians, four Eskimos, and one Metis. There were 82 males and 71 females. There were 112 new cases and 41 re-admissions or transferrals. In regard to age, two patients were born in Sanatorium and three over seventy years of age were admitted. The breakdown of the intervening age groups shows a remarkable similarity. One-hundred and three were admitted for pulmonary tuberculosis and 25 were found to have tuberculosis in other organs of the body, fifty percent of these involving bones and joints. There were 25 admitted who were found to have non-tuberculous lesions.

DISCHARGES

One-hundred and forty-two patients were discharged. Of these, 14 were transferred to other institutions and 12 were discharged against medical advice. Twelve patients were discharged from the Sanatorium with positive sputum, 11 of these being transferrals or against medical advice. Of the 142, 27 died, 25 of these being from tuberculous causes.

The classification of the discharges were 83 pulmonary tuberculosis; 2 pleurisy with effusion; 25 non-pulmonary tuberculosis; and 32, including four babies born in the Sanatorium, were discharged with non-tuberculous conditions. The average residence in the Sanatorium for the cases discharged, treatment completed, was 320.4 days; for those discharged, dead, 382.2 days. A further breakdown of these statistics may be found in the appended reports.

TREATMENT

In regard to treatment at Brandon Sanatorium, the most noteworthy item to report was the establishment of a thoracic surgery unit, due largely to the efforts of Dr. A. H. Povah and the Operating Room Staff. This year, Dr. Povah did 39 stages of thoracoplasty on 18 patients, nine phrenic crushes, 17 pneumolyses, 37 bronchoscopies, one Monaldi drainage, and seven curettements.

In the use of air collapse therapy, a total of 5,742 air refills were administered. With pneumoperitoneum, 44 patients were started and 3,288 refills given; and with pneumothorax, 44 patients were initiated and 2,454 refills given.

The orthopedic treatment of tuberculosis occupied a considerable portion of our time. Dr. A. Gibson did 13 major operations, including fusion of three knees, two spines, and two hips. The bone and joint tuberculosis necessitated the application of 130 plaster casts, including 26 body spicas and seven plaster beds.

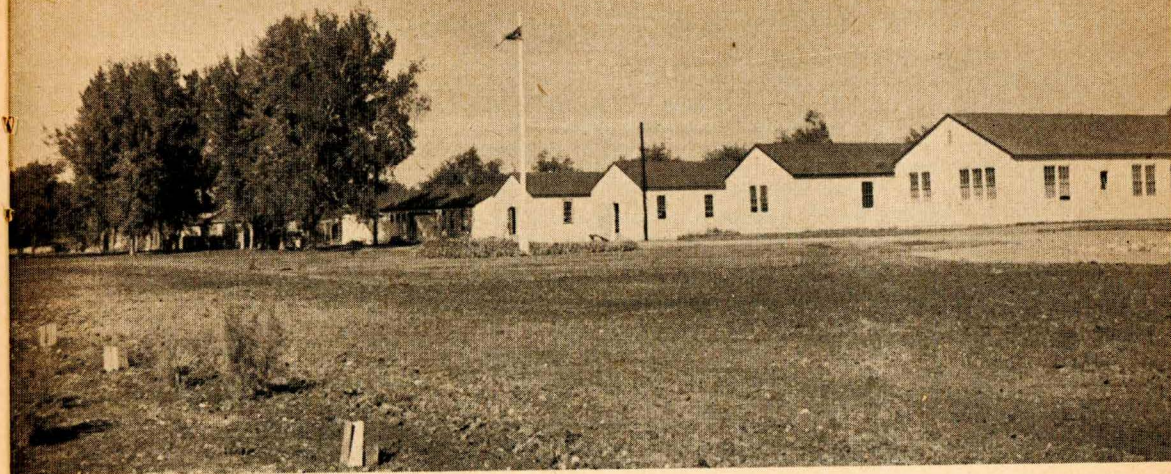
Cystoscopic examination was performed three times.

Streptomycin, as we understand it better, is playing an ever greater role in the therapy of tuberculosis. One-hundred and ninety-nine courses, using 5,381 grams of streptomycin, were given. Our scale of dosage has been one-half a gram daily for six weeks. We have found this to be effective enough to warrant no change. Slightly longer courses with the dosage of one gram per day were used as operative barriers. In meningeal tuberculosis, those patients who have lived received one-half a gram daily for from four to six months with about 80 intrathecal doses of 100 milligrams given during the course. We have three tuberculous meningitis patients living, one after 19 months, one 14, and the remaining one seven months after the diagnosis. Streptomycin has been useful in non-pulmonary tuberculosis, especially where sinuses exist. It is of special value in the treatment of exudative forms of pulmonary tuberculosis.

Para-amino-salicylic acid was used in a series of 10 patients with strains of tubercle bacilli highly resistant to streptomycin. I think that with increasing knowledge, this drug will play an important part in tuberculosis therapy.

There is no indication yet that these chemotherapeutic and antibiotic agents will replace the conventional methods of treatment, including surgery.

The dental health of the patients has been looked after by Dr. B. Claman, the Indian Health Services dentist. He has allocated four days per month to this institution. His report is appended.



Part of Brandon Sanatorium.

LABORATORY

Miss L. Delamater, R.T., whilst training her own assistants, carried out 10,450 laboratory examinations. In an effort to find a method less cumbersome than the examination of the fasting gastric contents, she and Dr. M. Duggan carried out investigation of the relative value of the culture from the fasting gastric contents versus the laryngeal swab. The result of this investigation was published in the Journal of the Canadian Medical Association in January of 1950. A considerable portion of the cultural work was in estimating streptomycin sensitivities.

Here we would like to thank Dr. G. B. Elliott and the Laboratory staff at the Brandon Hospital for Mental Diseases for the interest they have shown in our Laboratory during the past year. Miss Delamater's report is appended.

X-RAY DEPARTMENT

Mr. H. Gibson, R.T., with one assistant, carried out 3,329 radiographic examinations and 7,144 fluoroscopic examinations. His Department supervised 2,303 ultra-violet light treatments of 35 patients.

It is continually being brought to our attention that the radiographic equipment in use is proving inadequate for the volume of work that has to be done.

OUT-PATIENTS

In conjunction with Miss F. Hicks of the Brandon Health Unit, the weekly out-patients clinic reports show that 973 patients were examined. These consisted of doctor's referrals, Survey follow-ups, re-checks of known tuberculosis, and tuberculosis contacts. Thirteen new discoveries were made, 11 being white and two Indian. The work included a Survey of the Public and High School teachers of the city of Brandon and of the inmates of the Brandon Gaol. A survey was made of the tuberculosis patients in the Brandon Hospital for Mental Diseases with regard to the use of streptomycin there.

Four hundred and sixty-six pneumothorax refills and two courses of streptomycin were given to out-patients.

INSTRUCTION

There was a continued development of interest in the handicrafts, including knitting, weaving, crocheting, embroidery, leathercraft, basketry, and beadwork. In the academic field, 37 were enrolled in the primary grades, 37 in the elementary, and 17 in the junior. Classes in music and art appreciation were regularly held.

STAFF

We have been relatively well-off in the procuring of nursing staff. The services of other categories of employees were readily obtained.

