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**TUBERCULOSIS CONTROL  
IN MANITOBA  
1951**

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*Annual Report  
of the  
Sanatorium Board  
of Manitoba*

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

Health Education Service of the  
**CHRISTMAS SEAL FUND**

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

WF 200  
San  
1951

# **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

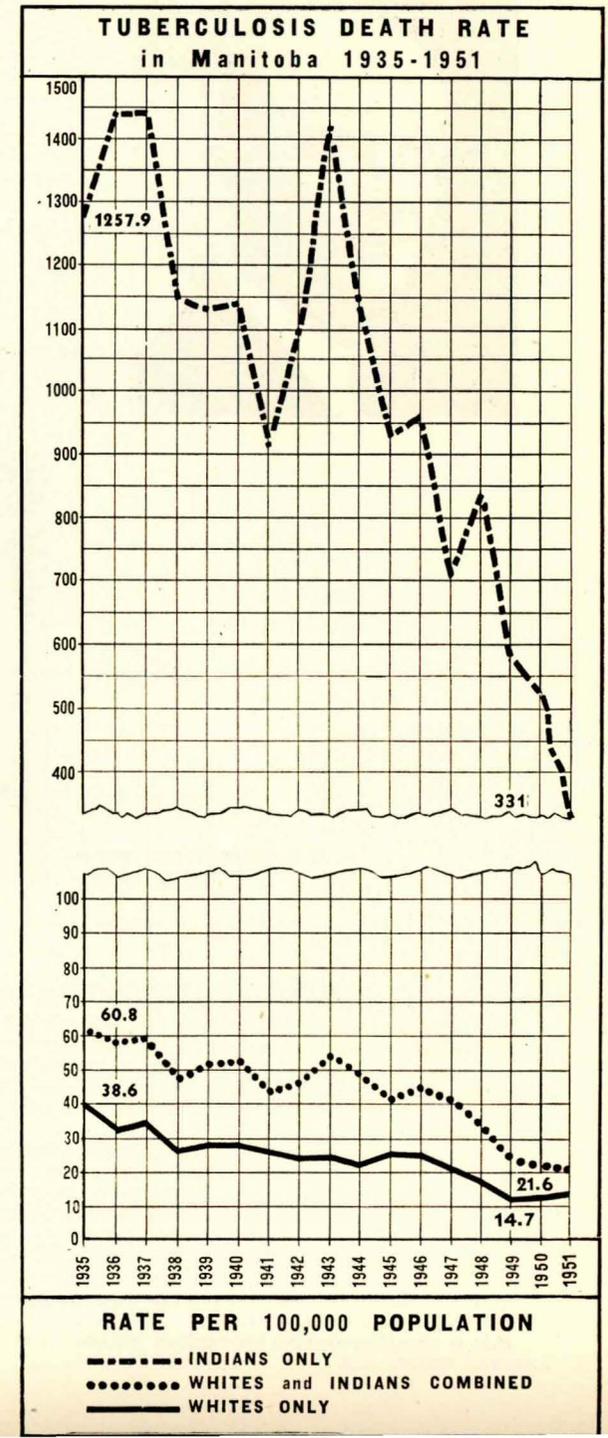
*Report for the Year*  
**1951**

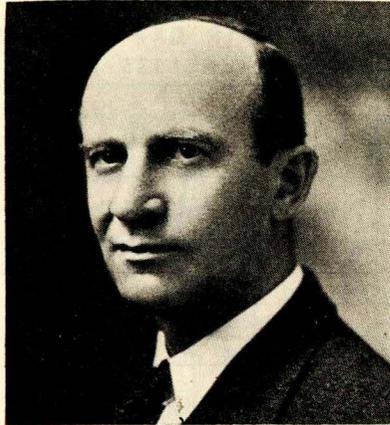
WINNIPEG, MANITOBA

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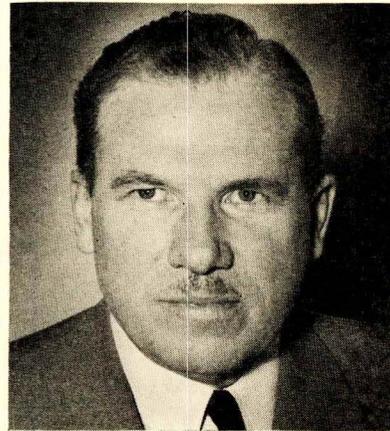
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# The Problem





