TUBERCULOSIS CONTROL IN MANITOBA 1950

Annual Report
of the
Sanatorium Board of Manitoba

Where there is no vision the people perish
—Book of Proverbs

alth Education Service of the
RISTMAS SEAL FUND
ITOBA LUNG ASSOCIATION
ORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
IPEG, MANITOBA R3A 1P6

San
1950

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
1950

WINNIPEG, MANITOBA

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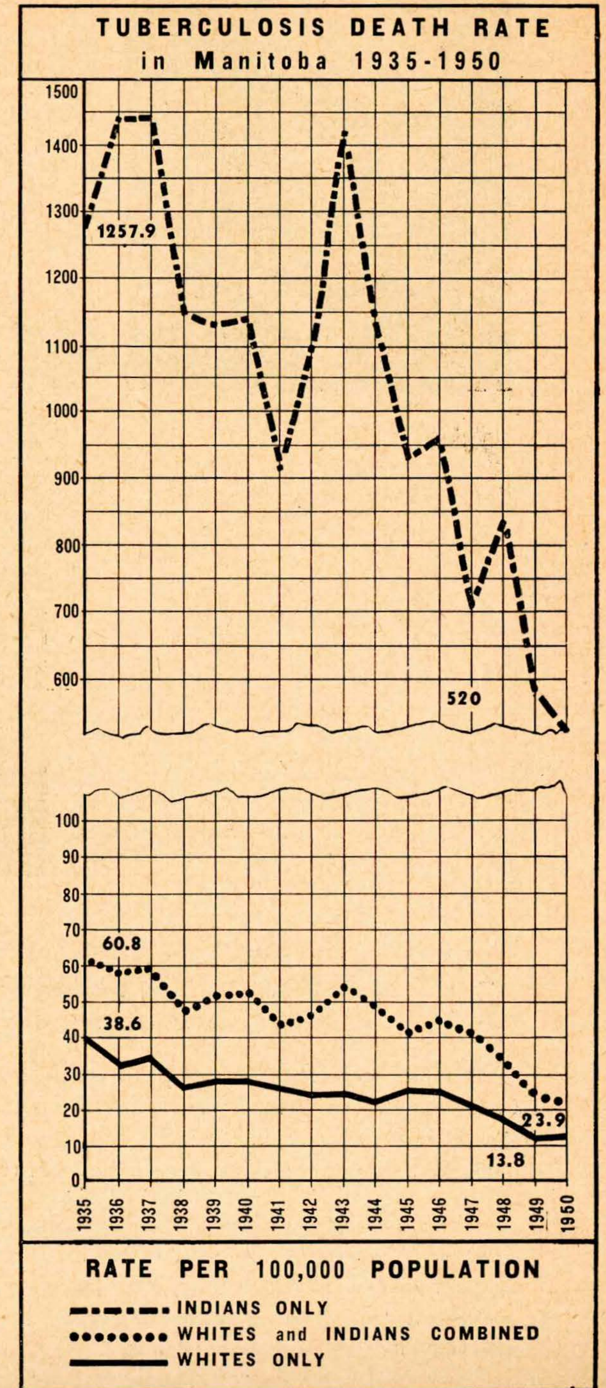
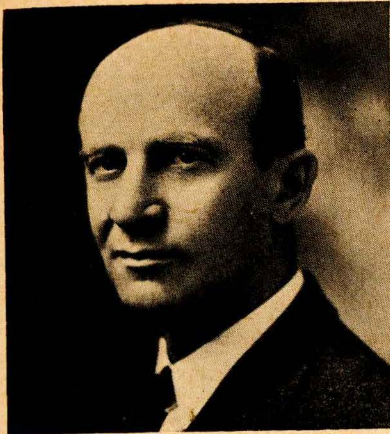
The Problem

	1941	1950
CASES under supervision in Manitoba	4,261	5,092
EXAMINATIONS	7,545	233,821
NEW CASES diagnosed		
Active	539	603
Inactive	155	363
	694	966
DEATHS	304	183





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

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

"THE fight of man against tuberculosis began centuries ago and has continued ever since. Slowly but surely the fight is being won; each year marks a decrease in the death rate and in the incidence of the disease.

"In the Province of Manitoba this achievement has been made possible by the leadership, management and direction of the Sanatorium Board of Manitoba; and by the splendid support furnished to the Board, by the members of the medical and nursing professions, by community and commercial organizations and by the public at large.

"The report of the Board that follows tells part of the story of the fight against tuberculosis, but the field of battle is too large for a detailed survey. Nevertheless, the brief account of what is being accomplished is informative and inspiring. When you read it you will be encouraged to continue the fight against a dread disease that can, that will, that must, be conquered."

IVAN SCHULTZ

SANATORIUM BOARD OF MANITOBA - 1950

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. A. K. GODFREY
MR. T. R. DEACON
MR. EDWARD POWER*
MR. W. H. FRENCH
MAJOR G. W. NORTHWOOD

Statutory Members

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

Elected Members

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

Secretary-Treasurer

T. A. J. CUNNINGS

Auditors

RIDDELL, STEAD, GRAHAM AND HUTCHISON

ST. BONIFACE SANATORIUM

Advisory Board 1950

Chairman .... MR. JUSTICE J. T. BEAUBIEN
MR. E. CASS
MR. A. MONNIN
MR. G. P. JESSOP
MR. NOEL VADEBONCOEUR

Winnipeg Municipal Hospitals

KING EDWARD MEMORIAL HOSPITAL

Commissioners 1950

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

*Died, 3 November, 1950.
**Died, 23 June, 1950.
***Died, 23 May, 1950.

MEDICAL STAFF, 1950

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 Assistant (Part Time)	DR. M. H. CAMPBELL

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 DR. A. PROUST
Medical Assistant (Interne)	DR. E. KOLESNICHENKO

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. K. CHU DR. G. A. CHAN
Medical Assistant (Interne)	DR. W. SHAHARIW

CLEARWATER LAKE SANATORIUM

Medical Superintendent	DR. J. M. RIDGE
Medical Assistant (Interne)	DR. W. ZAJCEW

St. Boniface Sanatorium

Medical Director and Thoracic Surgeon	DR. A. C. SINCLAIR
Assistant Medical Director	DR. V. J. HAGEN
Senior Physician	DR. W. BILYNSKY
Resident	DR. J. TANG

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
Medical Superintendent, Princess Elizabeth Hospital	DR. G. W. RITCHIE

MEDICAL CONSULTANTS, 1950

Sanatorium Board of Manitoba

Radiology	J. C. MCMILLAN, M.D., F.A.C.P., F.R.C.P.* R. A. MACPHERSON, M.D., C.M.
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. T. J. COOK, 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

Chairman, DR. ROSS MITCHELL

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

*Died 23 May, 1950.

NON-MEDICAL SENIOR STAFF, 1950

NON-MEDICAL SENIOR STAFF, 1950

/	SUPERINTENDENTS OF NURSES	BUSINESS OFFICERS	CHIEF ENGINEERS	RADIOGRAPHERS	LABORATORY TECHNICIANS	TEACHERS	OTHERS
um Board lanitoba	....	John Mack (*Chief Accountant*) C. W. Gowan (*Administrative Asst.*)	....	Walter Anderson, R.T.......	....	....	Mrs. Z. Warne (*Sec. to Exec. Director*) Miss Nan T. Chapman (*Consultant Dietician*)
tion ng Tuberculosis s and Surveys	....	....	....	A. Roh, R.T. .... (*Sr. Radiographer of Surveys*)	....	....	Wm. L. Rutledge, Ph.D. (*Survey Organizer*) Miss G. H. Bowman (*Secretary*)
Tuberculosis	Miss A. M. Waters, R.N. .... (*To July, 1950*) Miss A. Law, R.N. .... (*From August, 1950*)	G. C. Pearn (*Acct.*)......	....	E. Ackroyd, R.T.	H. Daneleyko, R.T.	....	Miss E. McGarrol (*Sec. to Med. Supt.*)
nent a Sanatorium	Miss M. L. Goldsmith, R.N.	N. Kilburg .... (*Acting Bus. Mgr.*) W. Bradford .... (*Asst. Acct.*) W. B. Stewart .... (*Purchasing Agent*)	J. R. Scott	Wm. C. Amos, R.T.	J. M. Scott, R.T.	Miss E. Busch .... Miss Hazel Carlson...... Miss Alice Carragher.... (*Occup'l Therapist*)	Miss G. M. Wheatley (*Sec. to Med. Supt.*) Miss P. Young (*Practical Asst. to Dtcn.*) S. Rodwell (*Laundry Foreman*)
· Indian Hospital	Miss A. Law, R.N. .... (*To August, 1950*) Miss A. Stefansson, R.N. .... (*From August, 1950*)			....	....	Mrs. E. Cates	....
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......	F. H. Gibson, R.T.	Miss L. E. Delamater, R.T.	Mrs. G. Anderson .... (*Occup'l Therapist*) Miss C. Fraser .... Miss Rose Calliou	Miss G. M. Hutton (*Sec. to Med. Supt.*)
ter Lake torium	Miss Jean Turnbull, R.N. .... (*To November, 1950*) Miss Myra D. Pearson, R.N. .... (*From December, 1950*)	C. C. Christianson .... (*Bus. Manager*) S. Halayda (*Acct.*)	P. E. Johnston......	A. Samolesky, R.T.	Mrs. A. Carpick	Miss A. Eaton .... Mrs. E. M. Smith	Miss A. M. Krauter (*Sec. to Med. Supt.*) R. Lock (*Laundry Foreman*)
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. M. Pilon, R.N. .... (*Director of Nursing*) Rev. Sr. B. Patry, R.N. .... (*Night Supervisor*)	Rev. Sr. C. Frechette.. (*Sec. Treasurer*) Rev. Sr. J. Drouin, R.N. (*Purchaser*)	N. Pelletier	Rev. Sr. L. Blais, R.T., B.A. (*X-Ray Supervisor*)	Rev. Sr. L. Blais, R. T., B.A. (*Lab. Supervisor and Pharmacist*)	Miss E. Swatland, R.N. (*Occup'l Therapist*) Mrs. Pauline J. Hill, M.A. (*Teacher-Adult Pts.*) Miss Gisele Ruel (*School Teacher*)	Rev. Sr. M. Tougas (*Main Kitchen Super.*) Mrs. H. Pietuchow (*Social Worker*)
King Edward Memorial Hospital SECRETARY AND MANAGER .... John M. McIntyre ASSISTANT SECRETARY AND MANAGER .... Arthur Hodgkinson	Miss M. M. Shepherd, R.N. .... (*Superintendent of Nurses*) Miss V. Cockburn, R.N. .... (*Asst. Supt. of Nurses*) Mrs. Margaret Thorne .... (*Superv'r T.B. Dept.*)	....	Ray Bonsey	Miss M. E. Drinkwater	Miss R. V. Moreton	Miss G. Motheral .... (*Teacher-Occup'l Therapist*)	Miss J. McCutcheon (*Dietician*) Miss Ivy Hodgkins, R.N. (*Chief Housekeeper*) T. G. Kane (*Laundry Foreman*) D. Donaldson (*Head Gardener*)
nployment litation	S. C. Sparling .... (*Rehabilitation Officer*)						
ds l Tuberculosis stry	Miss Elsie J. Wilson, R.N. .... (*Supervisor*)						Miss Gladys McGarrol (*Secretary*)

D. L. MELLISH

REPORT OF THE CHAIRMAN

For the year ending December 31, 1950

GENTLEMEN:

I have pleasure in welcoming you to the fortieth annual meeting of the Sanatorium Board of Manitoba.

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

Those reports have given a comprehensive and detailed account of the work that is being done in the respective Sanatoria and departments. I will refrain from repeating that account here, since copies have gone into the minutes of the Board meeting, and some will appear in the Board's published annual report. Their reading will provide an impressive indication of the magnitude of the tuberculosis control program being carried on under the Board's general direction.

THE BOARD

At present, the Board consists of 26 members of whom 14 are elected and 12 are statutory members. During the year the Board suffered the loss of two members of long and valued service in the passing of Dr. J. C. McMillan and the Honourable J. O. McLenaghen. Mr. J. P. Johnson and Mr. C. D. Hart have now retired and left Winnipeg, and consequently their resignations were accepted with regret. You will be asked to elect four new members today to replace these gentlemen.

For the most part, the business of the Board is carried on through its seven standing committees and 50 meetings of the Board or its Committees were held during 1950, indicative of the close and constant review of all aspects of the work. I should like to express my deepest appreciation for the loyal and thoughtful attention which the committee chairmen and members give to our affairs.

THE PROGRAM

In accordance with its responsibilities as laid down in the Tuberculosis Control Act, the Board has continued to improve to the greatest extent possible the care and treatment of those afflicted with tuberculosis and to carry forward measures deemed requisite for preventing or minimizing the development and spread of the disease in this Province. Improved facilities for treatment, with full use of newly developed drugs and up-to-date surgical techniques, have been provided in all the sanatoria in the Province. The Central Tuberculosis Clinic has continued as the centre for preventive and diagnostic services. X-ray surveys of communities, schools and industries have been effectively maintained. Travelling Clinic services have been extended into more remote areas of the Province, with beneficial results to the people in those communities and to the tuberculosis control program generally. The Hospital Admission X-ray Program has been materially expanded. As provided in the Act, the Board has endeavored to correlate and co-ordinate all agencies in the Province so as to improve the diagnostic, preventive, and treatment services. Its officers have been ready at all times to consult with and advise health and other agencies.

The King Edward Memorial Hospital and St. Boniface Sanatorium had a particularly trying year, due to the damage and inconvenience occasioned by the flood in May. Great credit is due to the officers and staffs of those institutions for the energetic and capable way in which they dealt with the situation, in the best interests of their patients, and for the protection of the property.

The Rehabilitation service has continued to assist all patients in all the sanatoria, both by training while they are under treatment, and by assistance after discharge in being placed satisfactorily in suitable employment.

FINANCE

No charge is made to any individual patient for diagnosis or treatment of tuberculosis. The entire treatment cost is met from public funds.

The preventive service and the rehabilitation service are almost entirely financed from contributions to the Christmas Seal Fund and from funds raised by the Associated Canadian Travellers, augmented somewhat by assistance from the National Health Grants.

As had been agreed, early in the year the Provincial Government liquidated the Board's accumulated non-current bank loan, accounted for in the main by deficits incurred during the difficult years before 1940. This has relieved the Board of a heavy burden of interest charges. During the year also, the Province undertook to make a capital grant towards the cost of improvements at Manitoba Sanatorium; for alterations to provide eight new surgical beds; and for a Recreation building, which fills a long-felt need. I should like to record our deep appreciation for the continued confidence and support of the Minister of Health and Public Welfare and of his colleagues in the Provincial Government.

The National Health Grant has continued to be of very great assistance, making possible additions and extensions to the tuberculosis control program that otherwise would be difficult to finance. Part of the cost of the new surgical beds at Ninette was paid from these grants. Up to Dec. 31st, 1950, from the inception of the National Health Grants, a total of $205,867 has been expended by the Board from the Tuberculosis Control portion of the grants, to improve equipment and extend services. It is hoped that the limitations that have somewhat restricted the use of National Health Grants for tuberculosis control in Manitoba, will be relaxed during 1951; if so it will be a great advantage to this Province. I should like to note especially the interest and co-operation of the officers of the Department of National Health and Welfare in dealing with projects submitted by the Board through the Minister of Health and Public Welfare.

RESULTS

As a consequence of the control program, and despite the unsettlement brought about by the flood, the tuberculosis death rate in the Province has once again shown a decrease. Of equal or greater significance is the continued reduction in the number of new cases diagnosed in the Province, especially in view of the intense case finding effort. This is of the greatest importance in advancing towards our goal of eradicating tuberculosis.

APPRECIATION

The Board's staff have continued to give loyal and devoted service. Each one makes a valued contribution in his or her own special field, and the Board is deeply appreciative of their unstinting service.