Early in the year, Dr. S. L. Carey was transferred to the Preventive Service in Winnipeg. Dr. M. Duggan left employment here for general practice. They were replaced by Dr. Kelly Chu and Dr. Ger Au Chan, graduates of Chinese Universities, who have given us excellent service since coming on staff.

The Purchasing Agent, Mr. L. V. Hart, was succeeded by Mr. G. R. Gowing. I would like to bring to the attention of the Board the loyalty and co-operation of the entire staff of Brandon Sanatorium in the past year.

MAINTENANCE

On January 15th, 1949, Mr. R. Newman became the Chief Engineer. Under his guidance, the plant has functioned well.

After the re-designing of the Commissariat Wing, including placing a basement under it, we found ourselves with sufficient storage space for the first time. A further large ward was broken down into more suitably sized nursing units. The Kitchen was re-designed, new steam and electric equipment being installed to replace the coal-burning stoves. The Engineers Shop was transferred away from the main Hospital building. A new incinerator was installed.

The work on the grounds continued with the further planting of trees, shrubbery, and grass. Considerable improvement in the appearance was effected by hard surfacing much of the roadways within the Hospital area. Our thanks are again due Mr. A. J. Tinline for his continued interest in the landscaping of the grounds.

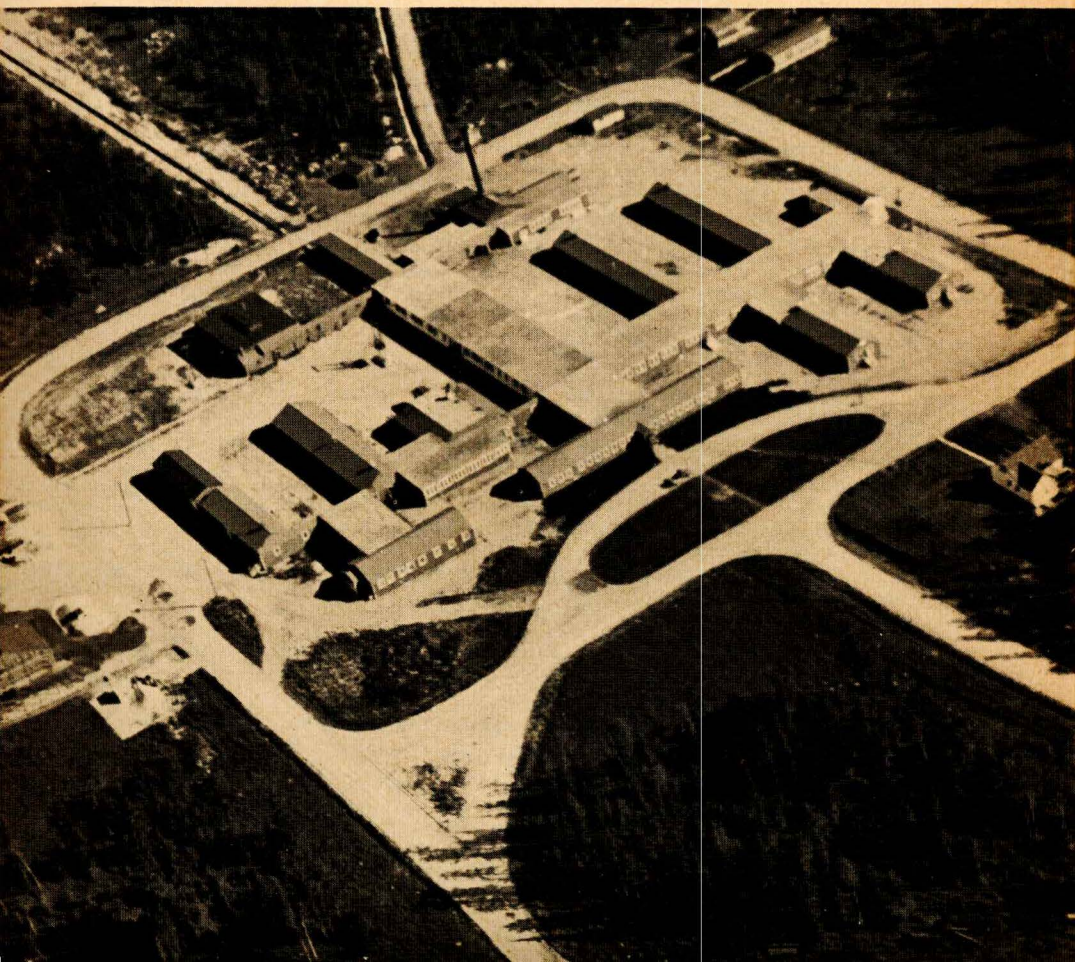
APPRECIATION

There is appended a list of people who rendered gifts or services to the Sanatorium. In conclusion, I would like especially to mention the work done by the Ladies' Auxiliary of the Associated Canadian Travellers, whose work here is continual. I would like to thank Dr. W. J. Wood and his staff for their excellent co-operation.

I would like to thank the medical staff of the Brandon Hospital for Mental Diseases for their assistance with psychiatric problems that have arisen here.

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

Clearwater Lake Sanatorium, from the air.



CLEARWATER LAKE SANATORIUM

IN 1949, for the first time Clearwater Lake Sanatorium operated at capacity of 150 beds. Very rarely during the year were any beds empty, and on many occasions, particularly following the summer's clinics, there were as many as 160 patients in residence. For the first time this year it has been possible to follow up energetically the case-finding programme on the reserves, and there have been many admissions for investigation as well as for actual treatment of tuberculosis.

Since this hospital serves as a diagnostic centre for all respiratory diseases as well as a sanatorium for treatment we were heavily overcrowded during the late winter months when an outbreak of virus pneumonia of unusual severity swept the North. Many of the more severe cases, particularly Treaty Indians, were admitted to this hospital. Many others were seen in consultation.

ADMISSIONS

The trend of admissions generally is unchanged compared to previous years. One hundred and ten new cases of tuberculosis were admitted. This year the percentage of early minimal tuberculosis was 17%, while moderately and far advanced were each 29%; 86% of the pulmonary cases had positive sputum. Undoubtedly the prompt removal of these infectious cases from the reserves, which was impossible previous to the opening of this sanatorium, will shortly begin to tell on the number requiring treatment. There is already some indication that this trend is starting.

TREATMENT

During the year treatment has been as in previous years. More streptomycin has been used than formerly and in general the effect has been beneficial. We now feel quite sure that its use definitely shortens the period of hospitalization, particularly for glandular and bone and joint tuberculosis.

Pneumothorax and pneumoperitoneum were given in almost a 1.1 ratio. Much more extensive use of bronchoscopy, both for diagnosis and treatment, has been a distinct addition to the medical service.

It has been a source of great regret that major chest surgery could not be undertaken during the year. We had planned on a start being made in September. Unfortunately, the scarcity of medical and nursing staff still makes this impossible.

With the expansion in bed capacity both laboratory and X-ray departments have been kept busy. The laboratory handled over 4,800 examinations. All of these were the work of one technician, Mrs. Carpick.