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



**M. R. ELLIOTT, M.D., D.P.H.**  
Deputy Minister.

"THE report that is submitted herein to the people of the Province of Manitoba indicates that we are winning the fight against tuberculosis, but in saying this I do not wish to encourage complacency. Tuberculosis is still a deadly foe. We hear a great deal about the ravages of cancer, but if consideration is given to diseases which cause loss of working years of life by prolonged illness or death, tuberculosis is much more important than cancer. That is why we must continue the battle against tuberculosis.

In the Province of Manitoba the battle against tuberculosis is commanded and directed by the Sanatorium Board of Manitoba. With the co-operation of the medical profession and the public, the Board has accomplished much; they deserve the grateful thanks of every citizen in Manitoba for what they have done, and this report is an evidence of progress, accomplishment and achievement.

But the members of the Board would be the first to say the fight must be continued until the enemy has surrendered, until tuberculosis has been eradicated. That is the aim and objective of the members of the Sanatorium Board of the Province of Manitoba; that is why they deserve the support and assistance of every citizen of our Province."

IVAN SCHULTZ

## SANATORIUM BOARD OF MANITOBA - 1951

### 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, Q.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. W. H. FRENCH
MR. T. R. DEACON	MR. G. W. NORTHWOOD
MR. A. K. GODFREY	

### Statutory Members

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

### Elected Members

DR. J. D. ADAMSON	MR. J. N. CONNACHER	MR. D. L. MELLISH
MR. R. L. BAILEY	MR. H. T. DECATUR	DR. A. F. MENZIES
MR. R. K. BERRY	MR. C. E. DREWRY	DR. ROSS MITCHELL
MR. R. H. G. BONNYCASTLE	MR. H. A. GREENIAUS	MR. I. PITBLADO, Q.C.
MR. F. BOOTHROYD	MR. STANLEY M. JONES	MR. J. W. SPEIRS
MR. G. COLLINS	MR. R. MCMILLAN	MR. WM. WHYTE

### Executive Director and Secretary-Treasurer

T. A. J. CUNNING

### Auditors

RIDDELL, STEAD, GRAHAM AND HUTCHISON

## ST. BONIFACE SANATORIUM

### Advisory Board 1951

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

### Winnipeg Municipal Hospitals

## KING EDWARD MEMORIAL HOSPITAL

### Commissioners 1951

MR. PETER CORNES (CHAIRMAN)	ALD. GEORGE E. SHARPE (VICE-CHAIRMAN)
MR. A. J. ROBERTS	ALD. H. V. MCKELVEY
	ALD. PETER TARASKA

\*Died June 9, 1951.

\*\*Died October 15, 1951.

\*\*\*Died November 16, 1951.



## NON-MEDICAL SENIOR STAFF, 1951

	SUPERINTENDENTS OF NURSES	BUSINESS OFFICERS	CHIEF ENGINEERS
Board Manitoba		John Mack (Chief Accountant) C. W. Gowan (Administrative Asst.)	
Tuberculosis	Miss Jessie Hill, R.N.	F. A. Day (Acct.)	
Sanatorium	Miss M. L. Goldsmith, R.N. Miss K. R. Escott, R.N. (Instructor in Nursing Education and Assistant Superintendent of Nurses)	N. Kilburg (Business Manager) W. Bradford (Accountant) W. B. Stewart (Purchasing Agent)	J. R. Scott
Indian Hospital	Miss A. Stefanson, R.N. (From January, 1951) Miss F. I. Dyck, R.N. (From May, 1951) Mrs. I. J. Frost, R.N. (From September, 1951)		
Sanatorium	Miss M. F. Cascaden, R.N. (To October, 1951) Mrs. I. A. Cruikshank, R.N. (From November, 1951)	G. R. Gowing (Business Manager) R. B. Scott (Accountant)	R. N. Newman
Water Lake Sanatorium	Miss Myra D. Pearson, R.N.	C. C. Christianson (Business Manager) Stefan Halayda (Acct.) (To October, 1951) Edward Dubinsky (Accountant) (From October, 1951)	P. E. Johnston