In closing, I should like to express our thanks for the continued support of the Union of Manitoba Municipalities; and for the Board's cordial relations with the Winnipeg Health Department; with the Medical Director and officers of the King Edward Memorial Hospital; and with the Reverend Sister Superior, Medical Director, and Advisory Committee of St. Boniface Sanatorium.

Respectfully submitted,

D. L. MELLISH,
Chairman of the Board.

A chest X-ray survey in Winnipeg industry—with the Sanatorium Board of Manitoba and the City Health Department working together, using funds allotted from the National Health Grants.

J. CUNNINGS

REPORT OF THE EXECUTIVE DIRECTOR

I have pleasure in reporting to you briefly on the administrative affairs of the Board for the year ended Dec. 31, 1950.

ASSETS AND LIABILITIES

At Dec. 31, 1950, assets held by the Board totalled $1,225,286, not including fixed property at Brandon, Clearwater, and Dynevor owned by the Federal Government and not carried in the books of the Board. This represents an increase during the year of $117,935. Liabilities, not including reserves, totalled $147,479, a reduction of $77,942 during the year. The most notable feature of the combined balance sheets is a reduction in bank loans at the year end, as compared to a year ago, of $145,631.

CAPITAL EXPENDITURES

The value of plant and equipment at Manitoba Sanatorium has been increased by $62,666 during the year, the main items including the new Recreation Building, the new surgical wards with their equipment, and a new washer and tumbler in the laundry. The other major capital operation during the year was the extension of steam, sewer, and water services to three dwelling units at Clearwater Lake Sanatorium, at a cost of $11,583. At Brandon Sanatorium the larger projects included the extension of steam heating to the Canteen wing, installation of foundations and repairs to the main hallway, alterations and repairs to foundations in "H" Ward, alterations in the operating room, and completing the renovation of the staff sitting room and canteen. A good deal of renovation was also carried out at Dynevor with very beneficial results. All the property and equipment at Manitoba Sanatorium have been fully maintained and the program of redecoration and improvement has been continued. At the Central Tuberculosis Clinic, the interior of the building was completely repainted by the Department of Public Works, and new quarters for the Survey X-ray Department were established in the basement.

COSTS

The pressure of increasing price levels has continued to present administrative problems. However, the per diem cost at Manitoba Sanatorium of $4.10 is a reduction of 11c per day as compared to 1949. At the Central Tuberculosis Clinic the per diem cost of $5.265 represents a reduction of 18c per day as compared to 1949. For the nine months ended Dec. 31, Brandon Sanatorium's per diem cost increased 25c; Clearwater Lake Sanatorium decreased 13c; and Dynevor Indian Hospital increased 54c. The marked increase at Dynevor is accounted for by fairly substantial expenditures for renovation which were charged into maintenance account.

Food prices continued to rise during the year, and great credit is due to the Consultant Dietitian and to the responsible Department Heads in each institution for holding the increase per meal to .2c. During 1950, the Board expended $259,199 for food, and served over 1,050,000 meals to patients and resident staff. Food cost ranged from 22.5c per meal to 28c per meal, with an average cost in all institutions of 24.6c per meal.

Increases in the price of coal and in freight rates are reflected in an increased cost for heating during 1950, despite some economy in the amount of coal burned at Manitoba Sanatorium due to installation of the new stokers. Total expenditures for fuel and heating services were $57,315. Laundry services cost $39,734. The diesel electric plant which we operate at Clearwater Lake Sanatorium continues to supply both the hospital and the airport with power. During the year, 689,595 kilowatt hours were produced at an average cost of 3c per kilowatt hour.

INVENTORIES

Supplies on hand, including Commissary Supplies, Engineering and Maintenance supplies, fuel, diesel fuel oil, and miscellaneous supplies, totalled $101,574 at Dec. 31, 1950, as compared to $86,206 a year previous. The increase is accounted for by increased inventories at Brandon and Clearwater, respectively.

NATIONAL HEALTH GRANTS

The National Health Grants available for tuberculosis control in Manitoba are administered by the Board, and have been of the greatest value in financing certain extensions and improvements in the anti-tuberculosis program. Under approved projects, during the calendar year expenditures from the Grants totalled $106,917. The larger projects were as follows:

Chest X-rays on admissions to General Hospitals	$37,227
Industrial survey in the City of Winnipeg	18,019
Streptomycin and other Antibiotics	17,079
Extending the Rehabilitation Service	5,529
Post-Sanatorium Pneumo-thorax by private physicians	5,380
Sending Travelling Clinics into new areas	3,101

These grants are disbursed to the Board through the Provincial Department of Health and Public Welfare, and their administration has been very considerably facilitated by the unfailing co-operation received from the administrative and accounting officers of the Department.

CONTRIBUTED FUNDS

Contributions to the Christmas Seal Fund and other donations for the preventive services, education, and rehabilitation during the year amounted to $94,613. In addition, for these purposes, the Associated Canadian Travellers turned over $17,000 to the Board.

The preventive services, financed entirely by public contributions, are the key to reducing the toll of tuberculosis. There is a great body of loyal supporters of the annual Christmas Seal Fund. These not only make the work financially possible, but through their interest, they arouse enthusiasm for the X-ray survey program and other measures that contribute materially to success in the preventive work.

PERSONNEL

On Dec. 31, 1950, the Board had 518 employees, a decrease of one during the year. During 1950 we have given greater attention to more careful selection of new employees. This increased care, the Recreation Building at Manitoba Sanatorium, the Curling Rink at Clearwater Lake Sanatorium, and the establishment of a Group Insurance Plan, along with the Retirement Annuity Plan which has been in effect since 1946, all contributed to an increased stability of staff, with a resultant improvement in efficiency.

In May, 1950, the Group Insurance Plan was put into effect for the benefit of members of the staff and their dependents. At the end of the year, 311 members were covered in the Plan, for a total of $442,500 of life insurance, and $3,752.50 of weekly accident and sickness indemnity. Also, 296 employees carried surgical coverage for their dependents. During the eight-month period, 100 insurance payments were made to members of the staff on account of 30 claims for sickness and accident indemnity, and on 24 claims for surgical expense.

Department heads and employees in all the institutions and departments have continued to carry out their duties with a sense of responsibility and devotion to duty that merits the highest commendation. The personal interest and enthusiasm of the staff, and their ready co-operation in improving the welfare of the patients, the general program, and the maintenance of the property, is of the utmost value. It is noteworthy that 11 employees of the Board have had more than 25 years service.

APPRECIATION

In conclusion, may I express my deep appreciation for the continued counsel and direction of the Chairman of the Board and the Chairmen of the administrative committees. I am grateful, too, for the cordial relations it has been my privilege to enjoy with the Medical Director; with officials of both the Provincial and Federal Governments; with the officers of co-operating institutions; with the Medical Superintendents and Department Heads, and the staff.

Respectfully submitted,

T. A. J. CUNNINGS,
Executive Director.

ROSS, M.D.

REPORT OF THE MEDICAL DIRECTOR

THE program for the control and eradication of tuberculosis in Manitoba is based on the discovery of new cases as early as possible, on adequate treatment facilities, a sound and progressive rehabilitation service, and on the coordination of all three. I will try in this report to review the year's work without too much detail but with a view to giving a picture of the scope and accomplishment of the various operations carried on by the Sanatorium Board.

The objective is to reduce tuberculosis as quickly and completely as possible, as measured by the incidence of new cases and the number of deaths. The Board will be encouraged to know that for the year there was a continued gain in clearing tuberculosis from this province, especially among our Indian population.

TUBERCULOSIS DEATHS

Year	Whites and Indians Rate per 100,000	Combined Total Deaths	Whites Rate per 100,000	Whites Total Deaths	Indians Rate per 100,000	Indians 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	28.	212	14.2	106	684	106
1950	23.9	183	13.8	105	520	78

The 1950 total of 183 deaths and a death rate of 23.9 per 100,000 are the lowest ever recorded for Manitoba. Only half as many people died of tuberculosis in 1950 as in 1940. If the death rate of 1935 had persisted 249 more people would have died in 1950.

In other words, in one year 249 lives were saved—and indeed many more than this were saved, because tuberculosis uncontrolled rapidly multiplies. The striking decrease in deaths has been among Indians and this is an interesting story, which will be dealt with under a separate heading.

Considering the chronic and insidious nature of the disease and the toll taken for centuries, the improvement shown in the short period of 15 years is all the more remarkable. And this is occurring not only in Manitoba but throughout Canada. This is a demonstration of what can be accomplished through planning and applying modern concepts of both diagnosis and treatment, aided by the whole-hearted participation and cooperation of public officials, voluntary groups, and responsible citizens throughout the province. Results demonstrate that tuberculosis is preventable and curable.

However, there are still 183 deaths—needless deaths. Here is the challenge and the reason for sustained drive in the campaign, with our sights adjusted to finer focus.

WHAT THE FIGURES SHOW

Analysis of the statistics for new cases reveals the following:

1. **The benefit of intensifying the case-finding program** is shown by the decided decrease in new active cases reported in 1950, for both white and Indian people.

The peak number of new cases was found in 1946. Although mass X-ray surveys were begun in 1944, they did not get into full swing until 1946. For that year, and for 1947 and 1948, the number of new active cases remained around 500.

During the last two years, by thinning out the active cases and thus diluting the opportunity for spread of infection, fresh cases have become definitely fewer. Yet this is not because of any slackening of efforts to find new cases.

Among whites, in 23 municipalities in Manitoba no new cases have been found or reported in the past two years. Among Indians, for the last three years, practically all have been X-rayed each year and positive cases have been placed on treatment, with the result that less than half as many new cases were discovered in 1950.

2. **The importance of routine X-rays of older people**—who are too frequently considered by the public as being immune to tuberculosis—is shown by the increasing incidence of tuberculosis among the older age groups as well as among children.

Although most patients still break down between the ages of 20 and 35, of those on treatment 20 percent are over 50 years of age and half of these are over 60, with four times as many men as women. In this 50-and-over age group, there are twice as many new active cases as eight years ago.

We have been familiar with the older man or woman who has had chronic unsuspected disease for years finally breaking down in later life. But during recent years many more older people are developing tuberculosis, seemingly, for the first time.

The same situation is appearing among children. New active cases totalled 100 more in 1942 than in 1950. Yet in 1950 there were 85 under the age of 14, compared to 48 in 1942.

3. **The need for still earlier diagnosis** and for continued efforts to achieve it, is shown by analysis of the stage of pulmonary disease on discovery:

	White	Indian
Minimal	44.4%	41.8%
Moderately Advanced	26.4%	25.4%
Far Advanced	29.2%	32.8%

Over the years, there has been marked improvement. I can remember when about 80 percent of the patients had far advanced disease on entering the sanatorium.

However, nearly a third still have advanced disease on discovery. And for the last few years this has not changed.

This is not satisfactory. Advanced disease means greater spread of infection, requires more prolonged treatment, and permits less favorable results.

TREATMENT

A major interruption in treatment in some institutions was caused by the flood. I mention it again at the Annual Meeting mainly for purposes of record.

From May 8th to 15th all patients were evacuated from St. Boniface Sanatorium and the King Edward Memorial Hospital, about 430 patients in all, and did not return for several weeks. Many with negative sputum and doing well were sent home if conditions were suitable. But 248 were sent to other institutions:—29 to Deer Lodge Hospital; 38 to Ninette; 54 to Brandon Sanatorium; 70 to Fort San, Sask.; 29 to Saskatoon Sanatorium, and 28 to Fort William Sanatorium.

The prompt and willing response and care given by all these hospitals was a tremendous relief in this emergency. The untiring planning and work of many agencies, especially the Military, the Railways, and the Red Cross, made possible the transfer of patients with a minimum of harm to them.

Sanatorium Bed Capacity and Occupancy December 31, 1950

	Beds	Occupancy	
Central Tuberculosis Clinic	50	41	
Manitoba Sanatorium	270	263	
St. Boniface Sanatorium	280	271	713
King Edward Memorial Hospital	150	138	
Brandon Sanatorium (Indian)	250	252	
Clearwater Lake Sanatorium (Indian)	160	143	
Dynevor Indian Hospital (Indian)	50	44	439
Total	1,210	1,152	1,152

There were 1,152 patients on sanatorium treatment on Dec. 31, 1950—713 White people and 439 Indians. The 1,210 beds all are occupied most of the time; in fact, there is often a small waiting list. However, by trying to keep patients moving through the Central Clinic, nearly all needing treatment can be admitted promptly.

During the year, 967 patients were admitted to sanatoria. But for both admissions and re-admissions the figures are not comparable with previous years because of the movement of patients during the flood.

Medical and surgical treatment continues to be of high standard and abreast with steady advances in both fields.

Streptomycin is a most important adjunct to other established treatment procedures. It has its most dramatic and often life-saving effect on acute forms of pulmonary tuberculosis. During the year in all sanatoria the drug para-amino-salycilic acid (PAS) has been increasingly used and is routinely combined with streptomycin, enhancing the effect of each drug. Another new preparation, TB-1, has been helpful in selected cases.

Collapse of the lung by surgical measures continues to have a prominent role in treatment, and the surgical department in all sanatoria consumes about one-third of the doctors' time. Pneumothorax, although used less, is still we think good treatment in selected cases, especially those with minimal lesion. Pneumoperitoneum is used more in the treatment of Indians, mainly because other surgical measures, especially at the beginning of treatment, are not applicable due to extent of disease.

The surgical removal of a lung or portion of it has been done on more cases at Manitoba Sanatorium than during the previous year.

New surgical techniques for collapsing the lung have been introduced and Brandon Sanatorium has an interesting series of operations whereby collapse is obtained by placing small lucite balls (like ping-pong balls) between the lung and the ribs. Brandon Sanatorium has the largest Orthopedic service of any Sanatorium.

Clearwater Lake Sanatorium has had a very busy year and is able to operate at full patient capacity because for the first time nursing staff has been adequate. Surveys and clinics in the northern part of the Province are conducted from Clearwater. The prompt attention afforded tuberculosis patients and an aggressive case-finding program have resulted in a marked improvement in the north.

Dynevor has a slightly different function than the other sanatoria, in that most of the patients are in a convalescent or chronic stage of their disease, and a third are children. The efficiency of the X-ray department there will be improved by installation of the X-ray unit removed from Brandon Sanatorium, which was replaced by equipment of greater capacity. Re-decorating of Dynevor has improved its appearance

St. Boniface Sanatorium is operating at full capacity. It has a higher percentage of White patients with bone and joint disease, as most of the orthopedic treatment is centralized here because of special facilities and consultant service at hand.

The King Edward Memorial Hospital has been very active in treatment and has a special interest in research. It is with deep regret that we learn of Dr. Downey's resignation as Medical Director, and best wishes are extended to him in his new field of medical work.

At the Central Tuberculosis Clinic, accommodation is taxed and any further expansion of work would hardly be possible. The Central Clinic is a distributing centre: it has beds for 50 patients, and some 9,000 patients a year go through its diagnostic clinic. Added to this, the building is headquarters for the Sanatorium Board and its extensive operations, involving all the tuberculosis control program. It houses the central medical, technical and clerical staffs, and working space for X-ray surveys and travelling clinics, the Christmas Seal staff and offices, the Rehabilitation division, and the Central Tuberculosis Registry.

For some time the appointment of a Pathologist and Bacteriologist to direct and supervise laboratory work in all Sanatoria has been considered desirable and it has been recommended by the Medical Advisory Committee. It is difficult to obtain such a person, for various reasons. And the logical place for his central laboratory and headquarters, the Central Clinic, is crowded.

NATIONAL TUBERCULOSIS GRANT

This grant has been of great assistance in improving and accelerating the control of tuberculosis in Manitoba, although only about half of the grant can be used for new projects. Existing services have been extended, and a number of new projects have been introduced. The most important of these new projects have been—providing streptomycin; improving treatment facilities in sanatoria by adding operating room and other equipment; improving diagnostic and laboratory services in all sanatoria and clinics; extending case-finding, through additional travelling clinics and industrial surveys; and the General Hospital Admission X-ray program. Financing pneumothorax treatments outside of sanatorium provides a desirable service to patients and their doctors. Rehabilitation and educational programs have been advanced in all sanatoria. And new appointments have been added to service and efficiency.