The X-ray department undertook over 9,700 examinations, about 60% more than in 1948. Norway House area, as well as our own territory, was covered by the X-ray diagnostic unit of this hospital. Once again this important service was under the charge of Mr. Samolesky. Although almost 2½ times as many Treaty Indians were filmed as in previous years, the unit functioned very smoothly. A much greater degree of co-operation and skill in organizing the work resulted from Mr. Law's and Dr. Yule's efforts, and their co-operation was a major factor in the successful completion of this large task. It is gratefully acknowledged.

MAINTENANCE

During the year the construction of a doctor's house was undertaken. The chapels were completed, in addition to the usual maintenance necessary in an establishment as extensive as this Sanatorium. The Chief Engineer, Mr. Johnson, supervised this work and I wish to thank him for his unfailing skill and energy.

Mr. Christianson's duties have increased with the larger bed capacity of the Sanatorium, and were intensified by the unfortunate illness of his chief assistant, Mr. Dubinsky. Most of the taxing detail of the Sanatorium falls on Mr. Christianson and is handled with great efficiency.

Miss J. E. Turnbull carried out her duties as matron most efficiently and with cheerfulness undiminished by lack of adequate skilled nursing staff. Miss Joyce in charge of the operating room is the only other registered nurse on our staff. And their efforts to maintain nursing standards border on the miraculous.

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

ST. BONIFACE SANATORIUM

ST. Boniface Sanatorium contributes 280 beds to the anti-tuberculosis campaign in this province.

HIGH LIGHTS

A total of 96,580 hospital patient days were recorded in 1949. This is an all-time high for our institution. The two previous years registered 94,596 in 1948, and 92,246 in 1947.

Two other Sanatorium records were established during the year: a new low for deaths—12.9% of all discharges; and a new high with regard to operating costs. Income amounted to \$329,557, total expenses amounted to \$417,269, with a resulting deficit with depreciation of \$87,712. A balance sheet is attached.

ADMISSIONS AND DISCHARGES

Total admissions were 237 and total discharges were 232. One hundred and seventy cases were treated and discharged. Of these, 51.2% were arrested; 25.3% were quiescent; 5.9% were active; and 16.5% dead.

There were 34 non-pulmonary tuberculosis cases treated, all of which were improved or cured. Tuberculous complications requiring treatment totalled 118. This figure does not represent the number of individuals, as many patients received treatment for two or more lesions.

Duration of treatment for patients actually admitted and retained for treatment of tuberculosis was 467.13 days, or 15½ months.

STAFF

Medical Staff consisted of four full-time doctors and one under-graduate interne, the latter on a monthly rotating service from St. Boniface Hospital.

The honorary attending Medical Consultants are listed elsewhere. We wish to thank them all for services rendered and to specially mention Doctors A. C. Abbott and D. S. McEwen, who have given extra time during the year.

The number of Nurses available improved slightly during the year 1949. The majority of our Practical Nurses have been trained by the St. Boniface School for Practical Nurses. Registered Nurses, except when a Sister has this special training, have been conspicuous by their absence.

I feel that the time has come that all Nurses enrolled in Nurses Training Schools should be required to fulfil the law and receive instruction in the care of the tuberculous. I recently had a request for special nurses by a man whose father was ill in a General Hospital. He stated that their special nurse, upon hearing that the patient had an associated tuberculosis, immediately left the case.

TREATMENT

On Dec. 17, 1948, Streptomycin was supplied free to all Manitoba Sanatoria. The year 1949 is, therefore, the first full year when Streptomycin has been freely available to all in-door patients. Three hundred and two individuals received this form of treatment and a total of 6,502½ grams were used.

In some instances the results were striking. The Medical Staff is unanimous in the belief that some benefit was derived in all cases in which the drug was administered and that this form of therapy in tuberculosis is proving the greatest single advance in the last 20 years.

There were 3,782 pneumothorax refills given during the year and 15 patients had adhesions severed. There were 93 major operations performed.

In the Out-Patient Department 622 re-examinations of patients were carried out, 150 contacts were examined and of these 16 had significant findings and four required Sanatorium treatment. There were 106 patients enrolled for pneumothorax treatment, and 2,271 refills were given, an average of 47.3 refills per week. Fluoroscopic examinations totalled 2,319; 144 large films were taken and 672—4 inch by 5 inch. Total, 786.

Laboratory tests are carried out as routine every three months on both In and Out Patients. Special tests are carried out on Medical order as required. Laboratory procedures totalled 6,886. A break-down of these is given in the Statistical report.

X-ray Department serves both the In and Out Patients. It is well equipped for all forms of diagnostic examinations. The new Photofluorographic Unit, made possible by the Federal Health Grant and the Sanatorium Board of Manitoba, has been in operation during the year. It has proved a valuable addition to the Department.

B.C.G. vaccination is done on all unavoidably exposed personnel who have negative tuberculin reactions. We are pleased with the results obtained and intend to continue this form of vaccination.



St. Boniface Sanatorium—Main Entrance.

Occupational Therapy: Operating a Sanatorium would be a simple matter if patients could be filed away and forgotten. But, because this is neither possible nor desirable, they require and even demand that their time be occupied. The solution to this problem has been the gradual development of Occupational Therapy, Rehabilitation Departments, and a Sanatorium School in the Main and Children's Building. Visitors, and even the radio, when used properly, help the patients pass their time profitably. Discipline within the Sanatorium has improved due to the smooth functioning of these departments.

The Children's Building is a three-storey structure adjacent to the Sanatorium proper. It is a fully equipped independent unit, complete with a Sanatorium School and a full-time teacher. Thirty-one children are enrolled in school and are continuing their education although temporarily handicapped. Twenty other children are receiving treatment for tuberculosis, but as yet are not well enough for school instruction. An Occupational Therapist is in attendance, devoting all her time to the children. The St. Boniface Kiwanis Club have made the project possible.

TEACHING OF MEDICAL STUDENTS

This year again, as in the past, three hours weekly are set aside for the teaching of Medical Students. Physical examination of the chest is particularly stressed. The students report that this is a very valuable part of their training.

During the summer vacation and the Christmas holidays, 29 students came to the Sanatorium for the required two weeks practical application and observation.