### St. Boniface Sanatorium

SUPERIOR	Rev. Sr. Eva LaPierre, R.N.	N. Pelletier
1ST ASSISTANT	Rev. Sr. Ruth Gettis, R.N.	
2ND ASSISTANT	Rev. Sr. St. Theodore	
CHAPLAIN	Mgr. L. Primeau	
Rev. Sr. M. Pilon, B.A., R.N.	Rev. Sr. C. Frechette (Sec. Treasurer)	
Rev. Sr. B. Patry, R.N. (Night Supervisor)	Rev. Sr. J. Tetrault (Purchaser)	

### King Edward Memorial Hospital

SECRETARY AND MANAGER	John M. McIntyre	
ASSISTANT SECRETARY AND MANAGER	Arthur Hodgkinson	
Miss L. M. Shepherd, R.N. (Superintendent of Nurses)		Ray Bonsey
Miss V. Cockburn, R.N. (Asst. Supt. of Nurses)		
Mrs. Margaret Thorne (Superv'r T.B. Dept.)		

### Travelling Tuberculosis

Clinics and Surveys	Organizer, Community Surveys	Wm. L. Rutledge, Ph.D.
	Organizer, Industrial Surveys	J. J. Zayshley, R. T.
Rehabilitation	S. C. Sparling (To November, 1951)	
	E. G. Metcalfe, B.A. (From November, 1951)	

## NON-MEDICAL SENIOR STAFF, 1951

RADIOGRAPHERS	LABORATORY TECHNICIANS	TEACHERS	OTHERS
W. J. Anderson, R. T.			Miss J. L. Stephenson (Sec. to Exec. Dir.) Miss Nan T. Chapman (Consultant Dietician)
E. W. Ackroyd, R.T.	H. Daneleyko, R.T.		Miss E. L. McGarrol (Sec. to Med. Supt.)
Wm. C. Amos, R.T.	J. M. Scott, R.T.	Miss M. E. Busch Miss Hazel Carlson Miss G. Manchester Miss Alice Carragher (Occup'l Therapist)	Miss G. M. Wheatley (Sec. to Med. Supt.) Miss P. Young (Prac. Asst. to Dtcn.) F. J. Rodwell (Laundry Foreman)
		Mrs. E. Cates (To September, 1951) Mrs. E. G. McKenzie (From November, 1951)	Mrs. E. A. Wallace (Secretary)
F. H. Gibson, R.T.	Miss L. E. Delamater, R.T.	Mrs. G. Anderson (Occup'l Therapist) (To October, 1951) Miss C. Fraser Miss Rose Colliou (To September, 1951) Miss Nellie Kuzyk (From October, 1951)	Miss G. M. Hutton (Sec. to Med. Supt.)
John Kaczoroski, R.T.	Miss Esther Kresier	Miss A. Eaton Mrs. E. M. Smith	Miss A. M. Krauter (Sec. to Med. Supt.) R. B. Lock (Laundry Foreman)
Rev. Sr. L. Blais, R.T., B.A., R.N. (O.R. and X-ray Supervisor)	Rev. Sr. L. Blais, R.T., B.A., R.N. (Lab. Supervisor and Pharmacist)	Miss E. G. Swatland, R.N. (Occup'l Therapist) Mrs. Pauline J. Hill, M.A. (Teacher-Adult Pts.) Miss E. Desautels (School Teacher) Miss M. E. Johnston (Homemaking Instruc.)	Rev. Sr. A. Boulet (Main Kit. Super.) Mrs. H. Pietuchow (Soc. Worker)
Miss M. E. Drinkwater	Miss R. V. Moreton	Miss G. Motheral (Teacher-Occup'l Therapist)	Miss I. F. Watters (Dietician) Miss Ivy Hodgkins, R.N. (Chief Housekeeper) T. G. Kane (Laundry Foreman) D. Donaldson (Head Gardener)
Alex. Roh, R.T. (Supervising Radiographer)			Miss G. H. Bowman (Secretary) Mrs. Thérèse Fraser (Secretary)