These various projects, financed by the Dominion Government, recommended by the Board, and approved by Provincial and National Health Departments, have contributed a great deal to the provincial anti-tuberculosis campaign.

REHABILITATION

As stated in my annual report a year ago, the ultimate objective of treatment is not only the physical recovery of the patient but his or her re-establishment in the home and at an occupation that will promise social and economic security. In close cooperation with the medical departments of the sanatoria, the aim of the Rehabilitation Division is to accomplish this final goal. An extensive rehabilitation service—vocational, occupational and academic—is provided by the Board for all sanatoria.

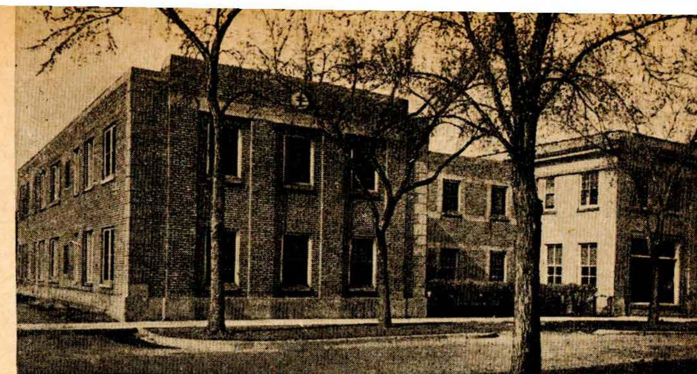
APPRECIATION

When reviewing the year's activities, I am particularly impressed with and appreciative of the devoted and able service of all those responsible for the great work accomplished.

First of all, I sincerely appreciate the advice, guidance, and support given to me by the Chairman of the Board, the Chairmen of the various committees, and all members. I wish to thank the Executive Director for his cordial cooperation and assistance. I deeply appreciate the valued work and assistance of the Superintendent of Preventive Services, and I am grateful for the cooperation and pleasant relations with the Medical Superintendents of all the Board's institutions, whose ability and conscientious work I fully appreciate. I wish to thank the Superintendents of St. Boniface Sanatorium and the King Edward Memorial Hospital for their cordial and cooperative association. My thanks are also extended to the Provincial Department of Health, the City of Winnipeg Health Department, the Department of National Health, and 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.



Preventive Services Headquarters Central Tuberculosis Clinic

Prevention

PREVENTIVE SERVICES

From the Report of the Medical Director

THE most effective way of eradicating tuberculosis is a threefold attack: discovering infectious cases early; promptly isolating and treating them; and tracking down, if possible, their sources of infection.

Here I report on the work of the components of the preventive program.

THE CENTRAL TUBERCULOSIS REGISTRY

On Dec. 31, 1950, the Central Tuberculosis Registry files carried a record of 5,092 Manitoba tuberculous patients—4,023 White, 1,046 Indians, and 23 Eskimos. Information is also kept of the family contacts, the results of examinations and recommendations, and through this fountainhead, the follow-up of known cases and contacts is directed and advice extended to Health Units and Public Health nurses. These records and their intelligent and practical analysis, which includes detailed studies of all case-finding agencies, are invaluable in the direction of the preventive program. Much more could be said but now I mainly wish to point out to the Board and the Department of Health the importance of this department, and record my appreciation of the service it provides. With the case-finding and treatment program now in effect for Indians, the need for a system of records comparable to that for Whites was apparent. So in 1950, this additional service was established in the Central Tuberculosis Registry, with the cooperation of Indian Health Services.

CASE-FINDING

The organized agencies in operation for discovering tuberculosis are:— (1) Stationary clinics, such as the Central Tuberculosis Clinic and out-patient clinics in the sanatoria, (2) travelling clinics, (3) community and industrial X-ray surveys, and (4) during the last two years, the routine X-raying of general hospital admissions.

Total Examinations at all Clinics, Hospitals, and Surveys during 1950

	Whites	Indians
Stationary Clinics	10,332	108
Travelling Clinics	5,118	87
Hospital Admission X-rays	47,774	
Surveys in Manitoba	160,752	9,650
Surveys outside Manitoba	176	5.546
Totals	224.152	15.391
Grand Total	239,543	

Examinations in Manitoba at Clinics, Hospitals, and Surveys 1944-1950

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys
1944	11,332	4,765		43,323
1945	9,302	5.562		50,520
1946	12,908	8,740		108,742
1947	10,457	6,084		259,271
1948	9,752	5,385		235,446
1949	10,636	4,515	12,722	222,919
1950	10,440	5.205	47.774	170.402
Total	74,827	40,256	60,496	1.090.623
Grand Total, 1944 to 1950				1,266,202

The grand total of 1,266,202 X-ray examinations represents a tremendous volume of work and indicates the extent of the case-finding program during the past 6 years. It is to be noted that survey examinations alone have exceeded the 1,000,000 mark.

Surveys. In 1950 the total of 170,402 X-rayed on surveys (including industrial) smaller than for the last three years. But in accordance with policy established at he beginning of the year, X-raying was focussed on areas with a higher incidence of uberculosis but with less population. Besides this, 47,774 were X-rayed routinely on dmission to hospitals, making up about the same total as before. By X-ray surveys 8 municipalities were covered and altogether there were 210 mobile unit sites.

Active—that is, significant—tuberculosis was found in one out of 2,592 X-rayed mong White people, and one in every 102 Indians. This incidence is about the same s a year ago. Only 13% had advanced disease.

The province has been covered twice and this year will be the third survey for nost municipalities. Now, as pointed out a year ago, the policy of continuing mass urveys on such a widespread scale will be more critically reviewed. Areas having nost tuberculosis will be given the greatest service. Three 70 mm. (miniature) film nits are in operation, one in Winnipeg for Industrial Surveys, and two in rural Ianitoba.

Travelling Clinics. On surveys no doctor is in attendance and only those howing an abnormality in the X-ray are further investigated medically. On travelling linics a doctor examines the patients as they are referred because of symptoms or ontact with tuberculosis, and, as expected, the incidence of active disease found is nuch higher. During 1950, 5,205 were examined at 95 clinics in 41 centres throughout he province. One active case was discovered in 170 examined, as compared to one in ,600 on surveys. Special clinics were held in more highly infected areas, such as long both sides of Lake Manitoba.

Stationary Clinics. Stationary clinics consist of the Central Tuberculosis Clinic nd the out-patient department in each sanatorium in the province. There were 10,332 xaminations, most of these at the Central Tuberculosis Clinic, and one in 80 had ctive tuberculosis.

Industrial X-rays. Industrial and business firm surveys have been organized and arried out in a much more comprehensive manner in Winnipeg, although interrupted or four months by the flood. The number of industries X-rayed was 312, the average ttendance was 98.6%, and the total X-rayed 26,355. Besides this, 3,114 had pre-employ- ment chest films. The City operates an X-ray unit at the City Hall, which took 9,057 X-rays, and altogether the Sanatorium Board and the City Health Department worked ogether in taking 44,916 chest X-rays. There were 22 active cases discovered in this group, which is one in 2,042.

Routine Chest X-rays of General Hospital Admissions. The program for chest X-raying admissions to general hospitals was inaugurated because among this conside-r ble proportion of the population the incidence of tuberculosis is higher than among he general population. Unsuspected chronic spreaders of infection not suffering from heir disease may be found. Protection is provided for hospital personnel, especially urses, and many significant non-tuberculous chest conditions are discovered. This project is new and an addition to the case-finding program. Since 1950 is the first full year of operation, I will discuss it in some detail.

There are 25 hospitals participating in Greater Winnipeg and throughout the Province. During 1950 these hospitals admitted 71,177 patients and 41,974, which is 58.9%, were X-rayed. Besides this, 2,636 out-patients and 3,164 staff had chest films, making a total of 47,774.

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, $17,000. Added to amounts previously given, this makes a total of $160,574 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.

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

The percentage of admissions X-rayed varied from 39.3 to 95.6. Seven were over 80 per cent, and most 50 to 70 per cent. The three largest hospitals, namely, Winnipeg General, St. Boniface, and Misericordia, which had a total of 37,570 admis- sions (over half of all), X-rayed respectively 51.2%, 51.0%, and 51.1%. Grace Hospital with 7,258 admissions X-rayed 5,997 or 82.6%. During the last three months most hospitals, including the largest, showed an improvement. One might think that nearly all admissions could be X-rayed and this objective is being striven for. But it is not possible for all, e.g., the new born; the critically ill or injured; the many re-admissions X-rayed a short time before; and some who come in after hours and are discharged before they can be X-rayed. In some large hospitals success depends first of all upon a real interest in the project, and then coordination and cooperation between admitting office, X-ray department, and those in charge of the various wards.

Findings. 84%, which is 35,310 out of 41,974, had apparently negative chest X-rays. 1.1% showed evidence of pulmonary tuberculosis, active, inactive, or of doubt- ful significance. 0.12% had apparently active tuberculosis, which is one in 800 com- pared to one in 2,600 discovered by community surveys.

The value of this project is more far reaching than the discovery of tuberculosis because many non-tuberculous conditions previously unsuspected are revealed, e.g., 1,902 or 4.5% had X-ray evidence of some cardio-vascular abnormality, and in another 752 various non-tuberculous conditions were found, including cancer.

General Hospital Out-patients and Staff. The routine X-raying of those attending out-patient departments did not get underway until the latter part of the year, and of the 2,634 in this class over half were at the Winnipeg General Hospital.

The incidence of tuberculosis is above average among those attending the sick in general hospitals, so the routine X-raying of staff is encouraged and some hospitals are taking greater advantage of this service than others, e.g., the Winnipeg General Hospital with 1,180 staff X-rays out of a total of 2,984 for all 25 hospitals.

I cannot say more in this report except that this project is a valuable detective agency, it promotes tuberculosis consciousness, and contributes toward good public and professional relations in the anti-tuberculosis campaign.

VACCINATION WITH B.C.G.

The policy regarding vaccination is to give B.C.G. to those having a greater than average opportunity of being infected with the tubercle bacillus, such as sanatorium and mental hospital ward employees, student nurses in general hospitals, and medical students. Although an increased number were vaccinated in 1950 we had hoped to expand this program further by including tuberculosis contacts, and this year we definitely aim to do so. Dr. Scott in his report has referred to vaccinations done at the Central Tuberculosis Clinic. During the last three years 4,402 Indians have been vaccinated, which I discuss in more detail later.

CITY OF WINNIPEG HEALTH DEPARTMENT

The Tuberculosis Division of the City Health Department is working in close cooperation with the Sanatorium Board and is continuing to carry on an aggressive campaign to isolate and treat all known spreaders of infection. I have referred to the expansion of industrial surveys. During 1950 there were 21 tuberculosis deaths in Winnipeg, a rate of 8.8 per 100,000 population, which is the lowest ever recorded for the City.

From the Report of the Medical Superintendent, Preventive Services

TRAVELLING CLINICS AND SURVEYS

THERE were 95 travelling clinics held in 1950 and a total of 5,205 people were X-rayed. These films were all processed and read in the Clinic Building. This centralization we feel has made the clinics more efficient. Altogether, there were 33 new active cases found, 3 of them Treaty Indians.

Surveys X-rayed 191,769 people in 1950 and there were 156 active cases of disease found. Other unsuspected conditions are often seen, notably abnormalities of the heart.

HOSPITAL ADMISSION FILMS

One other service has been added this year. Hospital admission films from 14 rural hospitals, numbering 5,019, were received at the Central Tuberculosis Clinic every week, read promptly, and reports sent back immediately.

It is necessary to act as promptly as possible, insofar as these three services are concerned, when a discovery of disease is made. This promptness is greatly aided by the teamwork of our staff—technicians who make films, doctors who read the films, and clerical staff who coordinate and send out reports. The Central Registry, with their knowledge of all known cases, is of great assistance here in recognizing old patients and known families, which information is useful in compiling reports.

CENTRAL TUBERCULOSIS CLINIC

DURING the year there were two outstanding events for the Central Clinic, the first being the Red River Valley flood and the second the completion of twenty years of service to the public on October 3, 1950.

THE FLOOD

When it became evident that King Edward Hospital and St. Boniface Sanatorium would need to be evacuated we, of course, offered to do what we could to assist. Fortunately, the patients from the King Edward Hospital were taken care of at Deer Lodge. The night evacuation of St. Boniface Sanatorium posed a problem but we were able to send home some 17 of our own patients temporarily and take in the overflow, most of whom were bedded down on mattresses on the floor. This condition was relieved the next day by transferring 20 to Brandon Sanatorium. We returned 8 others for varying periods up to 65 days until they could be returned to their own institutions. These extra patients accounted for 285 treatment days.

Dr. Ross and I were on a committee of hospital superintendents which had to do with hospitalization and evacuation. On advice from this committee we were asked to stand by prepared to use the clinic as an infectious disease hospital, if necessary. Fortunately, it was not necessary. I might add that during this time nobody with tuberculosis was allowed to suffer for want of care.

TWENTY YEARS

The next event was our Twentieth Birthday on October 3rd last, the Central Tuberculosis Clinic having completed 20 years of service in its present capacity. During this time we have been the Chief Stationary Diagnostic Clinic for the Board. With our 50 beds the Clinic has served as a catch-all for every kind and condition of tuberculosis and for cases that could not be conveniently placed elsewhere. Few people realize the constant activity and shuffling back and forth that takes place in this small hospital.

I would like to take this opportunity to congratulate and thank all those who have been on the staff of the Central Tuberculosis Clinic during these years for a job well done. It is regrettable that we were unable to celebrate the occasion, but at that time the Manitoba Medical Association was holding its Annual Meeting.

Until 1932 the Clinic operated in what is now called the Old Wing, which contained only 29 beds and a very limited staff downstairs. With this in mind I thought you might be interested in the following table, giving statistics for our first full year of operation in 1931, our 10th year, and our 20th year.

	1931 (29 beds)	1940 (50 beds)	1950 (50 beds)
Total Visits	3478	7815	8892
New Diagnoses	142	216	160
Admissions	241	320	418

ADMISSIONS AND DISCHARGES

Total visits to the Central Clinic in 1950 were down about 900 from 1949, which can be accounted for mainly by fewer pneumothorax treatments. Diagnostic examinations were five more than in 1949. There were 160 new cases of disease found and of these, 128 were considered to be active after full investigation. There were 418 admissions to the ward and 416 discharges. These totals do not include patients coming to us as a result of the flood.

The total treatment days for 1950 was 14,872, being almost 1,000 more than in 1949. The average duration of stay for the 416 patients discharged was 33 days. The average stay is longer than it should be. But this year, with the disruption of other services, we found it more difficult than usual to transfer patients to sanatoria.

TREATMENT

Besides the ward upstairs, all other departments had a full year.

In the Operating Room there was a total of 2,992 procedures, with fewer pneumothorax treatments given, in spite of the fact that during the flood we gave treatments to ambulant patients from the King Edward Hospital and St. Boniface Sanatorium. This may be due in part to the fact that this service is now available to many country patients through the National Health Grant, and partly due also to a lengthening interval between refills for many of our patients who have been taking the treatment for some years.

The Laboratory has again had a busy year. Total procedures were not as many, probably because of the flood. The use of B.C.G. vaccination was increased from 262 in 1949 to 495 in 1950. This vaccination is offered to all student nurses and medical students and we also give it to contacts and others who ask for it. The vaccination is a time-consuming procedure for both patient and technician but there does not seem to be any way as yet to improve this. We are pleased to note that tuberculin for testing was sent to 224 doctors in Manitoba.

In the X-ray Department, 5,871 X-ray films were made. Over two-thirds of the chest films are miniatures, which is a great saving. There were 3,190 fluoroscopic examinations.

PROFESSIONAL EDUCATION

Lectures and clinics were carried on as usual. Tuberculosis lectures were given to nurses at Grace and Misericordia Hospitals, and lectures on the Respiratory System to Winnipeg General Hospital nurses. Weekly clinics are held here for third year Medical Students.