APPRECIATION

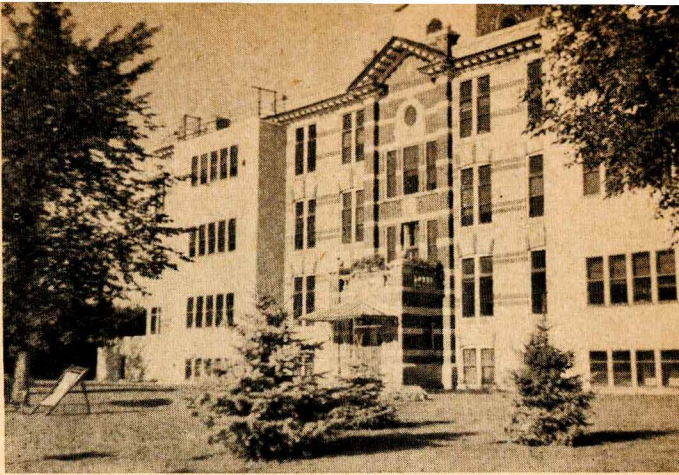
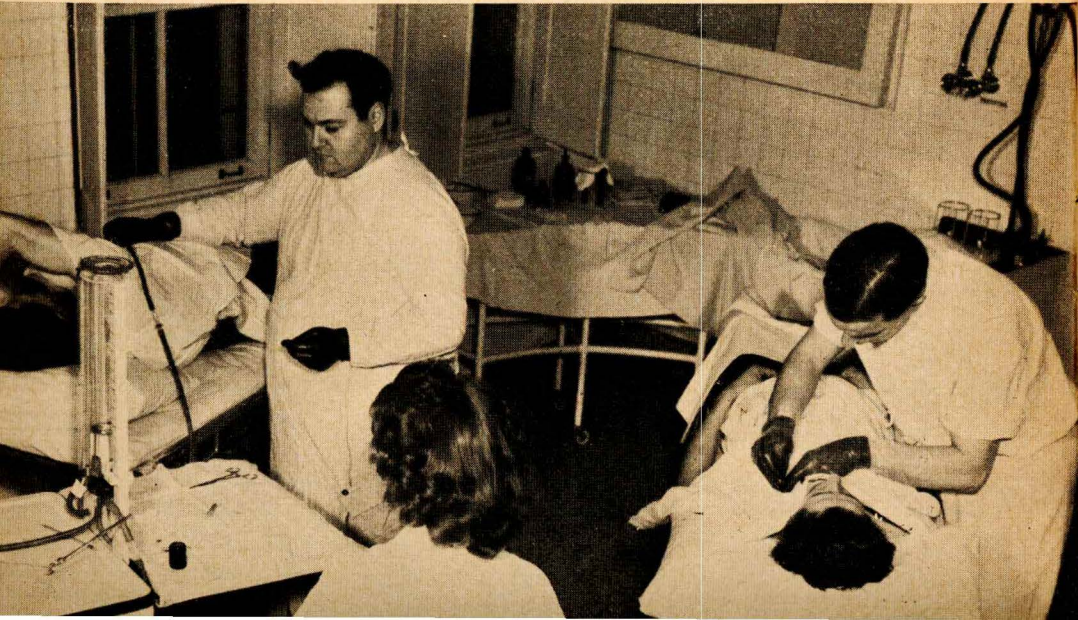
This year, as in the past, the co-operation between the various Anti-Tuberculosis organizations has been excellent. We wish to thank the Medical Superintendents and Staff of all Sanatorium Board operated institutions, and Dr. J. L. Downey and his Staff for their help on various occasions. The Health Departments of the Province and Cities have been most co-operative. Miss E. J. Wilson and her Staff at the Central Registry have been most helpful. All this is appreciated.

As Medical Director, I am grateful to members of our department and Miss Arlie Eyres, who has fulfilled the difficult position of Medical Secretary.

Finally I wish to thank the Sisters and Nurses who worked so hard during the year.

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 year 1949 was our busiest year in regard to treatment of tuberculosis. Not only were there more patient treatment days but all phases of general management of tuberculosis were intensified and extended. More and more we are appreciating the benefits accruing from our rehabilitation plan.

ADMISSIONS

At the beginning of the year, 149 tuberculous patients were in hospital under treatment. At the end of the year there remained 157 patients. All these were tuberculous but one. Throughout 1949, 156 patients were admitted, all but four being tuberculous. The extent of disease on admission was predominantly Far Advanced or Moderately Advanced, and 99 of these had a positive sputum. (80% of pulmonary cases).

A large majority of the patients admitted were residents of the City of Winnipeg, 24 patients came from the Department of Veterans Affairs. The small remainder came from unorganized territory or from out of the Province. This distribution of origination is identical with 1948. Other details of 1949 admissions may be seen in the Statistical Classification appended.

TREATMENT

A total of 56,855 treatment days occurred in 1949. This is an increase of over 3,000 patient days compared with last year.

The total of pneumothorax refills given is 3,185, slightly decreased from last year. However, the total number of pneumoperitoneum refills, 1,064, is nearly three times the number given in 1948. Seven Phrenic Nerve operations were done compared to two in 1948. The 42 thoracoplasty stages are more than double the 20 done last year. There were no pulmonary resections done but two are slated for early in the coming year.

Throughout the year, when the demands from the Poliomyelitis cases were not too great, good use was made of our physiotherapy department. More and more use of this type of therapy is being made in the pre- and post-operative thoracoplasty cases. Even bed rest may be improved by controlled physiotherapy.

As Streptomycin became more available it was used on more cases. A total of 87 patients were started on this antibiotic. Total number of grams used throughout the year was 3,747.

Towards the end of the year P.A.S. became available and two patients started on this treatment with gratifying results. It is reported that the trend in Eastern Canada, particularly Ontario, is towards the utilization of a combination of Streptomycin and P.A.S. If, as indicated, smaller dosage of P.A.S. may be effectual this combination would be the ideal method, as undoubtedly a number of our patients become Streptomycin-resistant before maximum benefit has been received.

DISCHARGES

Details of the 148 patients discharged may be found in the appended classification.

The average of treatment days for tuberculous patients was 361.2 days. This is slightly down from last year, but neither figure gives an accurate picture, as many patients were transferred from other sanatoria and this figure comprises only part of their total treatment days. Roughly 70% of these had received some form of active treatment during their period of hospitalization, (excluding Streptomycin therapy and physiotherapy).

There were again 13 cases discharged against medical advice. Eight of these were bacillary and as such became a Public Health problem. Ultimately, three were re-admitted to other sanatoria. Three were from other provinces, were immediately returned to their respective provinces, and became the responsibility of the Public Health Department there. The other two cases have gone to farms in the country and have satisfied the Provincial Health Department that there are no children and that they are not too great a menace.

Autopsies were completed and recorded on roughly 60% of the deaths.

STAFF

The Medical Staff is barely adequate and there is little or no time available for study, investigation, research or writing.

The Nursing Division, although somewhat short handed, has done and is doing a wonderful job.

GENERAL

Clinical Conferences are held on the first Tuesday of each month. It is interesting to note that practically all cases operated on throughout the year were discussed at one time or another at these meetings.

Open ward rounds are held at 8.30 a.m. every Friday.

APPRECIATION

Genuine appreciation is expressed for the conscientious work and loyalty of our staff in all the various Departments and to our Consulting Staff.

May I again express my personal thanks and those of the Municipal Hospitals for the fine co-operation that exists between the Sanatorium Board of Manitoba, St. Boniface Sanatorium and other urban hospitals, City and Provincial Departments of Health as well as the assistance received from the Department of Veterans Affairs and the Medical College of the University of Manitoba.

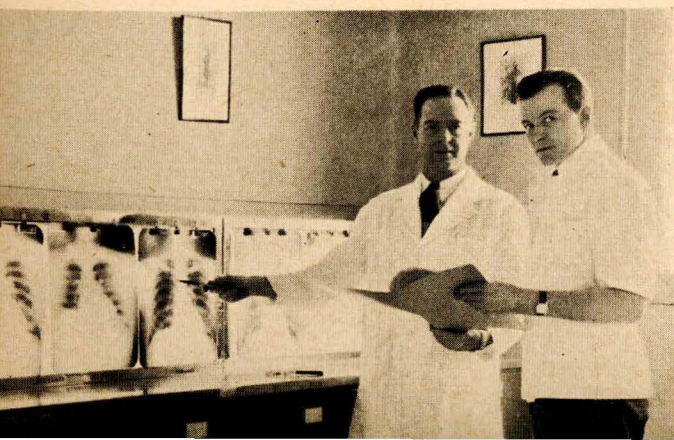
Respectfully submitted,

J. L. DOWNEY, M.D.,

Medical Superintendent,

Winnipeg Municipal Hospitals.