## REPORT OF THE CHAIRMAN

For the year ending December 31, 1951

### GENTLEMEN:

It is with much pleasure that I welcome you to the forty-first 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; by the Chairman of the Medical Advisory Committee, Dr. Mitchell; by the Medical Superintendent of Preventive Services; by the Medical Superintendents of the Sanatoria operated by the Board; by the Medical Director of St. Boniface Sanatorium; and by the Medical Director of the Winnipeg Municipal Hospitals for the King Edward Memorial Hospital.

These comprehensive reports have been distributed to all members of the Board, and some will appear in the Board's published Annual Report. They indicate, in an impressive way, the scope and magnitude of the tuberculosis control program being carried on in Manitoba under the general direction of this Board.

### THE BOARD

At present, the Board consists of twenty-nine members, of whom eighteen are elected and eleven are Statutory members, and all of whom contribute their services on a voluntary basis. It is with regret that I record the death of Mr. J. C. Dryden and the Hon. S. Marcoux, two of the representatives of the Provincial Government on the Board, who have given valued counsel and assistance to us on many occasions; and the Hon. Charles Cannon, who had been an Honorary member of this Board for many years.

A close and constant review of all aspects of the Board's business is provided through its seven standing committees, acting under their respective Chairmen, and during 1951, there were forty-eight meetings of the Board or its committees. I should like to express my sincere appreciation for the able and thoughtful attention which the committee chairman and members have given to our affairs throughout the year.

### THE PROGRAM

Under the provisions of the Tuberculosis Control Act, The Board is responsible for the care and treatment of those afflicted with tuberculosis, and the establishment of all possible measures to prevent or minimize the development and spread of the disease in this province. Every effort has been made to fulfil these responsibilities, utilizing every advance in medical knowledge, and applying all recognized control measures vigorously and at the same time economically. Details of these measures will be given to you in other reports, and I shall not repeat them here.

### FINANCE

The entire cost of the treatment of tuberculosis is met from public funds; there is no charge made to any individual patient for either the diagnosis or treatment of tuberculosis.

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

Buildings and equipment at all the Sanatoria operated by the Board have been maintained at a high standard, with a number of important improvements being carried out during the past year.

The National Health Grant has continued to be of very great assistance, making possible additions and extensions to the tuberculosis control program that would otherwise be difficult to finance. Up to December 31st, 1951, from the inception of the National Health Grants, the Board has expended under Approved Projects a total of \$348,272.00 to improve equipment and extend services. We deeply appreciate the co-operation and assistance of the Minister and 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.

### CONTRIBUTED FUNDS

Contributions to the Christmas Seal Fund during 1951 totalled \$109,673. In addition, the Associated Canadian Travellers turned over \$14,650 to the Board. These

funds are used solely for preventive, educational, and rehabilitation services. Although recently there has been some assistance through the National Health Grants for the preventive services, voluntary contributions remain their main support. We are fortunate in Manitoba that we have many thousands of loyal supporters of the annual Christmas Seal Sale and the fund raising activities of the Associated Canadian Travellers. They not only make a great part of the work financially possible, but through their interest, they arouse enthusiasm for the X-ray survey program and other measures that contribute immeasurably to the important work of prevention.

### RESULTS

The Medical Director, Dr. Ross, will report to you in detail on the results of the work this year. I would like to mention, however, that in the field of case-finding, 318,699 persons in the province had chest X-ray examinations during 1951—nearly 41% of the population and an indication of the aggressiveness with which the Board's officers are carrying out the program of early diagnosis and prevention. The combined Indian and White death rate again shows a substantial decrease; but there were actually six more White deaths than in 1950. This clearly indicates that there can be no slackening in our effort if we are to continue to show the splendid progress that has marked our course in recent years.