APPRECIATION

We must not forget that the work of Prevention is made possible in Manitoba through the sale of Christmas Seals and by the efforts of the Associated Canadian Travellers.

To all those who have had any part in the work of the Preventive Services and the Central Tuberculosis Clinic, I wish to extend my appreciation of their assistance.

I would like to thank all members of the staff of the Central Clinic for the efficient and courteous manner in which they carried out their duties in 1950.

I am also grateful to the superintendents and staff of the other institutions operated by the Board, of the King Edward Hospital and St. Boniface Sanatorium, to the officers and members of the Board, and to the Medical Director and Executive Director, for their help and guidance during the past year.

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

City of Winnipeg

TUBERCULOSIS CONTROL DIVISION

DURING 1950 there were 21 deaths in Winnipeg due to pulmonary tuberculosis. This corresponds to a tuberculosis death rate of 8.8 per 100,000 population and is the lowest ever recorded in the City. The following table illustrates the progress which has been made in the control of Tuberculosis. Twenty years ago there were 106 deaths caused by Tuberculosis and even five years ago there were 53 Tuberculosis deaths.

Year	No. of Deaths	Rate per 100,000 Population
1930	106	51
1935	60	27
1940	52	23
1945	53	23
1950	21	8.8

Many factors have contributed towards the decrease in the mortality rate from this disease but two important factors which have no doubt played an important part are:

1. Improved methods of treatment.
2. Discovery of unsuspected cases by X-ray surveys at an early stage of the disease thus allowing for early treatment.

HOSPITALIZATION

Exclusive of the "Flood months" of May, June and July, there was a monthly average of 241 patients in Sanatoria during the year 1950. The majority of these patients were hospitalized in the King Edward Memorial Hospital, Winnipeg.

X-RAY SURVEYS

During 1950 our Industrial Chest X-ray Survey program was expanded. This expansion was made possible by the permanent loan of a 70 mm. X-ray unit with technical personnel and supplies from the Sanatorium Board of Manitoba. This unit was purchased early in the year through the National Tuberculosis Grant by the Sanatorium Board at the request of the City Health Department.

Mr. Zayshley of our department was made responsible for organizing and arranging the details of the business, industrial and office surveys.

The X-ray films were interpreted by the staff physicians of the Sanatorium Board under the supervision of Dr. E. L. Ross, Medical Director and Dr. D. L. Scott, Medical Superintendent of the Central Tuberculosis Clinic.

This new 70 mm. unit commenced operation on February 14th, 1950 but the survey work was interrupted because of flood conditions on May 5th. Surveys were resumed on August 16th, and are continuing.

In addition to the new 70 mm. unit the stationary 4 x 5 unit at the City Hall was utilized for some small surveys, contact X-rays, patients referred by their physicians and pre-employment X-rays. Although a total of only seven months of X-ray surveys was completed this year the following has been accomplished:

70 mm. Unit				
No. of operational sites	73			
No. of industries X-rayed	312			
Average attendance	98.6%			
No. High School children X-rayed		5,048		
No. Commercial Colleges, etc.		1,342		
No. Industrial X-rays taken		26,355		
Total 70 mm. X-rays			32,745	
4 x 5 Unit at City Hall				
No. of survey, contact and patients X-rays		9,057		
No. of pre-employment X-rays		3,114		
Total 4 x 5 X-rays			12,171	
Total X-rays taken during 1950				44,916
No. referred for further examination				208

Briefly a breakdown of the active findings is as follows:

Total No. active cases found during 1950		22
No. active cases discovered during 1950 surveys by 70 mm. unit.	6	
No. active cases discovered during 1950 surveys at City Hall	5	
No. active cases discovered by pre-employment X-ray at City Hall	2	
No. active cases discovered through individual X-rays at City Hall	4	
No. active cases discovered through individuals referred by private physician to City Hall for an X-ray	2	
No. active cases discovered through X-raying contacts of known cases of tuberculosis at City Hall	3	
		22

This is a ratio of one active case discovered among the population for every 2,042 individuals X-rayed. In addition to the discovery of these unsuspected cases of tuberculosis some individuals were found to have other significant pathology of the lungs, heart or great vessels. Such individuals were advised to consult their own physician for further advice and treatment as required. Individuals requiring further investigation as indicated by the survey X-ray were referred to their family physician or to the Central Tuberculosis Clinic for further tests.

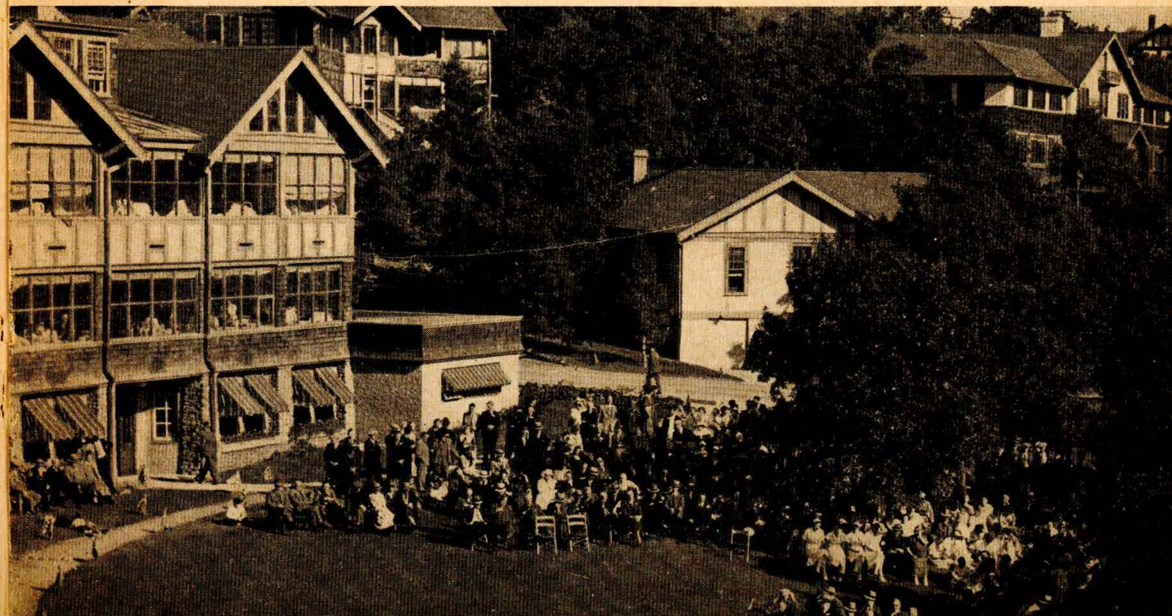
The response and co-operation from the industrial, business and office groups concerned as to a regular periodic chest X-ray survey of their respective employees as well as the adoption by many of these companies of pre-employment chest X-ray has been most encouraging. The generous assistance of the Sanatorium Board of Manitoba in providing us with staff, interpretation of films, equipment and supplies is gratefully acknowledged as well as the co-operation extended to our department by the Medical Superintendents of the various sanatoria.

Yours truly,

R. G. CADHAM,
Deputy Medical Health Officer.

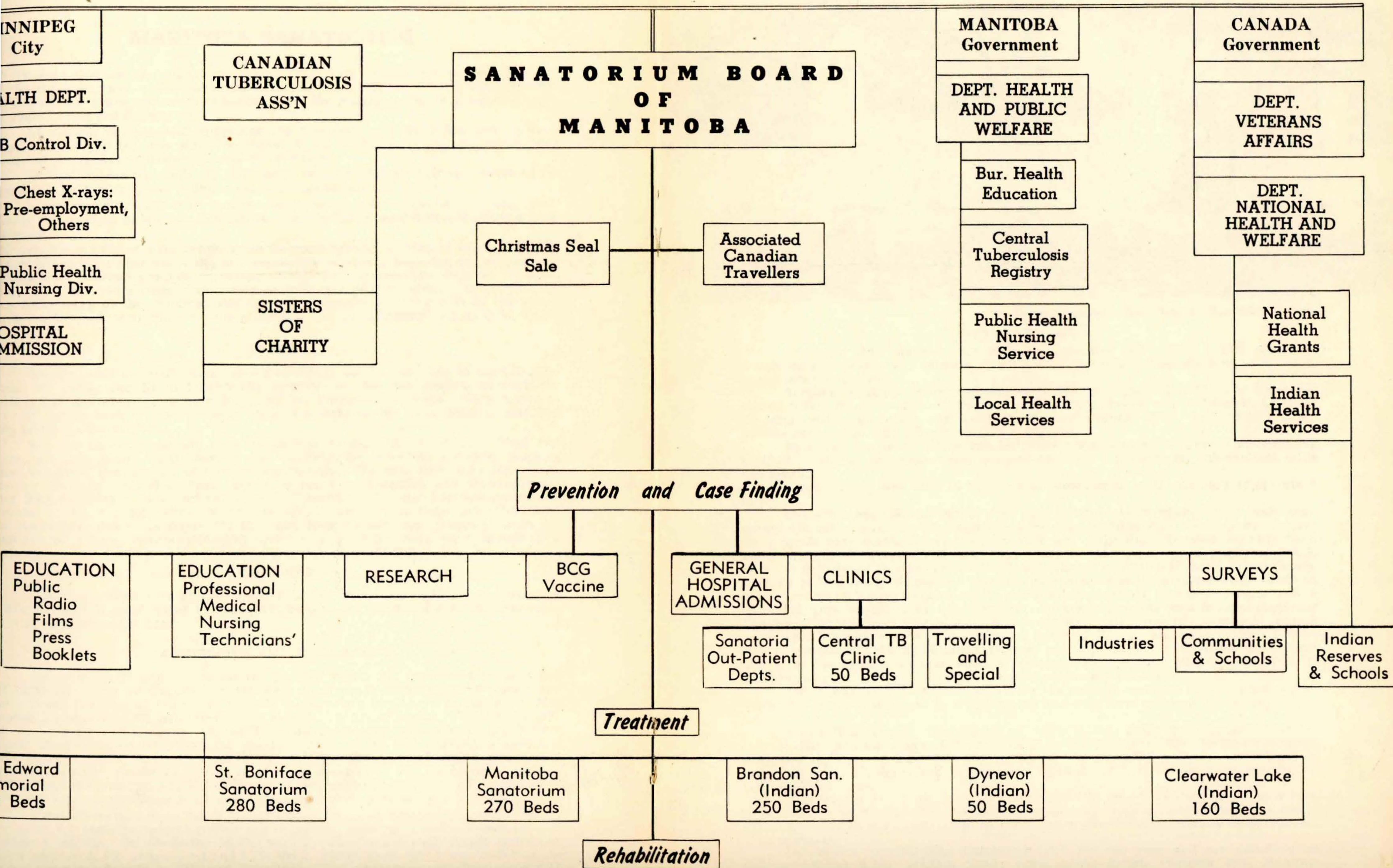
Guarding the children's health.—A school survey being made by staff of the Sanatorium Board of Manitoba, co-operating with the Winnipeg City Health Department, Tuberculosis Control Division.

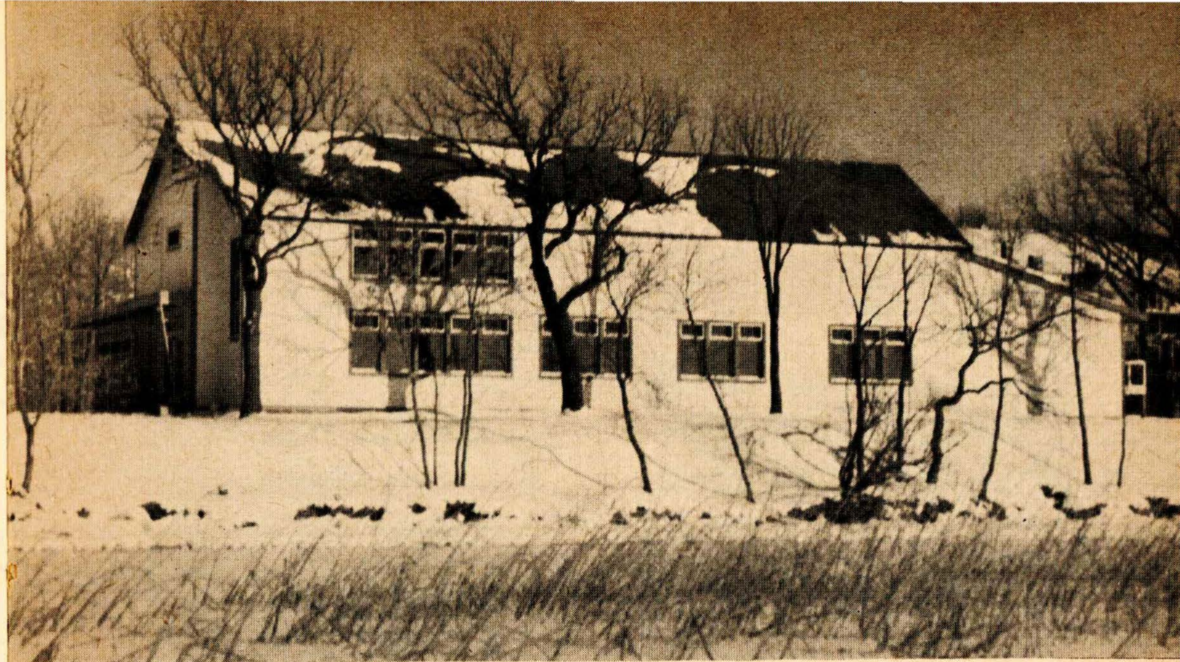
An occasion on the lawn at Manitoba Sanatorium.



TUBERCULOSIS CONTROL IN MANITOBA

ORGANIZATION CHART





The new Recreation Hall, Manitoba Sanatorium, Ninette

TREATMENT

Treatment has changed very little over the past year. Rest is still the basic treatment for tuberculosis in spite of antibiotics and other drugs directed specifically at the tubercle bacillus.

Surgery. Collapse therapy continues to play a major role. Thus, of those admitted with new or reactivated disease the treatment chosen was as follows: Collapse all forms—60%; pneumothorax mainly in minimal lesions—26%; thoracoplasty 22%; pneumoperitoneum 6%; phrenic operation 6%.

This was the most active surgical year since before the war. Thoracoplasty totalled 87 stages, pneumonectomy ws performed on 5 patients for tuberculosis, with one death.

Bronchoscopy was done in 76 cases, pneumonolysis in 17 and phrenic operation in 21.

Chemotherapy. Streptomycin was used extensively throughout the year. Altogether 186 patients received 200 courses of the drug. Until recently doseage was 1 gram daily for 56 days combined with 9 gram of P.A.S. daily. Since October we have been using 1 gram of Streptomycin every third day for 120 days, and 6 grams of P.A.S. daily. It is believed that the more extended treatment has two-fold merit,—the tubercle bacillus is less likely to become resistant to the drug and the patient less likely to become resistant to continued rest. In other words, patients stay settled better while receiving some specific drug treatment. Streptomycin is being used in most moderate and far advanced cases with activity and in some chronic forms in the hope of sputum conversion. We have used it less often in minimal disease, especially when an effective pneumothorax can be obtained. Its best use is in more advanced disease to limit and quiet the process so that collapse treatment can be more effectively applied. It has been of great value in surgery, especially pulmonary resection.

T B. 1 was used in 12 patients during the year. It seems to have definite value, especially in cases resistant to streptomycin and with laryngeal and intestinal involvement.

X-Ray Department: The quality of work in this department under the direction of Mr. William Amos, R.T. continues to be excellent. The volume increased slightly over the previous year due partly to the taking of routine lateral films on all admissions. Radiographic examination totalled 4,057, including 2,568 in-patients, 976 out-patients and 613 staff.

Laboratory: Mr. J. M. Scott, R.T., continues to direct the department at a very high level of efficiency. His repute as a laboratory worker and teacher was recognized this year by his appointment as President of the Canadian Society of Laboratory Technologists.