To measure the patient's progress, chest X-rays are taken at regular intervals during treatment in sanatorium. Here Dr. J. L. Downey (left) and his assistant review a patient's X-ray record.



Re-Employment

REPORT OF REHABILITATION DIVISION

AS in past years, facilities of the Rehabilitation Division of the Sanatorium Board have been used for the benefit of all tuberculous patients in the province; mainly those in Manitoba Sanatorium, St. Boniface Sanatorium, the King Edward and King George Municipal Hospitals, and the Central Tuberculosis Clinic. As well, facilities of the central office continued to be used by many ex-patients needing help with problems concerning training, re-employment, and general welfare.

The procedure of the program remained much the same as originally set up in 1941, except for very minor changes. It is three-fold in nature as follows:

1. Vocational Guidance—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 teachers; post-sanatorium, in established training centres.
3. Placement Guidance—with the assistance of the National Employment Service and by direct referral.

IN-SANATORIUM TRAINING

We were able this year to increase the rehabilitation staff with a view to offering a more complete program for patients in sanatorium. These appointments in all cases have been indeed fortunate, and the training and occupational therapy programs in general have developed considerably as a result.

For the first time, we were able to employ a full-time worker for the King Edward Memorial Hospital. Miss Gladys Motheral was appointed to carry out combined duties there as Teacher and Occupational Therapist, and excellent facilities have been placed at her disposal. Her report indicates briefly:

Patients enrolled in academic and vocational courses 41.

Patients given assistance and instruction in handicraft 144.

Among those enrolled in academic study are 14 Eskimos who are receiving treatment for poliomyelitis in the King George Hospital. They are being taught English lessons for one hour each day.

Instruction in handicraft included knitting, petit point, weaving, punch work, felt work, leather work, smocking, dressmaking and pastel work.

At St. Boniface Sanatorium, the appointment in May of Miss Minnie Karasiewicz to the position of Institutional Teacher has been responsible for a marked increase in the interest and activity of patients there in academic and vocational study. She reports for the seven month period:

Patients enrolled in academic and vocational courses..... 57

Total subjects studied by above students..... 107

The amount of work being done in St. Boniface Sanatorium is increasing and should develop steadily during the coming year.

Occupational Therapy continued to be carried on successfully under the direction of Miss Eva Swatland.

At the Manitoba Sanatorium Miss Margaret Busch, who has served as Institutional Teacher for the past three years continues to make a splendid contribution to the rehabilitation program. Her work has been greatly helped by the provision of new teaching facilities in the East Infirmary. Miss Busch reports:

Patients enrolled in academic courses..... 83

Patients enrolled in vocational courses..... 52

Total..... 135

Units of study work completed..... 198

Students promoted to another grade..... 38

Current enrollment on Dec. 31, 1949..... 63

Mrs. Alice Carragher was appointed in August to the Manitoba Sanatorium as Occupational Therapist. This is a new department in the Manitoba Sanatorium and will take some time to get thoroughly organized. One of the major accomplishments to date has been the establishment of a craft supply depot. She reports:

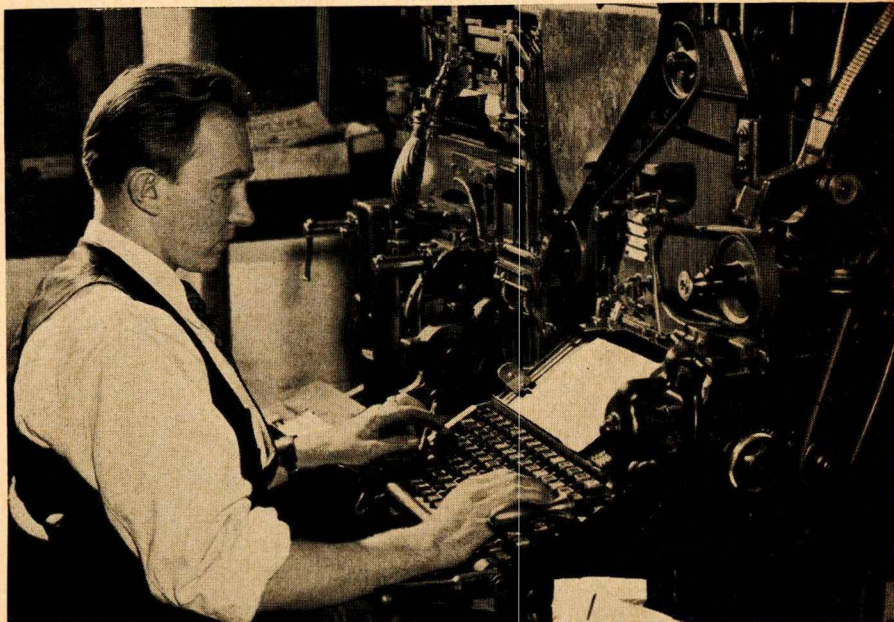
Patients engaged in handicraft 120.

In addition to occupational therapy Mrs. Carragher has undertaken to act as Director of Recreation for staff activities. Considerable progress has been made towards the establishment of a varied recreational program, which includes dances, game nights, picture shows, art and music appreciation, sketch club, hobby club,

A teacher giving bedside lessons in Sanatorium.



Discharged from Sanatorium in 1943, this young man has worked steadily at his trade of linotype operator ever since.



and many other interesting activities. Her work along this line will be helped by the completion of the recreational building next year.

In all, excellent progress has been made towards rounding out the program of the Rehabilitation Division in all institutions.

POST-SANATORIUM TRAINING

Through the year, good use was made of the facilities of the Department of Education's Manitoba Technical Institute located in the former Ford Plant on Portage Avenue. The vocational courses, which were used by a number of ex-patients are available free of charge. Some patients, however, present a problem in so far as maintenance is concerned.

Training is the key to a successful rehabilitation program and the necessity of finding means to finance maintenance of ex-patients during training is one of the major problems facing us. We have managed so far by diverse methods to make arrangements in most cases, but the need for more and better training is steadily increasing. A straight-forward scheme which will make such training available to all ex-patients meeting required qualifications is needed.

We continue to be indebted to the Department of Education—to the Technical Branch, under Mr. L. S. Smith, Inspector, for assistance with vocational courses being taken by correspondence; and to the Correspondence Branch under Mr. C. J. Hutchings, Director, who has given us splendid help for several years.

PLACEMENT

There is very little unemployment among ex-patients who are classified as fit to work, although it is occasionally taking longer to secure suitable employment, particularly for those having no special skills or qualifications.

Placement is closely related to the problem of securing special training. With special training for a physically suitable job, ex-patients can have reasonable assurance of satisfactory employment.

Miss B. Hutchings, of the Special Placements Division of the National Employment Office, has been most helpful to us once again. Over the past three years she has devoted a great deal of time and skill to assisting our female ex-patients to obtain suitable work. Her efforts are indeed appreciated.