### APPRECIATION

The Board has continued to have the loyal service of a staff highly competent in their respective fields. Each one makes a valued contribution to the work, and we are deeply appreciative of their unstinting service.

In closing, I should like to record our appreciation for the continued confidence and support of the Minister of Health and Public Welfare and of his colleagues in the Provincial Government; for the interest and support of the Union of Manitoba Municipalities; and for the Board's cordial relations with the officers of the Winnipeg Health Department; 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.

*The nursing division of the Indian Health Services make a splendid contribution to the improved health of the native population. Here Dr. W. J. Wood, regional superintendent, Indian Health Services and Dr. E. L. Ross, medical director, Sanatorium Board of Manitoba, point out, on an X-ray film, significant signs of tuberculosis during a lecture on tuberculosis control given at the Central Tuberculosis Clinic.*





## REPORT OF THE EXECUTIVE DIRECTOR

I have pleasure in reporting to you briefly on the administrative affairs of the Board for the year ended December 31st, 1951.

### ASSETS AND LIABILITIES

At December 31st, 1951, assets held by the Board, including Special Funds, but not including buildings and equipment at Brandon, Clearwater and Dynevor owned by the Federal Government and not carried in the Financial Statements of the Board, totalled \$1,462,157. Liabilities, not including reserves, totalled \$185,115. Bank loans as at December 31st totalled \$53,016 of which \$38,987 were temporary advances in connection with Sanatoria operated for the Department of National Health and Welfare, and \$14,029 an advance in connection with disbursements under the National Health Grant, for which reimbursement has subsequently been received.

CUNNINGS

Combined operations of Manitoba Sanatorium and the Central Tuberculosis Clinic showed an excess of income over expenditure for the year of \$860 and net working capital showed an increase of \$29,906.

### CAPITAL EXPENDITURES

Although a number of changes were made to improve facilities, there were no major alterations or construction during 1951. At Ninette, new asphalt roofing was laid on the Infirmary, the Nurses Home, and the King Edward Pavilion at a cost of \$4,849, covered by a special Capital Grant from the Provincial Government. At Brandon Sanatorium, new X-ray equipment was installed at a cost of \$13,787; 166 feet of foundation was installed under the main corridor; and major alterations were made to the heating system in the interest of efficiency and economy, with two of the boilers being converted to burn bunker fuel oil. At Clearwater Lake Sanatorium, there was a further extension of the central steam heat and utility service. All the property and equipment in all institutions has been fully maintained, with repair, replacement, and redecoration being carried out where indicated.

### INCOME

There was no material change in the basic rate structure for treatment during the year. However, the Provincial Government made a Special Grant of 15c per patient day towards the cost of treating patients for whom Statutory Grant applies.

### COSTS

In common with other business operations, increased salaries and increased price levels have inevitably brought increased operating costs.

Total expenditures for treatment and preventive services in the institutions and departments operated by the Board amounted to \$1,488,294 during the year 1951. Of this expenditure, \$821,883 was for salaries.

At Manitoba Sanatorium, patient day cost increased 56c over 1950 to \$4,667. At the Central Tuberculosis Clinic, costs increased 88c per patient day to \$6,142. At this institution there was a reduction of 1,982 in the combined treatment and diagnosis days, which has an important bearing on unit cost.

From January 2nd to December 31st, 1951, the food index rose for the city of Winnipeg from 223.1 to 249.6, an increase of 26.5 points or approximately 12%. It is to be expected, therefore, that meal costs in the Sanatoria would increase. During 1951, the Board expended \$290,318 for food, and served approximately 1,055,000 meals to patients and resident staff. Raw food costs ranged from 25.31c per meal at Manitoba Sanatorium to 32.83c per meal at Clearwater Lake Sanatorium, with an average increase for all institutions of 30.1c per meal.

Total expenditure for fuel and heating services at \$55,138 showed a reduction of \$2,177 compared to the previous year. Laundry services cost \$45,603, an increase of \$5,869 over the previous year. 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, 659,270 kilowatt hours were produced at an average cost of 3c per kilowatt hour.