Laboratory examinations numbered 9,617 for the year and are classified as follows:—Blood, 3,752; sputum, 2,263; urine, 1,908; gastric contents, 841; Mantoux tuberculin tests, 288; streptomycin sensitivity tests, 178; pleural fluid and pus, 93; B.C.G. immunization, 90; B.M.R. tests, 34; unclassified, 170.

Milk culture for testing the purity of milk supplies was introduced during the year. The testing of tubercle bacilli for streptomycin sensitivity was continued on an expanded scale.

REHABILITATION

Almost since its beginning the Sanatorium has been a school as well as a hospital. In the early years we were entirely concerned with raising the academic standing of the patients. Some years ago vocational training courses were added to the curriculum and at present the teacher directs both academic studies and vocational training. A surprising number of patients are still admitted with a very low standard of education, so that many require academic schooling before they can undergo vocational training. Miss Busch continues to do excellent work, not only in actual teaching but in awakening interest in further knowledge.

Until recently Occupational Therapy has had no special guidance. For the past year this branch of Rehabilitation has been under the Supervision of Mrs. Alice Carragher. The interest in handicraft amongst both patients and staff has increased and the work itself greatly improved. Special mention should be made of Mrs. Carragher's efforts in producing a very successful Hobby Fair.

MEDICAL AND NURSING EDUCATION

The instruction of third year medical students was continued as usual. Altogether 25 students spent two weeks each at the Sanatorium.

The affiliate course in practical nursing completed its fourth year of operation and was greatly helped by the work of Miss Escott in instruction and supervision. During the year 60 affiliates each took six weeks of training.

Papers

1. The Treatment of Minimal Tuberculosis Confined to the Apex of One Lung—A. L. Paine, M.D. (Read before the Canadian Tuberculosis Association, May, 1950).
2. Eosiniophilia in Streptomycin Therapy—Joseph M. Scott (Published in Canadian Journal of Medical Technology, December, 1950).

A considerable volume of clinical and laboratory material is available at the Sanatorium upon which studies should be undertaken and papers written. Published material of this nature not only proclaims the work of the Institution but also stimulates better work. Very little has been published in the last few years, especially among junior staff members. One of the main deterrents has been lack of stability and numerical strength in both medical and laboratory staff. Neither department has been maintained at sufficient constant strength to allow for research and for analytical studies of material on hand.

APPRECIATION

I wish to give thanks to all staff members for loyalty and good work. Many deserve mention if space would permit. Mr. Bob Lumsden requires special note for his very fine decoration of the new recreation building.

Sincere appreciation is expressed to the Chairman, the Chairmen of the Administration and Finance Committees, the Executive Director and all members of the Sanatorium Board for their continued interest and great service to our Institution.

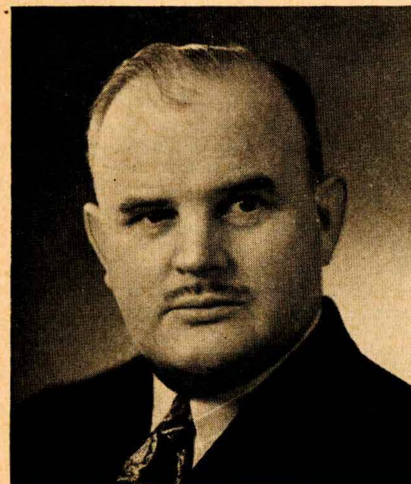
Appreciation is also given to the Medical Director of the Sanatorium Board and the Superintendents of the various tuberculosis institutions and the Department of Health for cordial relations and assistance.

Respectfully submitted,

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

HON. PAUL MARTIN
Minister of National Health and Welfare

—*Photo by Karsh*



—*National Film Board Photo*

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

Care of Indian Patients

"CANADA'S success in the long fight against tuberculosis is a splendid symbol of health progress in this century. On the basis of 1949 statistics, only two countries had lower death rates than Canada.

"In every province efforts to eradicate tuberculosis have recently been accelerated through substantial federal aid to provincial programs. The federal Department of National Health and Welfare, through its Indian Health Services, has also intensified its own efforts to free Indians and Eskimos from this scourge. Since 1943, the tuberculosis death rate for these peoples has been forced downward by more than 40%.

"In Manitoba, very effective work is being done to combat tuberculosis among Indians and Eskimos, through the close and friendly co-operation of the federal Indian Health Services with the Sanatorium Board of Manitoba."

PAUL MARTIN

THE INDIAN SANATORIA

THE three tuberculosis sanatoria in Manitoba for the care of Indian patients are owned 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 prevention and treatment in the broadest and most comprehensive manner possible.

These patients starred on the Christmas broadcast from Clearwater Lake Sanatorium, made through the kindness of Radio Station CFAR, Flin Flon.

From the Report of the Medical Director, Sanatorium Board

THE control of tuberculosis among Indians is very gratifying and an interesting demonstration of how much can be accomplished in even a few years by a comprehensive case-finding program, and by having sanatorium beds for the isolation and treatment of active and infectious cases.

All Indian Residential Schools and nearly all Reservations have had annual X-ray surveys for the last three years.

MORE LIVES SAVED

In 1950, there were 15,391 Indian X-ray examinations, 5,546 of these in Western Ontario. Out of these 15,391 Indians, 111 or one in 138 (.7 per cent) were found to have active tuberculosis—only half as many as in 1948.

The most striking evidence of improvement is shown by the 28% decrease in tuberculosis deaths in one year—78 compared to 106. Going back just 10 years (1940) there were 166 tuberculosis deaths.

Although earlier diagnosis and preventing spread of infection is mainly responsible for this improvement, other factors have also had a definite influence, such as improved medical and nursing attention generally in all Indian Agencies, better nutrition, less communicable disease, and more understanding and receptive attitude of the Indian toward medical service.

Treatment facilities can be considered adequate. There are 500 sanatorium beds for Indians and, although they have been kept filled, new cases are decreasing.

INDIAN TUBERCULOSIS REGISTRY

With the increasing knowledge of new cases an adequate record system was necessary and the logical place for this was in the Central Tuberculosis Registry, where procedure and experience had reached a high level of efficiency. So in May, 1950, an Indian Tuberculosis Registry was established.

On December 31, 1950, the Registry file carried 1,993 Indian tuberculous patients, including 900 from Western Ontario as this Indian Region extends as far east as Chapleau. Folders have been set up for all cases and information is gradually being accumulated about contacts of each case as they are examined on clinics and surveys.

VACCINATION OF INDIANS WITH B.C.G.

The most extensive application of B.C.G. vaccine in Manitoba is among Indians, and this is a further step in protecting them from tuberculosis. The Regional Superintendent of Indian Health Services reports a total of 4,402 vaccinations in the last three years, as set out in the following table:

Year	Manitoba	Ontario	Non-Treaty & Whites	Total
1948	1,024	446	100	1,570
1949	1,579	292	18	1,889
1950	560	244	139	943
	3,163	982	257	4,402

He reports a 95% conversion to positive of the tuberculin test (Vollmer Patch), which persists for one year. Therefore, to be of lasting benefit it will be necessary to vaccinate on an extensive scale, with yearly repetition, if possible. Most of the Indians of school age and under in southern Manitoba, and to a limited extent in the northern areas, have been tuberculin tested and vaccinated. B.C.G. is given to the new born, if possible; to school children; given during treaty payments; and on house-to-house visits.

DYNEVOR INDIAN HOSPITAL

DURING the year 72 patients were admitted and 71 discharged, including eight deaths. There were 16,054 patient days for the year.

Patients received their regular Sanatorium care plus Streptomycin, P.A.S. and pneumothorax and pneumoperitoneum if indicated. In common with the other Sanatoria in Manitoba, one notices, with pleasure, that the far advanced cases of tuberculosis admitted in 1950, have dropped appreciably from previous years. No doubt this is the direct result of the X-ray surveys' excellent work in picking up early cases and getting them into hospital. The condition of the discharged cases is also very satisfactory, 84 percent being sent home classed as improved or better. Only three patients left against medical advice. The Dynevor staff is very proud of the meals they serve the patients, which no doubt is an important reason for our patients' happiness and contentment. At the end of the year we had 45 patients, most of whom were improving.

STAFF

Miss Law was Superintendent of Nurses until the end of August when she transferred, much to our regret, to duty at the Central Tuberculosis Clinic. Miss Stefansson, formerly on our staff, took over, and has been carrying on very efficiently. The Domestic and Nursing Staff have carried on their work efficiently and harmoniously throughout the twelve months. To each and every one of them I extend my thanks. It was due to their friendly and efficient co-operation that the daily work of the hospital was carried on in a spirit of service for the good of all the patients.

Again, I would like to thank Mrs. Cates, the School Teacher and Hobby Instructress, who carried on her work efficiently and contributed much to the patients' comfort and mental contentment. We are very fortunate to have her on the staff.

BUILDINGS AND EQUIPMENT

Dynevor Hospital now has a complete "New Look" on the inside.

New offices were made for the Superintendent of Nurses and the Medical Superintendent, and a new X-Ray and laboratory room provided. All these will help in the smooth working of daily hospital routine.

The main halls upstairs and downstairs have been made fire-resistant, and two fire doors have been added at strategic points. The walls of the big wards were rebuilt, new tile floors laid in the bathrooms and service rooms, linoleum flooring in the little boys' ward, and in the domestic staff dining-room. The floors in the domestic quarters were sanded smooth, shellacked, stained and varnished, and the walls and ceilings newly painted. The very bright, clean and homey appearance will no doubt help to make the staff happier and more contented.

All the rest of the hospital, including the passageway to the Nurses' Home, the ceilings, walls, floors, beds, bedside tables, other furniture, chart rooms, linen rooms and lamp rooms have been painted in pleasing tones of white, ivory, green, gold and black. Except for the large wards and the offices, the entire painting was done by the Dynevor staff. For their cheerful and hearty co-operation, I again extend my deepest thanks.

APPRECIATION

Again this year, the Christmas Season was the big event of the year for the patients. They had three Christmas Trees, one of our own, the second sponsored by the Kinsmen Club of Selkirk, and the third on New Year's Day by the Selkirk Lutheran Sunday School. The East Kildonan Kiwanis Club, and through them, the pupils of the Lord Wolseley School in East Kildonan, presented the Medical and Nursing Staff with a floor model radio-phonograph combination with records and 14 large cartons of presents for the patients. We also received gifts from many organizations in Selkirk, Winnipeg, points in Manitoba, Saskatchewan, and as far away as Montreal.

In conclusion I wish to thank the Sanatorium Board and the Dynevor Committee for their usual kindly help and co-operation. Also the members of the Medical, Accounting, X-Ray and Laboratory Departments at the Central Tuberculosis Clinic for their help throughout the year. Thanks are due to Dr. Wood, the Regional Superintendent of Indian Health Services and his staff, and to the Medical Superintendents of all Sanatoria for their help and advice throughout the year.

Respectfully submitted,

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

BRANDON SANATORIUM

It is my privilege to present the Fourth Annual Report of Brandon Sanatorium. We have continued to act as a diagnostic chest centre for Brandon and North Western Manitoba. We had a busy year, with 93,240 treatment days devoted to curing and eradicating tuberculosis amongst the Indian population.

During the flood period last spring, refuge was given to 56 patients for a period of five weeks. These patients do not enter into the following synopsis of our activities.

THE PATIENTS

There has been a continued improvement in the Indian's knowledge of his disease and in his attitude towards treatment and Sanatorium life. Considering the acuteness of disease, with proper treatment and diet he does very well.

When ready for discharge, it is a pity that he goes back to conditions which were, in part, the cause of his original trouble. Much thought and work is needed on the problem of rehabilitating the tuberculous Indian.

There has been little change in the type and location of tuberculosis amongst new admissions.

In all, 129 patients, 71 male and 58 female, were admitted. Seven were Metis and six were Eskimo, the remainder being Treaty Indian. New admissions totalled 79, with 24 transferred from other Sanatoria. Eighty-nine patients had lung tuberculosis, of which 44% were classified as far advanced and 23% as moderately advanced pulmonary tuberculosis. Of the 25 non-pulmonary tuberculosis cases, 15 were admitted for conditions other than tuberculosis.

For all reasons, 125 patients were discharged, including 100 who had been treated for tuberculosis. Twenty-one percent were apparently arrested and 22% were bacillary, quiescent, pulmonary tuberculosis. There were 24 deaths. The average stay for Tuberculosis conditions discharged, with treatment completed, was 435 days. This figure is likely to increase, because the pneumo patients have to be kept for much longer periods than in White sanatoria, there being no method of administering pneumothorax treatment in the remote regions which are the Indians' home.

TREATMENT

As shown by the above figure of 435 days, the most important phase of the treatment of tuberculosis (and I do not think it will hurt to repeat it) is long periods of rest combined with good medical, surgical, and nursing care and proper food. In providing this, every member of the staff has done good work.

Pulmonary Tuberculosis. The trend has been towards the more permanent forms of surgical collapse. Dr. A. H. Povah ably carried out all the operative procedures concerning the chest. Last summer, he spent two enlightening months studying under Dr. Overholt of Boston, bringing back an innovation which is a temporary lucite plombage in the first stage of thoracoplasty. It was used here on six patients and has proved to have several advantages over the more conventional method. In all, 63 stages of thoracoplasty were performed on 29 patients.

Pneumoperitoneum was administered 3,885 times to 75 patients. Accompanied by chemotherapy, it is useful in the "cooling off" period in pneumonic tuberculosis. It also provides a measure of collapse whilst preparing the patient for surgery.

There has been more careful selection of cases for pneumothorax. This has caused a considerable reduction in the number of fills, 1,306, and in the number of patients, 34, receiving it. Twelve of them started this year. This, in turn, reduced the number of pneumolyses to 12.

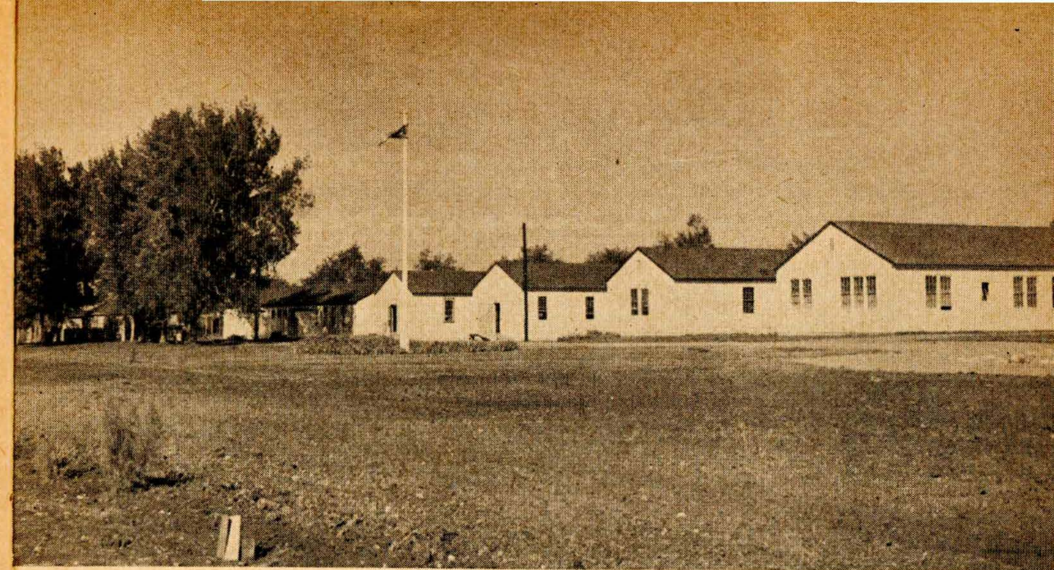
A useful instrument in the diagnosis and treatment of pulmonary conditions is the Bronchoscope, which was utilized 87 times on 73 patients.

Orthopedic. Seventeen operations were carried out by Dr. Alexander Gibson, two triple arthrodeses, and a successful costo-transversectomy for a Pott's paraplegic. One hundred and sixteen casts were applied, including 20 plaster beds, 10 spicas, and seven plaster jackets. It is in bone and joint tuberculosis with sinuses that chemotherapy works some of its most dramatic cures.