GENERAL

Of considerable interest was a week-long display in The Hudson's Bay Company Retail Store during November, which filled five large show windows on The Mall side of the store. Besides featuring the Christmas Seal Sale it told the story of tuberculosis control in Manitoba. It was arranged under three main headings: Prevention, Treatment, and Rehabilitation. Three of the windows were filled with handicraft articles made by patients in all the sanatoria in Manitoba.

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 1948. News reports are received from all of the institutions for the care of tuberculosis patients in Manitoba.

In June, the Rehabilitation officer attended the regional convention of the National Rehabilitation Association in Omaha, Nebraska. Although on a smaller scale than the national convention attended the previous year it was still very worthwhile.

We were happy to work with the regional employment officers of the Department of Labor regarding some of the Polish veterans who originally took treatment in Brandon Sanatorium. As a result of our combined efforts, eight of these boys are now taking technical training at the Manitoba Technical Institute. When their course is completed it is hoped the matter of their employment will be relatively easy.

Mr. R. St. J. Terrett, newly appointed Rehabilitation Officer for the Ontario Department of Health, Tuberculosis Control Division, spent a week with us recently, observing the procedure followed in our Rehabilitation Division. Active interest in rehabilitation continues to develop throughout Canada, several provinces now having Rehabilitation Officers.

An invitation has been received to attend a conference to consider general rehabilitation problems on a national scale. This conference will be called by the Minister of Labor, The Honorable Mr. Mitchell, and will be held in Ottawa.

In conclusion, may I take this opportunity of extending my gratitude to all those who have contributed to the work of this Division of the Sanatorium Board. A program of this nature is only successful to the degree that co-operation and assistance is forthcoming from the medical staff of the institutions. To Dr. Paine, Dr. Sinclair, Dr. Downey, Dr. Scott, their assistants, and the many others helping in this work I should like to extend my sincere thanks.

Respectfully submitted,
S. C. SPARLING,
Rehabilitation Officer.

Records

CENTRAL TUBERCULOSIS REGISTRY

| | Whites | | Reported as Indians | | Eskimos | |
|---|--------------|--------------|------------------------|--------------|-----------|-----------|
| | 1948 | 1949 | 1948 | 1949 | 1948 | 1949 |
| Patients on File, Dec. 31 | 4,061 | 4,145 | 1,508 | 1,557 | 17 | 28 |
| Primary type..... | 136 | 112 | 330 | 343 | 1 | 2 |
| Re-infection type..... | 3,925 | 4,033 | 1,178 | 1,214 | 16 | 26 |
| Patients at Home | | | | | | |
| Active pulmonary tuberculosis..... | 161 | 172 | 130 | 129 | | |
| Of these, known to be bacillary..... | 42 | 50 | 7 | 7 | | |
| New Cases diagnosed in Manitoba, | | | | | | |
| Jan. 1—Dec. 31..... | 858 | 693 | 628 | 483 | 4 | 5 |
| Primary type..... | 76 | 47 | 181 | 167 | | 1 |
| Re-infection type..... | 782 | 646 | 447 | 316 | 4 | 4 |
| Of These New Active Cases—Classified | 496 | 427 | 535 | 402 | 4 | 5 |
| Primary type..... | 76 | 47 | 181 | 167 | | 1 |
| Re-infection type..... | | | | | | |
| Minimal..... | 114 | 117 | 102 | 90 | | 2 |
| Moderately advanced..... | 94 | 76 | 60 | 41 | | |
| Far advanced..... | 74 | 81 | 71 | 37 | 3 | 2 |
| Pulmonary tuberculosis, extent not stated..... | 29 | 22 | 49 | 15 | | |
| Tuberculous pleurisy..... | 59 | 34 | 8 | 19 | | |
| Non-pulmonary tuberculosis..... | 50 | 50 | 64 | 33 | 1 | |
| New Diagnoses admitted to Sanatoria... | 282 | 260 | 197 | 144 | 3 | 5 |

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

| | Whites | Indians |
|--|----------------|---------------|
| Examinations at all clinics and surveys, Jan. 1—Dec. 31, 1949 | 226,789 | 16,479 |
| Stationary Clinics..... | 10,564 | 72 |
| Travelling Clinics..... | 4,477 | 38 |
| Surveys—in Manitoba..... | 211,632 | 11,281 |
| —outside Manitoba (Sanatorium Board)..... | 116 | 5,088 |
| New Cases of tuberculosis diagnosed at Clinics and Surveys | 547 | 339 |
| Stationary Clinics..... | 186 | 13 |
| Travelling Clinics..... | 49 | 2 |
| Surveys—Manitoba..... | 312 | 324 |
| Of these, new cases of Primary Infection Type | 44 | 142 |
| Stationary Clinics..... | 10 | 1 |
| Travelling Clinics..... | 13 | 0 |
| Surveys—Manitoba..... | 21 | 141 |
| New Cases of Re-infection Type | 503 | 197 |
| Stationary Clinics..... | 176 | 12 |
| Travelling Clinics..... | 36 | 2 |
| Surveys..... | 291 | 183 |
| Contacts Examined at clinics | 5,843 | 39 |
| Stationary Clinics..... | 3,536 | 18 |
| Travelling Clinics..... | 2,307 | 21 |
| Old Tuberculous Patients Reviewed | 5,080 | 291 |
| Stationary Clinics..... | 3,722 | 16 |
| Travelling Clinics..... | 667 | 17 |
| Surveys—Manitoba..... | 691 | 258 |

Pneumothorax Treatments given at all stationary clinics7,534

INSTITUTIONAL STATISTICS

| | Whites | | Treaty Indians | | Eskimos | |
|--|------------|------------|-------------------|------------|----------|----------|
| | 1948 | 1949 | 1948 | 1949 | 1948 | 1949 |
| PATIENTS IN SANATORIA | | | | | | |
| as at December 31..... | 694 | 701 | 378 | 447 | 6 | 9 |
| PATIENTS ADMITTED to Sanatoria | | | | | | |
| Jan. 1 to Dec. 31..... | 858 | 851 | 386 | 410 | 6 | 6 |
| Tuberculous patients admitted..... | 784 | 769 | 315 | 306 | 3 | 5 |
| First Admissions: | 376 | 346 | 261 | 252 | 3 | 5 |
| Primary type..... | 6 | 5 | 16 | 26 | | 1 |
| Re-infection type: | | | | | | |
| Minimal..... | 109 | 102 | 74 | 69 | | 1 |
| Moderately advanced..... | 101 | 89 | 52 | 60 | | 1 |
| Far advanced..... | 97 | 92 | 71 | 58 | | 2 |
| Tuberculous pleurisy..... | 38 | 28 | 7 | 13 | | |
| Non-pulmonary tuberculosis..... | 25 | 30 | 41 | 26 | | |
| Re-admissions: | 282 | 305 | 54 | 54 | | |
| Primary type..... | | 1 | | 1 | | |
| Re-infection type: | | | | | | |
| Minimal..... | 30 | 44 | 22 | 11 | | |
| Moderately advanced..... | 106 | 103 | 8 | 16 | | |
| Far advanced..... | 130 | 127 | 11 | 13 | | |
| Tuberculous pleurisy..... | 4 | 5 | 1 | 1 | | |
| Non-pulmonary tuberculosis..... | 12 | 25 | 12 | 12 | | |
| Patients admitted for review | 126 | 118 | | | | |
| TUBERCULOUS PATIENTS TRANSFERRED | | | | | | |
| within Manitoba..... | 277 | 274 | 60 | 55 | | 1 |
| PATIENTS DISCHARGED from Sanatoria | | | | | | |
| Jan. 1 to Dec. 31..... | 868 | 844 | 280 | 345 | 1 | 3 |
| Tuberculous patients discharged: | 796 | 756 | 225 | 257 | 1 | 2 |
| Discharged after review..... | 126 | 118 | | | | |
| Discharged with arrested tuberculosis..... | 48 | 52 | 24 | 70 | 1 | |
| Discharged with apparently arrested tuberculosis..... | 174 | 203 | 26 | 35 | | |
| Discharged with quiescent tuberculosis..... | 151 | 161 | 38 | 41 | | |
| Discharged with improved tuberculosis..... | 113 | 105 | 55 | 28 | | |
| Discharged with unimproved tuberculosis..... | 80 | 55 | 14 | 13 | | |
| Discharged dead..... | 104 | 62 | 68 | 70 | | 2 |
| Discharged against medical advice | 55 | 52 | 9 | 9 | | |