### INVENTORIES

At December 31st, 1951, supplies on hand, including commissary stores, engineering and maintenance supplies, fuel, diesel fuel oil, bunker fuel oil, and miscellaneous supplies, totalled \$112,235, an increase of \$10,661 over the year previous. All inventories are valued at cost.

### NATIONAL HEALTH GRANTS

The portion of the National Health Grants available for tuberculosis control in Manitoba are administered by the Board, and they have been of very great value

in financing extensions and improvements in the treatment and preventive services. Under Approved Projects, expenditures under the Grant totalled \$142,405 in 1951. The larger Projects included the following:

Chest X-Rays on Admissions to General Hospitals .....	\$46,358
Assistance to Manitoba Sanatorium .....	23,423
Provision of Streptomycin and other Antibiotics .....	18,982
Extension of Preventive Services .....	11,568
Extension of Rehabilitation Services .....	10,614
Industrial X-Ray Surveys .....	9,494
Assistance to St. Boniface Sanatorium .....	5,815
Affiliation Course for Student Nurses .....	5,317

These Grants are disbursed to the Board through the Provincial Department of Health and Public Welfare, and the unfailing co-operation and assistance of the administrative officers of the Department has contributed greatly to their efficient administration.

### INSURANCE

Fire insurance on buildings and equipment at Manitoba Sanatorium and the Central Tuberculosis Clinic was reviewed at the end of the year, and, after careful consideration, was increased from the former amount of \$865,000 to \$1,070,000. Revised statements of values were submitted to the underwriters and, effective January 1st, 1952, a reduction in average rate for fire insurance has been obtained from the former figure of 98c to 78c; and for supplemental perils from 12½c to 10c. Automobile insurance under Fleet rating is carried on all motor vehicles, covering, in addition to the usual loss or damage to the insured vehicles, legal liability for bodily injury or death of \$50-100,000 and legal liability for damage to property of \$10,000. An All Risks policy is carried on the mobile X-ray and related equipment. Public and Employer's Liability insurance covering all Sanatoria are carried in the amounts of \$50-100,000. Comprehensive Dishonesty, Theft and Forgery insurance, including minimum Fidelity coverage on each employee of \$2,500, is in effect. Boiler insurance is carried on the steam equipment at Ninette.

### PERSONNEL

On December 31st, 1951, the Board had 528 employees, an increase of 10 during the year. Apart from relatively minor and temporary shortages, the only group in which difficulty was encountered in obtaining an adequate supply of staff was among the Registered Nurses.

The Group Insurance Plan, established for the benefit of members of the staff and their dependents in 1950, functioned satisfactorily during the year. In May, following the first year's experience, we were able to increase the benefits to employees at no additional premium cost, either to the employees or the Board. At the end of the year, 317 members were covered in the Plan for a total of \$485,500 of life insurance, \$5,402 of weekly accident and sickness indemnity, and reimbursement for surgical expense as scheduled up to a maximum of \$200. In addition, 100 members of the staff carried surgical coverage for their dependents. During the year, 87 employees had claims for weekly indemnity benefits, 48 for surgical benefits for themselves or their dependents, and there was one death claim.

A Pension Plan has been in effect for permanent employees of the Board since August 1st, 1946, under a Retirement Annuity Contract with the Department of Labour, Annuities Branch. As at December 31st, 1951, a balance of \$118,696 was on deposit with the Canadian Government Annuities Branch to provide for pension payments. This amount was made up as follows:

Payment by the Board on account of service prior to August 1st, 1946.....	\$30,097
Payments by the Board on account of service subsequent to August 1st, 1946 .....	37,985
Payments by Employees .....	50,613
<b>TOTAL.....</b>	<b>\$118,696</b>

Department heads and employees in all the institutions and departments have displayed a notable sense of personal interest, responsibility and devotion to duty throughout the year. They have given wholeheartedly of their skills and talents in improving the welfare of the patients, advancing the preventive and associated services, and maintaining and improving property and equipment, resulting in economical and efficient operation.