Tuberculous Meningitis. A tribute to streptomycin is the death of but one patient in six diagnoses. Altogether, we have eight out of 17 diagnoses living. One of them, a miliary meningeal case, has been discharged as cured. In the diagnosis, treatment, and follow-up of these patients, 347 spinal and seven cisternal punctures were performed.

Chemotherapy. Streptomycin was used in larger quantities than previously. In the latter half of the year, the combined use of streptomycin and P.A.S. was almost entirely in use in pulmonary conditions where there is a danger of developing streptomycin resistant strains of the tubercle bacillus. 8,273 grams were used on 223 patients. TB-1 was used in two cases without striking results.

Dentistry. Dr. B. Claman looked after the dental requirements at regular intervals during the year.



Part of Brandon Sanatorium.

Laboratory. There were 12,827 examinations done during the year. One of the main projects was an intensive check of patients receiving P.A.S. and TB-1. During the fall, blood was taken from all patients and sent to the Provincial Laboratory for agglutination tests for Tularemia.

X-Ray Department. During the year, 6,383 fluoroscopic examinations were done; 3,926 X-radiological examinations, including 1,148 on out-patients; 1,507 ultra-violet light treatments. Motion picture apparatus was kept in good repair.

Out-Patients. The Out-Patient Clinic, held on Wednesday afternoons, examined 1,050 patients, with 17 new tuberculosis cases found. Out-patients received 366 pneumothorax treatments. The co-operation of the Brandon Health Unit has been excellent in looking after the re-examination of known tuberculosis and contacts, which constituted about 50% of the work done.

Instruction. There has been continued interest shown in both the academic work and in handicrafts. While pupils in grades from One to Eleven have spent many hours in learning the basic subjects, attempts are continually being made to foster interest in their own problems and in their folklore. Already, the result has been two articles written for "The Messenger of Health" by patients here.

Proficiency in the crafts is illustrated by the 53 prizes taken at the Brandon Provincial Exhibition out of 93 entries. This was the outward show of the work done in keeping the patients busy at an occupation most suited to their physical condition. The sale of articles provides them with a small income for comforts.

STAFF AND GENERAL

We were adequately staffed medically until August, when Dr. K. Chu and Dr. G. A. Chan left. Since then, Dr. Povah and myself have carried on with the help of Dr. W. Shahariw, Senior Interne, who came on staff in October.

Miss M. F. Cascaden, Superintendent of Nurses, has managed to maintain a high standard of nursing care and to obtain a satisfactory replacement for any vacancy on her staff, in spite of the general shortage of Nurses.

The Heads of the Departments and their Staffs are to be complimented on the satisfactory way in which they have carried out their duties during the year.

The buildings and facilities have been kept in good repair, an unending job because of the type of construction.

We now feel that the appearance of Brandon Sanatorium is an asset to the community. In achieving this, continued repainting of the exterior of the buildings has been necessary. Mr. M. P. Tinline's thought and work is bringing forth fulfilment in the pleasing appearance of the grounds. His landscaping plans are being continued by the groundsmen.

My sincere thanks to: the Chairman and members of the Brandon Sanatorium Committee for their interest; the Medical Director, Dr. E. L. Ross, and the Executive Director, Mr. T. A. J. Cunnings, for their advice and guidance; Dr. W. J. Wood and the Staff of the Indian Health Services and Mr. R. S. Davis and the Staff of the Indian Affairs Department for their co-operation; and the various Units of the Department of Health and Public Welfare for their assistance during the year.

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

CLEARWATER LAKE SANATORIUM

IN 1950 Clearwater Lake Sanatorium completed its 5th year as diagnostic and treatment center for tuberculosis in the area "North of 53".

ADMISSIONS AND DISCHARGES

Patient days for the year totalled 55,077, an average occupancy of 151. The report for 1949 gave some indication that the hospital was fulfilling its function in reducing the number of infectious cases on each reserve, and thereby the incidence of fresh tuberculosis. Our admission statistics for the year just past confirm this impression. Forty-eight patients were admitted during 1950 for re-infection type pulmonary tuberculosis, of which 31.3% were minimal, 30.5% moderately advanced, and 33.3% were far advanced. In other words, 1/3 of the total pulmonary cases fell into each category. It is gratifying to compare this with, say, 1947, when 20% of admissions were minimal, 30% moderately advanced, and 50% far advanced. Another indication of this favorable trend is that the deaths from tuberculosis numbered 22, approximately the same as in the first years when we were operating at a bed capacity of 80-90.

TREATMENT

In general, treatment has proceeded as formerly. More chemotherapy has been used. Pneumoperitoneum and pneumothorax are still equal in ratio, very close to 1,000 of each treatment being used during the year. Bronchoscopy was done in increasing numbers, and invariably preceded any collapse therapy.

Laboratory and X-ray departments have again increased their work. The laboratory handled 6,295 examinations, 1,500 more than the previous year. All of these examinations were done by the one technician, Mrs. Carpick. The X-ray department increased its work by 740 examinations to a total of 10,439. Mr. Samolesky, as previously, was in charge of the X-ray work and, except for assistance during the summer clinics, carried it all himself.

MAINTENANCE

Construction projects completed during the year included one new dwelling house, together with sewage and steam heating system to service buildings No. 20 and 31, as well as the new house; the redecorating of all but three of the household units; installation of the tank and apparatus for handling heavier fuel oil; and an overall cleaning of the diesel power plant. A start was made on landscaping in front of the hospital, and some very urgent repairs to the water tower were completed to prevent its imminent disintegration.

Less glamorous to relate are the items which did not reach fulfillment during 1950. The supply of electrical power is now totally inadequate, and the winter months of 1950 have been notable for the continuous danger of plant breakdown due to overload.

During the coming year extensive repairs to the laundry building and provision of further staff housing units are imperative.

As in the previous year, all the construction and engineering services were under the direction of Mr. P. E. Johnson, for whose work I have but highest praise.

STAFF

Mr. Samolesky is leaving our service shortly, and I wish to pay here a most well merited tribute to his service with the Sanatorium Board.

In spite of several staff changes, Mr. Christianson's department has worked as efficiently as ever.

During the months of September and October, Miss Turnbull carried on as Matron without the help of graduate staff, and I wish to recognize her efforts at that time. In November she resigned, shortly after transferring her allegiance to the Accounting department. Her responsibilities as Matron were taken over by Miss Pearson, whom I have no doubt will be able to maintain this very difficult department at the high degree of efficiency of previous years.

I cannot close this report without recording the merit of Dr. Zajcew, my assistant. His capacity for work and his interest in the institution and its patients have been a constant stimulus to us all. When he leaves this summer to complete his qualifying examinations, the gap will not be readily filled.

Respectfully submitted,

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

Clearwater Lake Sanatorium, from the air

ST. BONIFACE SANATORIUM

THIS report is for the calendar year 1950, during which period the Sanatorium recorded 88,086 patient days. This is 8,494 less than the previous year when the figure was 96,580.

Because of the Red River flood, the Sanatorium was without patients from May 8th to June 12th, when everyone was either discharged home or to another Sanatorium for continuation of their treatment. Patients received treatment during this interval at Fort San, Ninette, Brandon and Fort William. We are indeed grateful to the Sanatoria in these areas and to the Sanatorium Board of Manitoba for every possible assistance during this trying time.

This Sanatorium has again contributed 280 beds for treatment in the Province. During most of the year there was a waiting list. The average daily occupancy of 248 patients is explained by the fact that during August, September, and October we had to curtail admissions due to an extreme shortage of all female staff. This unusual shortage appears to be explained by a poor harvest season preventing many people returning quickly to their city jobs.

ADMISSIONS AND DISCHARGES

Admissions and discharges each totalled 202 during the year.

Of the 202 patients admitted, 94 were female and 108 male. Of this number, six were under five years of age, four were over 70, and the decade contributing the largest number of patients was that from 30 to 39 years.

Of the total admissions 164 or 81.1% were for treatment of pulmonary tuberculosis. Of these, 38 or 23.17% were minimal, 61 or 37.19% moderately advanced, 55 or 33.53% far advanced, and 6 or 3.67% pleurisy with effusion.

Of the 202 discharges, 166 had received treatment for pulmonary tuberculosis. Their classification on discharge is as follows:

Arrested	10	—	6.2%
Apparently arrested	60	—	36.1%
Quiescent (1) Bacillary	12	—	7.2%
(2) Non-bacillary	28	—	16.8%
Improved	26	—	15.6%
Unimproved	5	—	3.0%
Dead	25	—	15.1%

TREATMENT

The average duration of treatment is as follows:

Pleurisy with effusion	9 months
Pulmonary Tuberculosis—Minimal	12 "
Pulmonary Tuberculosis—Moderately Advanced	14 "
Pulmonary Tuberculosis—Far Advanced	15½ "

Medical. The principle of medical treatment has not varied greatly in the past decade. However, two very striking adjuncts to treatment have been added to armamentarium, namely, Streptomycin and Para-Aminosalicylic, commonly known as P.A.S. These substances have greatly improved the results of treatment and no doubt have had a bearing on the lowered mortality rates which are now general throughout the country. These drugs have made it possible to salvage many cases that otherwise were found to be hopeless. This fact tends to increase the amount of reconstructive surgery required, adds to the number of treatment procedures and in some instances has resulted in cases living although not completely cured. Sanatorium beds will have to be provided for these people as they themselves are semi-invalids and are capable of transmitting the disease to others. This fact should be taken into consideration when the over-all plan for eradication of tuberculosis is being studied.

The death rate is falling steadily but this is not being paralleled by the morbidity rate. Figures have come to my attention indicating a rise in the morbidity rate. It is these figures that will likely influence the number of treatment beds required in future.

With regard to bone and joint tuberculosis, Streptomycin and P.A.S. have tended to shorten the length of treatment required and to make surgical interference possible earlier in the course of treatment. Sixteen percent of all discharges were labelled as bone and joint tuberculosis, in other words, 33 of the 202 discharges. Also, of the 202 discharges for all forms of tuberculosis, 48.49% had some bone and joint condition which required treatment as well as the major disability.

In the past 10 years, thoracoplasty has tended to be used more liberally. Pneumothorax has been applied to a smaller percentage but when the proper indications are present, this procedure is, we believe, yielding excellent results with a low complication incidence. We do not agree with some advocates that pneumothorax is obsolete but do admit that the indications of 15 or 20 years ago have had to be revised.

St. Boniface Sanatorium—Main Entrance.

X-Ray Department. The X-Ray Department serves both In and Out Patients. It is well equipped for all forms of diagnostic examinations. There were 1,215 chest films taken during the year, with 68 other parts of the body examined by X-ray, making a total of 1,283. Information for diagnosis or as a guide to treatment, especially pneumothorax, was obtained by 5,904 fluoroscopic examinations. These examinations are done by at least one member of the medical staff.

Laboratory. The Laboratory has been a valuable and busy department with a total of 6,516 procedures completed. For example, there were 3,762 hæmoglobin and blood sedimentation estimations done, and 282 gastric wash smears performed for tubercle bacilli. These procedures require considerable time for completion but are very important as they provide information in outlining treatment.

B.C.G. B.C.G. vaccination is being used, as in the past, for all negative tuberculin reactors. The technique has now been standardized and the procedure is going very satisfactorily. It is too early to draw conclusions as to the incidence of breakdown in Nursing and Medical personnel, but it appears that B.C.G. is producing a definite improvement in this regard.

Children's Building. 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. Forty-seven children were enrolled in school and are continuing their education though temporarily handicapped by tuberculosis. In addition, an Occupational Therapist is in attendance. She devotes her time exclusively to the children. The St. Boniface Kiwanis Club have sponsored this project and made it possible.

Out-Patient Department. The Out-Patient Department, directed by Dr. V. J. Hagen, has continued to serve discharged patients who need pneumothorax and other medical supervision. The number attending this clinic has gradually increased over previous years. The following figures will indicate this:

During the year, 711 persons were examined, 2,025 pneumothorax refills were given, which is an average of 44 refills per week. In the X-ray department, as a service to these patients, there were 2,005 fluoroscopic examinations, a total of 795 X-ray films made—of these 87% were taken on the 4 x 5 Photofluorographic Unit. In all, 802 individuals are registered in this department. Some of these people receive regular pneumothorax treatments or, if they do not carry pneumothorax, are being followed as part of the post-sanatoria follow-up regime.

To have this Department has rounded out the service to many patients and I feel it is valuable to the Medical Staff and affords an opportunity to observe results of treatment. This service is entirely voluntary on the part of the Sanatorium and to date no financial recognition has been obtained.

REHABILITATION

The Rehabilitation Division, under the guidance of Mr. S. C. Sparling, has enrolled 60 patients in 41 units of academic work. Mrs. Pauline Hill, appointed by the Sanatorium Board of Manitoba, has devoted the majority of her time to teaching and assisting the patients in the Sanatorium; the remainder of her time is devoted to teaching at the Central Tuberculosis Clinic. She has worked faithfully and her services are greatly appreciated by the staff and patients.

STAFF

The Medical Staff consisted of Medical Director, Assistant Medical Director, two Senior Physicians and one undergraduate Interne. The doctor-patient ratio has been 1 to 56 patients—an ideal ratio is 1 to 50 patients. The honorary attending Medical Consultants are listed elsewhere. They have been loyal and faithful to their duty. We have used their knowledge and advice as indicated and wish at this time to record our thanks for their service during the year. I, personally, would favour remuneration to Consultants, which was under discussion by the Medical Advisory Committee as recorded in the Annual Report of 1948.

Registered Nurses on the staff of the Sanatorium have again been conspicuous by their absence. Due to the increased demands for Registered Nurses service elsewhere, and probably also due to the fact that most Registered Nurses are not receiving training in tuberculosis nursing, the tendency has been to veer away from Sanatorium work. In some cases friends and relatives are advising the Nurses to seek what they believe to be less hazardous fields of Nursing. This is no doubt natural, due to the vigorous anti-tuberculosis campaign and to the aroused interest of the general public. However, statistics do not show that Sanatorium Nursing is more dangerous than general hospital duty. The Sanatorium has relied on Practical Nurses and Nurses' Aids to fill the nursing need.

TEACHING OF MEDICAL STUDENTS

This year, as in the past, Friday morning of each week is set aside for the teaching of Medical Students in the art of physical examination. During the summer vacation and other holidays, 28 Medical Students came to the Sanatorium for the required two weeks undergraduate training in a Sanatorium. The Professor of Medicine personally supervises the Friday morning teaching periods and his presence has been an inspiration to the Medical Staff.

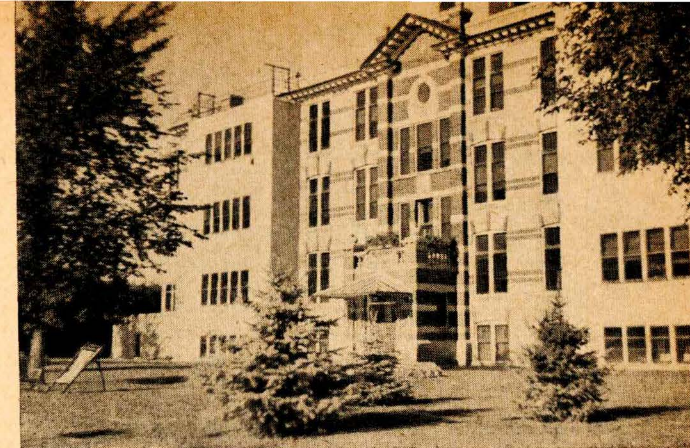
APPRECIATION

For most excellent assistance and co-operation during the past year, I wish to thank the Chairman and Members of the Sanatorium Board of Manitoba, and all the members of all Departments of Health of the Province and the Cities, the Department of Veterans Affairs, the Department of Indian Affairs, and all Sanatoria and agencies operated by the Sanatorium Board, with whom we have had dealings during the year.

Finally we wish to express our appreciation and to thank Judge Beaubien and the members of our Advisory Committee for excellent service and advice during the year.