BALANCE SHEET as at

CENTRAL TUBERCULOSIS CLINIC, MANITOBA

ASSETS

| Land, Buildings, Plant and Equipment | Cost | Depreciation Reserve | Book Value | |
|--|--------------|------------------------|-----------------------------------|--------------|
| Land and Improvements | \$ 10,852.71 | — | \$ 10,852.71 | |
| Buildings | 564,833.85 | \$484,837.46 | 79,996.39 | |
| Plant and Machinery, Heating, Lighting, Water and Sewage | 133,317.91 | 85,724.72 | 47,593.19 | |
| Furniture and Equipment | 70,182.76 | 59,409.92 | 10,772.84 | |
| Furnishings and Miscellaneous Equipment | 18,187.64 | 16,117.90 | 2,069.74 | |
| Automobiles | 3,720.27 | 2,218.17 | 1,502.10 | |
| Horses, Harness, etc. | 1,572.39 | 1,572.39 | — | |
| Spur Track | 700.85 | 700.85 | — | |
| Fire Equipment | 3,911.82 | 3,911.82 | — | |
| Fire Protection Reservoir | 12,304.27 | 2,706.92 | 9,597.35 | |
| | \$819,584.47 | \$657,200.15 | \$162,384.32 | |
| Laundry Equipment (in progress) | 8,660.40 | — | 8,660.40 | |
| Furniture and Equipment — Central Tuberculosis Clinic | 780.90 | 65.70 | 715.20 | |
| | \$829,025.77 | \$657,265.85 | | \$171,759.92 |
| | | Manitoba Sanatorium | Central Tuberculosis Clinic | |
| Cash on Hand | | | | |
| Petty Cash | \$ 1,500.00 | \$ 75.00 | | |
| Payroll Account | — | 241.49 | | |
| | \$ 1,500.00 | \$ 316.49 | | 1,816.49 |
| Bank of Montreal Central Tuberculosis Clinic Account—Winnipeg | | | | 5,619.25 |
| Accounts Receivable | | | | |
| Municipalities, etc., Treatment | \$ 16,403.40 | \$ 3,589.65 | | |
| Provincial Government—Municipal Levy | 30,633.08 | 3,953.97 | | |
| —Per Capita Grant (1948) | — | 5,570.21 | | |
| Miscellaneous | 1,254.93 | 43.40 | | |
| Payroll Advances | 204.00 | 135.92 | | |
| Brandon Sanatorium | 243.10 | 443.59 | | |
| Clearwater Lake Sanatorium | — | 316.22 | | |
| Dynevior Indian Hospital | 2.86 | 115.05 | | |
| Endowment Fund No. 2 | 1.39 | 9,080.55 | | |
| National Health Grant | 1,023.65 | 1,184.73 | | |
| | \$ 49,766.41 | \$ 24,433.29 | | 74,199.70 |
| General Account | | | | |
| National Health Grant | \$ 8,613.77 | | | |
| Provincial Government—Municipal Levy | 26,687.15 | | | |
| Clearwater Lake Sanatorium—Municipal Levy | 22.06 | | | |
| King Edward Hospital—Municipal Levy | 108.17 | | | |
| | | | | 35,431.15 |
| 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. 2 | \$ 42,197.71 | \$ 2,976.16 | | |
| Deferred Charges | 6,383.99 | 385.53 | | |
| Accountable Film Supplies | — | 4,328.65 | | |
| Accountable Streptomycin Supplies | — | 1,022.00 | | |
| | \$ 48,581.70 | \$ 8,712.34 | | 57,294.04 |
| | | | | \$346,122.55 |
| Endowment Fund No. 1 | | | | |
| Bank of Montreal, Winnipeg | \$ 716.10 | | | |
| Investments at par, as per Schedule No. 6 | 85,000.00 | | | |
| Accrued Interest on Bonds | 749.11 | | | 86,465.21 |
| Endowment Fund No. 2 | | | | |
| Bank of Montreal, Winnipeg | \$ 28,237.55 | | | |
| 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 | 176.86 | | | |
| Accounts Receivable, Sundry | 8,153.37 | | | |
| Inventories and Deferred Charges | 1,993.67 | | | |
| Vehicles and Mobile Unit | \$ 22,899.60 | | | |
| X-ray and similar Equipment | 39,533.78 | | | |
| Furniture and other Equipment | 7,841.93 | | | |
| | \$ 70,275.31 | | | |
| Less Reserve for Depreciation | 59,966.84 | 10,308.47 | | |
| Contributed Capital Assets—National Health Grant (in General Hospitals) | \$ 32,404.95 | | | |
| Less Reserve for Depreciation | 10,801.65 | 21,603.30 | | 128,501.42 |
| Employees' Emergency Fund No. 1 | | | | |
| Bank of Montreal, Winnipeg | \$ 1,178.02 | | | |
| Investments at par, per Schedule No. 6 | 19,000.00 | | | |
| Accrued Interest on Bonds | 152.35 | | | 20,330.37 |
| Employees' Emergency Fund No. 2 | | | | |