### APPRECIATION

In conclusion, I should like to express my gratitude for the unfailing direction and good counsel of the Chairman of the Board and the Chairmen of the Administrative Committees. I am deeply appreciative also of the cordial relations that it has been my privilege to enjoy throughout the year with the Medical Director and medical officers of the Board; with officials of the Provincial and Federal Governments; with officers of co-operating institutions; and with Department heads and the staff.

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



E. L. ROSS

## REPORT OF THE MEDICAL DIRECTOR

THE objective of the Sanatorium Board is to reduce and ultimately eradicate tuberculosis from Manitoba and the program to attain this end has been vigorously carried out during 1951. Broadly speaking it is based on the discovery of new cases as early as possible, prompt and adequate treatment facilities, a sound and progressive rehabilitation service, and the coordination of all three. During 1951 in Manitoba 318,699 free chest X-rays were taken; 1,200 beds in 7 institutions provided 416,265

days' treatment; and educational, vocational and rehabilitation services were provided for sanatorium patients.

Progress year by year may be measured by the incidence of new cases and the number of deaths from tuberculosis.

### TUBERCULOSIS DEATHS

	Whites and Indians Combined		Whites		Indians	
	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths
1935	60.8	432	38.6	269	1,258	163
1940	50.7	369	28.5	203	1,140	166
1945	42.8	316	25.3	186	928	130
1948	37.1	271	19.7	146	806	125
1949	28.	212	14.2	106	684	106
1950	23.9	183	13.8	105	520	78
1951	21.6	167	14.7	111	331	56

It will be noted from the above figures that deaths have further decreased this past year, the rate of 21.6 per 100,000 being the lowest ever recorded for Manitoba. The decrease in 1951 was due to fewer Indian deaths, which show a striking decline during the past four years. White population deaths were 6 more than the previous year, an increase of less than one per 100,000.

Streptomycin has been an important factor in saving lives these last few years. The initial impact on the accumulated tuberculosis in all sanatoria was bound to be greater at first, as shown by a sharp decline in deaths. Now a new lower level has been reached and the downward trend will be less marked from now on, and actually for White people alone it was no less in 1951.

Although much has been gained it is obvious that there can be no slackening; indeed, if further progress is to be made even greater concentration is needed.

### NEW CASES

The number of new cases of tuberculosis is the soundest criterion of progress. And during 1951 there was a further decrease, even with case-seeking greater than ever before.

Although new cases are diagnosed at a much earlier stage than 20 years ago, and in spite of greatly intensified case-finding activities, it has been an observation of concern, not only in Manitoba but elsewhere, that during recent years the percentage with minimal disease was remaining much the same. It is therefore with some gratification that in 1951 new active cases were found to classify 50 per cent minimal, 24 per cent moderately advanced, and 26 per cent far advanced; compared with 44, 26 and 30 per cent, respectively, for 1950.

Of the new active cases one-third had primary pulmonary disease, pleurisy with effusion, or non-pulmonary tuberculosis; these conditions are of less significance as far as infectivity is concerned. In the statistical material, the main observations are that the number of new cases continued to decrease and that more of them were found earlier.

### New Diagnoses of Active Tuberculosis

Year	Whites Active T.B.	Indians Active T.B.
1940	438	147
1945	338	134
1946	514	180
1947	492	337
1948	496	535
1949	427	402
1950	364	239
1951	333	169

### TREATMENT

#### Sanatorium Bed Occupancy December 31, 1951

Manitoba Sanatorium	242	
Central Tuberculosis Clinic	45	
King Edward Memorial Hospital	121	
St. Boniface Sanatorium	267	675
Brandon Sanatorium (Indian)	258	
Clearwater Lake Sanatorium (Indian)	160	
Dynevor Indian Hospital (Indian)	45	463
Total		1,138

There were 1,138 patients on sanatorium treatment on Dec. 31, 1951—675 in non-Indian institutions and 463 in Indian sanatoria, which is a decrease of 38 in the former and an increase of 24 Indians, compared to 1950.