Respectfully submitted,

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



King Edward Memorial Hospital

Winnipeg Municipal Hospitals

KING EDWARD MEMORIAL HOSPITAL

THE following summarizes the activities of the section of Tuberculosis and disease of the respiratory system in the Municipal Hospitals for the year ending 31st December, 1950.

THE FLOOD

In our Institution there still remains evidence of the catastrophic low-light of the year—the Red River Flood. Nearly 200 patients were evacuated on the 6th May, 1950, in just over two hours. For a period our staff ran an infectious disease unit at the Children's Hospital and tuberculosis units at Deer Lodge Hospital, and at Fort Qu'Appelle and Saskatoon Sanatoria. By the 12th July, 1950, our patients had returned to the Hospital, which was functioning with a great deal of difficulty. Indeed, we were forced to continue with improvisations until our active treatment unit and Out-Patient Department were restored to functioning on the last day of the year. But all essential services were maintained and adequate X-ray facilities were available with the great help of the City Health Department, Central Tuberculosis Clinic, and Ferranti X-Ray Company.

GENERAL

Naturally there was a decrease in the activities of some Departments. But total treatment days were 50,983 as compared to 56,855 in 1949, and O.P.D. examinations 546 as compared to 1,852. Cost per patient day rose to approximately $6.00.

Although the drop in our death rate is more apparent than real (due to re-admission of patients temporarily discharged on account of the flood), there has been a definite decrease in total deaths due to tuberculosis, 11 compared to 16 last year.

Two Departments, Rehabilitation and Physiotherapy, are contributing increasingly valuable aid in our management of tuberculosis.

During the year, three of our staff completed their treatment for tuberculosis and are now back at full-time work.

MEDICAL RESEARCH AND TEACHING

Some extensive plans re research in pulmonary function were of necessity delayed. It is anticipated that this will be started in 1951 with assistance from the Federal grants.

Clinics and lectures were given to Fourth Year Medical Students and affiliated student nurses. St. Boniface Hospital internes spend one month on our service and a number of Third Year Medical students received their undergraduate training in tuberculosis.

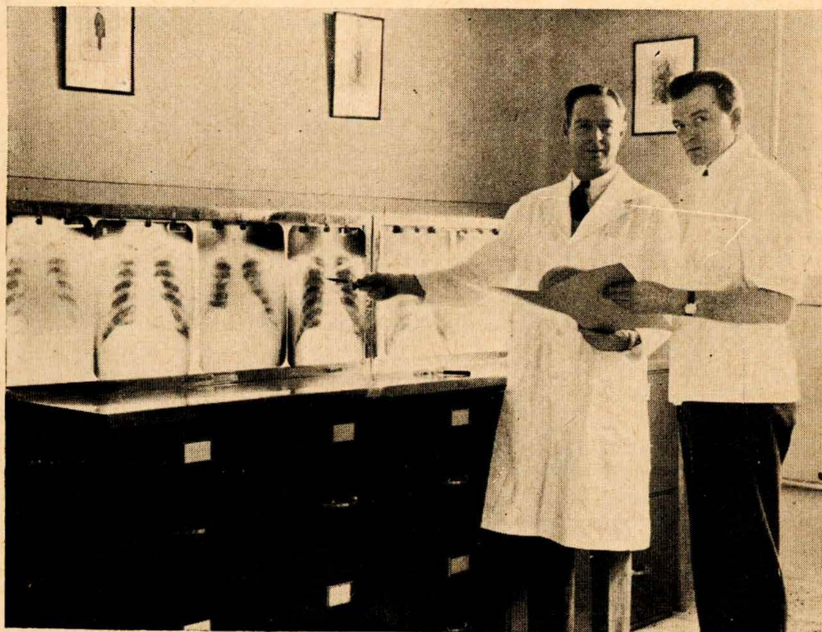
Clinical Medical Luncheons are held on the second Tuesday of each month. General Staff Conferences, Saturday mornings, are open to private physicians. Here all In-Patients' X-rays taken throughout the week are reviewed.

APPRECIATION

In conclusion may I express my appreciation for the help received from the many organizations and individuals during the disastrous flood, and for the continuing fine co-operation from our staff, the Sanatorium Board of Manitoba, the St. Boniface Sanatorium, Deer Lodge Hospital, The City and Provincial Health Departments and the Medical Department of the University of Manitoba Medical College.

Respectfully submitted,

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

THE counselling of patients with respect to training, future employment, and general welfare problems is a continuing process, which is carried on from the time the patient is admitted until he is back on the job.

The aim during the early days of treatment is to help the patient organize his thoughts about the future, so that at least a tentative objective can be formulated and the in-sanatorium training program commenced.

The Rehabilitation Officer, who is chiefly responsible for counselling, divides his time among the three institutions: Manitoba Sanatorium, King Edward Hospital, and St. Boniface Sanatorium.

IN-SANATORIUM TRAINING

Patients who obviously are going to have to change from the heavier more physically strenuous jobs to lighter employment can do much while taking treatment to prepare themselves for this change. Often it is necessary to raise academic qualifications to a point which makes technical and vocational training possible at a later date. Others who have sufficient academic education proceed with vocational correspondence courses, such as radio, repair, commercial, watch-making, etc. Others who have not the interest in studies prefer to occupy their time learning new handicrafts. The following statistical report is offered as evidence of the excellent achievements of the rehabilitation workers in the three institutions.

199 patients received academic instruction at grade levels from I to XII inclusive;
90 patients were receiving academic instruction at year's end;
282 academic subjects were completed in sanatoria throughout the year;
95 students studied vocational courses, technical and commercial, in sanatoria, during the year;
66 units of vocational study were completed;
100 students were engaged in vocational courses at year's end, including those studying at home;
609 patients received instruction and assistance with occupational therapy and handicrafts throughout the year.
323 patients were engaged in handicraft work, under supervision of the Occupational Therapy Departments, at year's end.

The workers in all institutions deserve much credit for a year of fine achievement but special mention should be made here of the educational program at Manitoba Sanatorium. Activities there have steadily expanded during the year and Miss Margaret Busch has been largely responsible for the success of that program. Two teachers have been engaged recently to carry on the expanded program. In acknowledgement of the fine work being carried on, a paragraph from Miss Busch's report is included here:

"I would like to make special mention of Mike Andruschuk in this report. As shown in previous reports, Mike was registered as a student here in Grade VI in 1947, and in two years he had completed the required work in Grades VI, VII and VIII, with honors. In 1949 he took the complete Grade IX course with an average of 94%, and in 1950 he completed the Grade X course with an average of 92%. This was done from January to September. Following his discharge from this Sanatorium he was registered as a student in the Teulon High School. In correspondence with Mike, I find that he was not only able to register in Grade XI with students who had taken Grade X in regular high schools, but was ready for the accelerated Grade XI course. It is also interesting to note that in the fall term examinations he stood at the head of his class with an average of 88%. I feel that Mike is a credit to our school here, and his future progress should be a matter of interest to us.

"Elvira Schroeder was another outstanding student during this year as she completed six Grade X subjects with an average of 92%, in spite of several physical setbacks.

"In the intermediate level, special mention should be made of Bessie Saunders, who in the past year was promoted through Grades IV, V, and VI and who is now enrolled in Grade VII. At the beginning of 1949 Bessie was only in Grade II. Margaret Dysart also completed the required work in Grades V, VI and most of Grade VII this past year."

The assistance of the Department of Education is hereby acknowledged and our thanks extended particularly to Mr. C. J. Hutchings, Director of the Correspond-

ence Branch, and Mr. L. S. Smith, Technical School Inspector, for their splendid co-operation throughout the year.

POST-SANATORIUM TRAINING

Too much emphasis cannot be placed on training. When treatment is complete, training is the keystone of a sound rehabilitation program.

Greater use was made of the Manitoba Technical Institute in 1950. During the year 25 ex-patients were given training in this Center in vocational courses such as watchmaking, upholstering, cabinet making and commercial courses of all kinds. On follow-up investigation, 23 of these were employed in the occupation for which they were trained, one was self-employed at a laboring job without advice, and the other chap employed suitably as a hotel clerk.

The problem of providing maintenance for ex-patients taking extended training courses still exists, but it is likely that this problem will be cared for before too long.

JOB PLACEMENT

The job placement situation continues to be satisfactory for patients who meet the necessary qualifications. On one or two occasions during the past year employees were not accepted back into their former employment because of their tuberculosis history. These cases are becoming fewer, however, as a result of the constant efforts being made to widen the employer's knowledge of tuberculosis. Employers and personnel managers as a group are beginning to recognize the importance of facing the problem of the handicapped and are taking a much more enlightened view of it.

The special placements division of the National Employment Service under Mr. Wm. Hutton, has given us excellent service throughout 1950. Special mention should be made of the work of Miss B. Hutchings whose report indicates 51 successful placements of female ex-patients, and of Miss Sally Kilvert who handled arrangements for vocational training students. The facilities of this division enable us to procure the training of ex-patients at no cost.

GENERAL

Of particular note is the recent conference on Rehabilitation called by the Federal Government. We were privileged to be a delegate at this three-day conference and found the whole tone of the conference to be most encouraging.

Also of interest is the development of a Rehabilitation Committee under the sponsorship of the Welfare Council of Greater Winnipeg. This Committee has considerable promise and it is felt that it will act as a means of stimulating new programs and coordinating existing efforts in the general field of rehabilitation. Our active support has been given to this Committee.

We have continued to take an interest in the Wheel Chair Centre, an organization set up to promote the rehabilitation of paraplegic and post-polio girls in Manitoba; and in the Society for Crippled Children of Manitoba, another new organization formed to promote the care and general welfare of the crippled children of the Province.

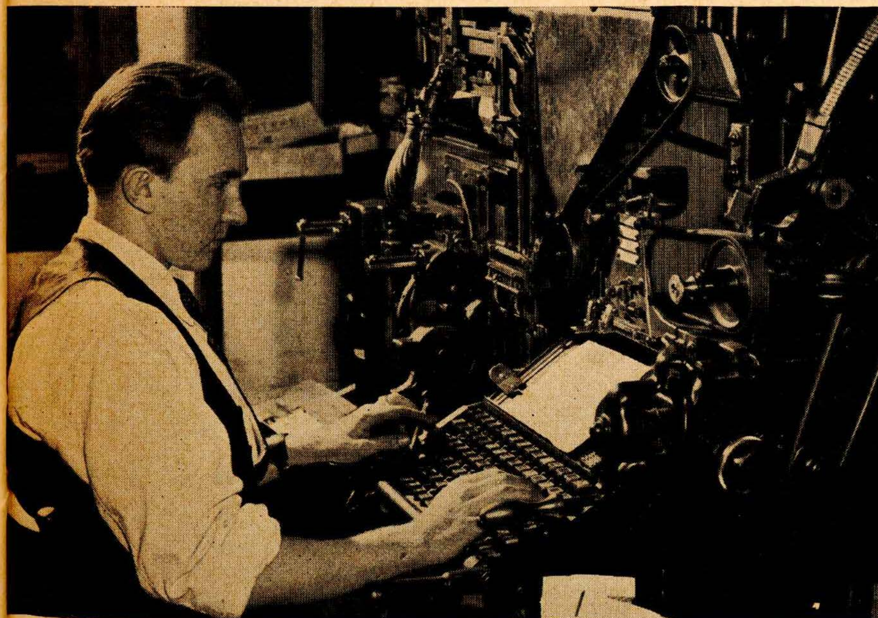
In conclusion sincere thanks is extended to Dr. A. L. Paine, Dr. A. C. Sinclair and Dr. J. L. Downey and other members of the medical and office staffs for assistance and cooperation given this Department throughout the year. Without it we could not function. To Dr. Ross, Dr. Scott and Mr. Cunnings I should also like to extend my personal thanks for their support and guidance throughout the year.

Respectfully submitted,

S. C. SPARLING,
Rehabilitation Officer.

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.



Records

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as Indians		Eskimos	
	1949	*1950*	*1949*	*1950*	*1949*	*1950*
Patients on File, Dec. 31	**4,145**	**4,023**	**1,557**	**1,689**	**28**	**23**
Primary type	112	107	343	237	2	2
Re-infection type	4,033	3,916	1,214	1,452	26	21
Patients at Home						
Active pulmonary tuberculosis	**172**	**184**	**129**	**149**		**1**
Of these, known to be bacillary	50	46	7	7		
New Cases diagnosed in Manitoba Jan. 1—Dec. 31	**693**	**675**	**483**	**282**	**5**	**9**
Primary type	47	36	167	66	1	
Re-infection type	646	639	316	216	4	9
Of these, New Active Cases—Classified	**427**	**364**	**402**	**239**	**5**	**9**
Primary type	47	36	167	66	1	
Re-infection type						
Minimal	117	96	90	46	2	
Moderately advanced	76	57	41	28		
Far advanced	81	63	37	36	2	5
Pulmonary tuberculosis, extent not stated	22	12	15	20		
Tuberculous pleurisy	34	36	19	13		
Non-pulmonary tuberculosis	50	64	33	30		4
New Diagnoses admitted to Sanatoria	**260**	**234**	**144**	**118**	**5**	**9**

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians
EXAMINATIONS at all clinics and surveys, Jan. 1—Dec. 31, 1950	**176,378**	**15,391**
Stationary Clinics	10,332	108
Travelling Clinics	5,118	87
Surveys—in Manitoba	160,752	9,650
—outside Manitoba (Sanatorium Board)	176	5,546
NEW CASES of tuberculosis diagnosed at Clinics and Surveys	**518**	**147**
Stationary Clinics	171	14
Travelling Clinics	41	5
Surveys—in Manitoba	306	128
Of these, new cases of Primary Infection Type	**28**	**43**
Stationary Clinics	5	
Travelling Clinics	12	
Surveys—Manitoba	11	43
New Cases of Re-infection Type	**490**	**104**
Stationary Clinics	166	14
Travelling Clinics	29	5
Surveys—Manitoba	295	85
CONTACTS EXAMINED at clinics	**5,894**	**66**
Stationary Clinics	3,111	26
Travelling Clinics	2,783	40
OLD TUBERCULOUS PATIENTS REVIEWED	**4,810**	**266**
Stationary Clinics	3,565	22
Travelling Clinics	742	10
Surveys—Manitoba	503	234

Pneumothorax Treatments given at all stationary clinics..........**6,403**

INSTITUTIONAL STATISTICS

	Whites		Reported as Indians		Eskimos	
	1949	*1950*	*1949*	*1950*	*1949*	*1950*
PATIENTS IN SANATORIA as at December 31	**701**	**692**	**447**	**447**	**9**	**13**
PATIENTS ADMITTED to Sanatoria						
Jan. 1 to Dec. 31	**851**	**967**	**410**	**370**	**6**	**10**
Tuberculous patients admitted	**769**	**874**	**306**	**272**	**5**	**7**
First Admissions	**346**	**320**	**252**	**187**	**5**	
Primary type	5	13	26	18	1	
Re-infection type:						
Minimal	102	90	69	40	1	
Moderately advanced	89	86	60	42	1	
Far advanced	92	67	58	54	2	5
Tuberculous pleurisy	28	29	13	5		
Non-pulmonary tuberculosis	30	35	26	28		2
Re-admissions	**305**	**449**	**54**	**77**		
Primary type	1	3	1	1		
Re-infection type:						
Minimal	44	73	11	1		
Moderately advanced	103	143	16	25		
Far advanced	127	189	13	22		
Tuberculous pleurisy	5	8	1			
Non-pulmonary tuberculosis	25	33	12	11		
Patients admitted for review	**118**	**105**		**8**		
TUBERCULOUS PATIENTS TRANSFERRED within Manitoba	**274**	**239**	**55**	**53**	**1**	**1**
PATIENTS DISCHARGED from Sanatoria Jan. 1 to Dec. 31	**844**	**974**	**345**	**379**	**3**	**4**
Tuberculous patients discharged	**756**	**880**	**257**	**283**	**2**	**3**
Discharged after review	118	105		8		
Discharged with arrested tuberculosis	52	53	70	65		
Discharged with apparently arrested tuberculosis	203	142	35	65		
Discharged with quiescent tuberculosis	161	199	41	47		1
Discharged with improved tuberculosis	105	201	28	31		
Discharged with unimproved tuberculosis	55	118	13	15		
Discharged dead	62	62	70	52	2	2
Discharged against medical advice	**52**	**35**	**9**	**7**		