31st DECEMBER, 1949

SANATORIUM, AND GENERAL FUNDS

LIABILITIES

| | | | |
|--|------------------------|-----------------------------------|--------------|
| Bank of Montreal Demand Loan | | \$150,000.00 | |
| Overdraft—Manitoba Sanatorium—Belmont | | 16,737.18 | \$166,737.18 |
| | Manitoba Sanatorium | Central Tuberculosis Clinic | |
| Accounts Payable | | | |
| Trade Accounts | \$ 15,540.10 | \$ 11,434.08 | |
| Accountable Supplies | — | 5,350.65 | |
| Accrued Wages and Cost of Living Bonus | 1,615.44 | 1,201.51 | |
| Patients' Safekeeping | 165.00 | — | |
| Retirement Annuities Contributions | 1,373.52 | 1,155.88 | |
| Endowment Fund No. 2—Rehabilitation Division | 43.30 | 42.10 | |
| Women's Auxiliary R.C.N.V.R. Fund | 40.19 | — | |
| Streptomycin Reserve | 66.97 | — | |
| Ninette Reunion Trust Account | 430.74 | — | |
| Miscellaneous | 531.51 | 307.30 | |
| | \$ 19,806.77 | \$ 19,491.52 | 39,298.29 |
| Laundry Equipment Contract | | | 8,660.40 |
| General Account | | | |
| Bank of Montreal—Overdraft | \$ 8,600.73 | | |
| Brandon Sanatorium—Municipal Levy | 173.82 | | |
| St. Boniface Sanatorium—Municipal Levy | 26,656.60 | | 35,431.15 |
| Patients' Entertainment Fund | | | 1,999.28 |
| Reserve for Inventories | | | 2,896.31 |
| Capital Surplus | | | |
| Provincial Government Capital Grant | | | 41,500.00 |
| Surplus | | | |
| Balance at Credit—31st December, 1948 | \$ 30,242.85 | | |
| Contributed Capital Assets—National Health Grant | 11,814.07 | | |
| Adjustment of Maintenance Charges—Prior Years | 1,689.73 | | |
| Grant from Endowment Fund No. 1—1948 Deficit | 11,585.51 | | |
| Provincial Government—Statutory Grant | 621.16 | | |
| | \$55,953.32 | | |
| Deduct—Adjustment of Per Capita Grant Receivable, Central Tuberculosis Clinic, in accordance with legislation 22nd April, 1948 | \$ 5,000.00 | | |
| Excess of Expenditure over Revenue—per Exhibit B | 1,353.38 | 6,353.38 | 49,599.94 |
| | | | \$346,122.55 |
| Endowment Fund No. 1 | | | |
| Capital Account | | | 86,465.21 |
| Endowment Fund No. 2 | | | |
| Payable to Manitoba Sanatorium | \$ 1.39 | | |
| Payable to Central Tuberculosis Clinic | 9,080.55 | | |
| Accounts Payable, Sundry | 1,349.70 | | |
| Capital Account | 118,069.78 | | 128,501.42 |
| Employees' Emergency Fund No. 1 | | | |
| Capital Account | | | \$ 20,330.37 |
| Employees' Emergency Fund No. 2 | | | |
| Capital Account | | | 704.64 |
| Building Fund | | | |
| Capital Account | | | 502.49 |
| | | | \$582,626.68 |

D. L. MELLISH
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 those assets acquired since 1946.

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 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, 1949, 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 education, travelling tuberculosis clinics and tuberculosis surveys; and Rehabilitation. The Board considers these activities are some of the most needed and useful under its auspices and deeply appreciates the cordial support that makes them possible.

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

MANITOBA SANATORIUM

Entertainment

Brandon: St. Augustine Young People's Club; Brandon Musicians Protective Union; Cypress River Young People; Vancouver, Burns Chuck Wagon; Rivers Air Force Band.

Clergy

Rev. T. A. Payne of Ninette United Church; Rev. George Ebsary, Belmont; Rev. Father Bertrand of the Roman Catholic Church, Dunrea; and Rev. Father Borys of the Greek Catholic Church of Brandon.

Flowers

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

Other Gifts

Winnipeg: All Saints Church; Associated Canadian Travellers Ladies Auxiliary; Canadian Legion Christmas Tree; Canadian Red Cross; Engineers Wives; E. B. Frost, Marvin Henderson; Hudson's Bay Co. Library; Kingdon Printing Co. Ltd.; H. L. MacKinnon Co. Ltd.; G. S. Miller; Ogilvie Flour Mills Ltd.; Simmons Ltd.; Snap-On Tools Ltd.; J. W. Speirs; United Hebrew Social Service Bureau; Universal Craftsmen's Council of Engineers Ladies Council; Weston Bakeries; Weston Sales; Winnipeg Women's Air Force Auxiliary.

H. Johanneson, Canadian Legion Ladies Auxiliary, Baldur; Patmore's Nursery, Canadian Legion Christmas Tree, Brandon; Miss Georgie McPherson, Brandon Hills; Neil Love, A. Malcolm, Carman; Grund Ladies Aid, Mrs. R. E. Helgason, Mrs. Johnson, Glenboro; H. Woodhall, Mrs. Margaret Clay, Hartney; Miss E. M. Bates, Killarney; Bob Austin, Ninette; Glee Wendell, Ste. Rose du Lac; The Botany Chitter-Chat Club, Souris; Swan Lake Junior Red Cross; Mrs. E. Littler, Estevan, Sask.; F. P. Guthrie, Toronto.

DYNEVOR INDIAN HOSPITAL

Gifts

Selkirk: Mrs. M. Stranger, Kinsmen Club, Knox Presbyterian Church Sunday School; Lutheran Church; Rotary Club; Selkirk United Church Sunday School; Thor's Gift Shop.

Little Britain Chapter, I.O.D.E.; St. Peter's Church W.A. and Junior Girls; Mrs. W. B. Ferguson, H. L. MacKinnon Co. Ltd., St. Andrews River Heights Church Senior Group, Winnipeg.

Pupils of McIntosh school, McIntosh, Ont.; Mrs. W. H. Fleming, Montreal; Wm. Goodwin, Westmount, Que.; Mrs. C. R. Lorway, Sydney, N.S.; Mrs. J. P. Kennedy, Vancouver, B.C.; Dr. John A. Doyle, Victoria, B.C.

BRANDON SANATORIUM

Gifts

Brandon: Anglican Diocesan Women's Auxiliary; Associated Canadian Travellers Ladies Auxiliary; Mrs. H. B. Bedford; B'Nai Brith, Lodge 1748; Boy Scouts; Canadian Legion Ladies Auxiliary; Johnson Hardware Co. Ltd.; P. A. Kennedy; Patmore's Nursery Ltd.; Prince Alexander of Teck chapter, I.O.D.E.; St. George's Anglican Women's Auxiliary; St. Matthew's Anglican Women's Auxiliary; Society for Preservation and Encouragement of Barbershop Quartette Singing in America, Brandon branch; United Canadian Travellers Ladies Auxiliary; Mrs. J. E. Yates; Miss M. A. Yeomans; Mr. and Mrs. W. E. Wightman.

Charleswood Red Cross group; Rev. Father Poulette, O.M.I., Elphinstone; Rev. Mr. Ireland, Griswold; Canadian Girl Guides Association, Winnipeg.

CLEARWATER LAKE SANATORIUM

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; Brownie Pack; Mr. Jack Graham, Mr. H. F. Kerr.

Sherridon: Mrs. Jean Reid, Rev. W. L. Brown; Snow Lake United Church Sunday School; Canon Horsefield and St. James Anglican Church Sunday School, Flin Flon; Girl Guide Company, Cranberry Portage; Mrs. W. W. Hollinger, Mrs. Earl Dawson, Clearwater Sanatorium.

H. L. MacKinnon Co. Ltd., Mr. R. H. G. Bonnycastle, Winnipeg; Bethany Junior W.A.; R.C.A.F. Photo Squadron 408, Rockcliffe, Ont.

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

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