BALANCE SHEET as at 31st DECEMBER, 1950

MANITOBA SANATORIUM, CENTRAL TUBERCULOSIS CLINIC AND SPECIAL FUNDS

ASSETS

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Cash on Hand and in Bank			
Petty Cash	$ 1,500.00	$ 75.00	
Bank of Montreal—Payroll Account	79.75	17.36	
	$ 1,579.75	$ 92.36	$ 1,672.11
Accounts Receivable			
Municipalities, etc.—Treatment	$ 26,226.00	$ 4,309.70	
Provincial Government—Municipal Levy	28,813.99	4,071.32	
Payroll Advances	275.13	23.00	
Endowment Fund No. 1	3,395.45	—	
Endowment Fund No. 2	34.97	1,201.43	
Associated Indian Hospitals	—	1,154.68	
Miscellaneous	1,339.72	63.85	
Federal Health Grant	2,125.59	3,008.61	
	$ 62,210.85	$ 13,832.59	$ 76,043.44
Bequests			
Estate John Yellowlees—Deed of Land	$ 1.00		$ 1.00
Inventories and Deferred Charges			
Supplies on Hand—per Schedule No. 1	$ 41,765.07	$ 2,801.96	
Deferred Charges	6,454.72	2,452.48	
Accountable Film Supplies	—	3,572.62	
Accountable Streptomycin Supplies	—	222.17	
	$ 48,219.79	$ 9,049.23	$ 57,269.02
General Account			
Cash on Hand	$ 40.28	$ —	
Bank of Montreal—Current	10,015.23	10,055.51	
Federal Health Grant	—	14,853.44	
Provincial Government—Municipal Levy	—	17,103.97	
Group Insurance—Associated Indian Hospitals	—	548.36	42,561.28

	Cost	Depreciation Reserve	Book Value	
Land, Buildings, Plant and Equipment				
Land and Improvements	$ 10,852.71	$ —	$ 10,852.71	
Buildings	623,476.16	485,023.27	138,452.89	
Plant and Machinery, Heating, Lighting, Water and Sewage	133,317.91	89,032.60	44,285.31	
Furniture	18,187.64	16,204.06	1,983.58	
Equipment	74,897.89	60,669.82	14,228.07	
Laundry Equipment	9,401.46	616.80	8,784.66	
Automobile	2,288.42	190.70	2,097.72	
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	
	$890,911.52	$660,629.23	$230,282.29	
Furniture and Equipment—Central Tuberculosis Clinic	780.90	144.54	636.36	
	$891,692.42	$660,773.77	—	$230,918.65

Endowment Fund No. 1			
Bank of Montreal—Winnipeg—Savings Account		$ 4,654.29	
Accounts Receivable—Manitoba Sanatorium		25.00	
Investments at par, as per Schedule No. 6		90,500.00	
Accrued Interest on Bonds		800.40	95,979.69
Endowment Fund No. 2			
Bank of Montreal—Winnipeg—Current Account		$ 57,435.34	
Bank of Montreal—Winnipeg—Savings Account		183.01	
Bank of Montreal—Belmont—Savings Account		415.89	
Cash on Hand		1,144.37	
Investments at par—as per Schedule No. 6		8,000.00	
Accrued Interest on Bonds		28.20	
Accounts Receivable—Manitoba Sanatorium		50.19	
Accounts Receivable—Central Tuberculosis Clinic		265.61	
Accounts Receivable—Associated Indian Hospitals		126.40	
Accounts Receivable—Miscellaneous		235.11	
Inventories and Deferred Charges		1,597.45	
Dept. of National Health and Welfare—Indian Health Services		7,617.84	
Federal Health Grant		4,685.27	
Vehicles and Mobile Units	$ 22,899.60	—	
X-Ray and Similar Equipment	40,436.78	—	
Furniture and Other Equipment	8,823.60	—	
	$ 72,159.98	—	
Less Reserve for Depreciation	64,437.73	7,722.25	
Contributed Capital Assets—Federal Health Grant (in General Hospitals)	$ 32,404.95	—	
Less Reserve for Depreciation	21,603.30	10,801.65	100,308.58
Employees' Emergency Fund No. 1			
Bank of Montreal—Winnipeg—Savings Account		$ 457.34	
Investments at par, per Schedule No. 6		17,500.00	
Accrued Interest on Bonds		146.10	18,103.44
Employees' Emergency Fund No. 2			
Bank of Montreal —Winnipeg—Savings Account			88.57
Building Fund			
Bank of Montreal—Winnipeg—Savings Account			8.16
			$622,953.94

LIABILITIES

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Bank of Montreal			
Demand Loan	$ 10,000.00		
Overdraft—Current Account	4,760.50	$ 12,453.53	
	$ 14,760.50	$ 12,453.53	$ 27,214.03
Accounts Payable			
Trade Accounts	$ 21,441.84	$ 6,012.11	
Accountable Supplies	—	3,794.79	
Accrued Wages and Cost of Living Bonus	1,491.40	623.56	
Patients' Safekeeping	71.00	79.90	
Retirement Annuity Contributions	1,113.90	1,244.58	
Group Insurance Contributions	191.00	222.47	
Endowment Fund No. 1	25.00	—	
Endowment Fund No. 2	50.19	265.61	
Miscellaneous	123.07	17.00	
	$ 24,507.40	$ 12,260.02	$ 36,767.42
Patients' Entertainment Fund	$ 1,385.28	—	1,385.28
Reserve for Inventories	$ 2,860.65	—	2,860.65
General Account			
Endowment Fund No. 2		$ 4,685.27	
Brandon Sanatorium—Municipal Levy		1,088.85	
Clearwater Lake Sanatorium—Municipal Levy		263.18	
St. Boniface Sanatorium—Municipal Levy		20,944.69	
			26,981.99
Capital Surplus			
Provincial Government Capital Grant—			
Balance—31st December, 1949	$ 41,500.00	—	
Additional Grants—1950	10,000.00	—	
	$ 51,500.00	—	
Less Appropriated for Depreciation	3,850.00	—	47,650.00
Surplus			
Balance at Credit—31st December, 1949	$ 49,106.83	$ 493.11	
Add:—			
Contributed Capital Assets—Federal Health Grant	2,324.26	—	
Capital Equipment purchased with Grant from Building Fund	350.74	—	
Capital Equipment purchased with other Grants	470.93	—	
Grant from Endowment Fund No. 2—Recreation Center	19,000.00	—	
Liquidation of Bank Indebtedness—Prov. Govt.	180,000.00	20,000.00	
Revenue Adjustments—Prior Years	—	549.45	
	$251,252.76	$ 21,042.56	
Deduct:—			
Sale of 500 Shares—A. R. McNichol Ltd.	$ 1.00	—	
Adjustment of Maintenance Charges—Prior Years	35.78	—	
Adjustment of Per Capita Grant Receivable, Central Tuberculosis Clinic, in accordance with legislation 22nd April, 1948	—	$ 5,570.21	
Excess of Expenditure over Revenue—per Exhibit B	765.07	317.13	
	$ 801.85	$ 5,887.34	
Balance at Credit—31st December, 1950	$250,450.91	$ 15,155.22	$265,606.13
Endowment Fund No. 1			
Grant Payable to Manitoba Sanatorium		$ 3,395.45	
Capital Account		92,584.24	
			95,979.69
Endowment Fund No. 2			
Accounts Payable		$ 8,933.84	
Accounts Payable—Manitoba Sanatorium		34.97	
Accounts Payable—Central Tuberculosis Clinic		1,201.43	
Accrued Cost of Living Bonus		600.77	
Capital Account		78,735.92	
Contributed Capital Assets—Federal Health Grant (in General Hospitals)		10,801.65	
			100,308.58
Employees' Emergency Fund No. 1			
Capital Account			$ 18,103.44
Employees' Emergency Fund No. 2			
Capital Account			88.57
Building Fund			
Capital Account			8.16
			$622,953.94

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.

A Retirement Annuities Reserve of $101,297.12 has been built up at 31st December, 1950, for the benefit of employees under the Pension Plan. The Reserve is made up as follows:

Employer's Contributions—Past Service	$ 29,061.69
Employer's Contributions—Future Service	30,277.03
Employees' Contributions	41,958.40
	$101,297.12

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, Central Tuberculosis Clinic and the

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 tuberculosis control program can only be carried on successfully through the interested and loyal support of thousands of citizens throughout the Province" in the words of the Chairman of the Board.

"Deepest appreciation is extended to all those who contributed to the Christmas Seal Fund, which pays for the X-ray Survey Program, for travelling clinics, educational material, and for the rehabilitation service. And to municipal officials, the clergy, teachers, women's organizations, newspaper editors, radio station executives and responsible citizens generally who join in organizing, publicizing, and in every way advancing the cause of prevention.

"Again, I should like to extend special thanks to members of the Associated Canadian Travellers at Winnipeg and Brandon, and in association with them, radio stations CJOB and CKX, who contribute generously of their time and effort to render assistance to the Board and to the people of this Province. We appreciate, too, the scores of people who contribute their talent to make the Travellers' programs successful, and the people who support the amateur contestants and who, by their contributions, pay for thousands of free chest X-ray films."

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

MANITOBA SANATORIUM

Clergy

Belmont: Rev. George Ebsary, Anglican Church—**Brandon:** Rev. Father Borys of the Greek Catholic Church—**Dunrea:** Rev. Father Bertrand of the Roman Catholic Church—**Ninette:** Rev. T. A. Payne of Ninette United Church—**St. Boniface:** Rev. Father R. Beaulieu, O.M.I.

Entertainment

Brandon: Brandon Musicians Association; St. Augustine Catholic Youth Organization; St. Paul's Church Young People's Club.

Flowers

Killarney: Dr. J. Dickson and the Church of England—**Morden:** Experimental Farm—**Ninette:** Messrs. John Spakman and W. B. Stewart—**Vancouver, B.C.** Mrs. J. Shannon.

Other Gifts

Winnipeg: Agenda Service Club; Associated Canadian Travellers, Ladies' Auxiliary; Canadian Legion, Ladies' Auxiliary; Canadian Red Cross; Delta Delta Sorority; T. Eaton Company, Limited; Engineers' Wives' Association; Fellowship Club; E. B. Frost, Ogilvie Flour Mills; I.O.D.E., Silver Wings chapter; Jewish Family Service; L. J. Kiely; H. L. MacKinnon Co., Ltd.; G. W. Miller, Kingdon Printing Co., Ltd.; Dr. Allan R. Montgomery; Simmons Limited; Ukrainian Young Women's League; Universal Craftsmen Council of Engineers, No. 44, Ladies' Auxiliary; George Weston Company Limited; Winnipeg Caterers Association; Women's Air Force Auxiliary—**St. Boniface:** Modern Dairies Ltd.

Baldur: Mrs. J. W. Christopherson—**Boissevain:** Mrs. Shaw—**Brandon:** Canadian Paint Co., Miss Georgie McPherson—**Brandon Hills:** Busy Bees—**Carman:** Mr. and Mrs. J. W. Bridge, Neil Love, A. Malcolm—**Glenboro:** Rev. Eric H. Sigmar—**Goodlands:** Goodlands Women's Association; Rev. T. W. Waddell, United Church—**Killarney:** H. G. T. Women's Institute—**Langruth:** Lutheran Ladies Aid—**Morden:** I.O.D.E., Dr. David Stewart Chapter—**Ninga:** Ninga Community Club—**Portage la Prairie:** Hill's Drug Store—**Ste. Rose du Lac:** Glee Wendell.

Estevan, Sask.: Mrs. Elsie Littler—**Toronto:** An anonymous donor of Canadian Nature Magazine.

Albert Copper Club; Mrs. Thos Anderson; J. B. Davidson; Mrs. Lilly Fraser; Lily So and Sew Club; A. D. McIntyre; Johnson McPherson; J. Mostoway.

DYNEVOR INDIAN HOSPITAL

Clergy

Selkirk: Rev. T. C. B. Boon, St. Peter's Anglican Church—**St. Boniface:** Rev. Fr. Romeo Beaulieu, O.M.I.

Gifts

Selkirk: Brown's Bread Ltd.; Coca Cola Ltd.; Gilhuly's Drug Store; I.O.D.E.; Kinsmen Club; North American Lumber & Supply Company Ltd.; Robertson Meat Market; Rotary Club; The people of Selkirk who placed gifts under the Dynevor Christmas tree in Mr. Kovitz's store.

Winnipeg: C. E. Drewry; H. L. MacKinnon Company Ltd.; The T. Eaton Company Ltd.; the Y.M.C.A.

Alameda: United Church Sunday School—**Bissett:** Bissett United Church, Women's Auxiliary—**East Kildonan:** Pupils of Lord Wolseley School; Kiwanis Club—**Grand Marais:** Mrs Ruth Powell—**Reston:** United Church Young Women's Guild—**Transcona:** Girl Guide Group—**Montreal, P.Q.;** H. W. Flemming.

BRANDON SANATORIUM

Clergy

Griswold: Mr. Ireland, St. Luke's Mission—**St. Boniface:** Rev. R. Beaulieu, O.M.I.

Gifts

"Special Note is made of the Ladies' Auxiliary of the Associated Canadian Travellers, for their continued interest in us and for their gifts, including a radio with loud speakers for the Children's Ward."—Dr. J. G. Fyfe, Medical Superintendent.

Brandon: Associated Canadian Travellers, Ladies' Auxiliary; Brandon Chamber of Commerce; Brandon Little Theatre; Brandon Kinsmen's Club; Brandon Collegiate, 1D Students, First Year Home Economics; Brandon Barber Shop Quartette; B'nai B'rith Brandon Lodge 1748; Canadian Legion, Ladies' Auxiliary; Brandon Boy Scouts; First Baptist Church, Young People's Union; The Kellogg Company; Mrs. A. McPherson, R. R. No. 4; Mrs. J. Manson, 534 Princess Avenue; St. George's Anglican Church, Senior Women's Auxiliary; St. Matthew's Anglican Church, Senior Women's Auxiliary; I.O.D.E., Prince Alexander of Teck chapter; St. Paul's United Church, Young People's Choir; Miss M. A. Yeomans, 1352 Eighth Street.

Bethany: Bethany Junior Auxiliary—**Oxford House:** United Church Women's Auxiliary—**Sandy Lake:** Mr. L. Budgell and the People of the Sandy Lake Indian Reservation—**Varsity View:** Mrs. J. R. Aikman.

CLEARWATER LAKE SANATORIUM

Clergy

H. E. Most Reverend Bishop Martin Lajeunesse, O.M.I., Vicar Apostolic of Keewatin; Rev. L. Poirier, O.M.I.; and the Roman Catholic Missions throughout the North—**Flin Flon:** Rev. R. B. Horsefield—**The Pas:** Rev. J. C. Bower and Rev. G. M. James, Anglican Church; Rev. Aitkin Harvey, United Church; Captain Pamphlin, Salvation Army—**Sturgeon Landing, Sask.:** Rev. Father Giard, O.M.I..

Gifts

Flin Flon: CFAR radio station; Mrs. S. Harrison; W. J. Perepeluk; A. Walker, Pres. of Rotary; F. W. Woolworth Co., Limited.

Fort Churchill: Mrs. A. C. Elliott.

The Pas: Fred Anderson, Pres. U.P.Y.A., Christ Church; B.P.O. Elks; Jack Graham; Hayes' Funeral Home; Northern Hardware.

Sherridon: Dr. A. E. McGregor and daughter; Rev. Father John Patrick; J. Reid; St. Simon's Anglican Church Sunday School.

Bethany: Miss Lillian Hyett, Leader, Junior Auxiliary.

Winnipeg: The Canadian Save the Children Fund, Manitoba Committee; H. L. MacKinnon Co., Limited.

Melville, Sask., Mrs. L. P. McDonald, Junior W.A., All Saints' Church.