Incorporated in this section is a statement of treatment days for all tuberculosis sanatoria in Manitoba for the year 1951. The source of the patients is indicated and also the financial responsibility. It will be noted that treatment days total 416,265. The number of days for patients from the Municipal Levy Area, which is composed of all the organized municipalities with the exception of the cities of Winnipeg, Brandon, St. Boniface and Portage la Prairie, totalled 87,371 days in 1951. This is a decrease of 4,974 days or approximately 5½% compared to 1950. In unorganized territory the treatment days in 1951 totalled 45,655, as compared to 47,083 in 1950, a reduction of 1,428 treatment days. This is a significant and favourable trend.

### STATEMENT OF TREATMENT DAYS — TUBERCULOSIS SANATORIA

Province of Manitoba — Cities, Municipalities and Unorganized Territory	City of Winnipeg	City of Brandon	City of St. Boniface	City of Portage la Prairie	Unorganized Territory	Municipal Levy Area	Other	Total Treatment Days	
									Govt. of Canada, Yukon Territory & Other Provinces
Brandon Sanatorium					342	1,415		1,757	
Central Tuberculosis Clinic	3,361		110	87	2,239	5,571		11,368	
Clearwater Lake Sanatorium					3,334	682		4,016	
Dynevor Indian Hospital					136			136	
King Edward Memorial Hospital	36,727		283		3,144	155		40,309	
Manitoba Sanatorium	11,704	4,717	298	2,119	14,912	44,370		78,120	
St. Boniface Sanatorium	14,551		1,875	1,462	21,548	35,178	464	75,078	
	66,343	4,717	2,566	3,668	45,655	87,371	464	210,784	
Govt. of Canada, Yukon Territory & Other Provinces									
Brandon Sanatorium	306	89,749			365			90,420	
Central Tuberculosis Clinic	327	1,836	44	33	2	19		2,655	
Clearwater Lake Sanatorium	21	51,857			429			52,307	
Dynevor Indian Hospital		15,220						15,220	
King Edward Memorial Hosp.	6,098	37	222	37		743	176	7,313	
Manitoba Sanatorium	6,174	1,688	1,352	244	2,534	2,637		14,629	
St. Boniface Sanatorium	4,768	13,529			4,640			22,937	
	17,694	173,916	1,618	314	2,901	8,843	19	205,481	

### Total Treatment Days — 1951

Province of Manitoba—Cities, Municipalities and Unorganized Territory	210,784
Government of Canada, Yukon Territory and Other Provinces	265,481

Total 416,265

During the year 1,296 patients were admitted to sanatoria—896 White, 392 Indian and 8 Eskimo. There were 1,395 discharges, made up of 955 White, 432 Indian and 8 Eskimo.

Of the first admissions to sanatoria for pulmonary tuberculosis, disease was minimal in 43.3%, moderately advanced in 29.4% and far advanced in 27.3%.

For the past few years, in spite of more survey examinations, the percentage of minimal cases admitted was remaining about the same. But in 1951 there was a definite decrease in far advanced disease and a greater percentage with minimal lesions.

Pleurisy with effusion represented 7% of all first admissions, and 13% had non-pulmonary tuberculosis. For some reason there has been an increase in bone and joint cases.

The large number of re-admissions is a matter of concern and also the fact that two-thirds had moderately advanced or far advanced disease. A study of such cases indicated a number of factors responsible. But the main reason, I think, is that the original treatment for the original disease was not thorough enough nor for a sufficiently prolonged period.

Also we have to guard against an impression of security caused by streptomycin, that may be false. Sputum conversion and the immediate and often dramatic improvement in the X-ray appearance of disease may lead us to think disease is more healed than actually is the case.

We are less compromising with minimal disease than in the past but I believe

still not serious enough. The absence of symptoms or having a negative gastric culture is not an assurance of inactivity. In our concentration on the early recognition of new disease we must not lose sight of the importance of the follow-up of discharged patients and the advice given to them.

Of the patients discharged from sanatoria 80 per cent were classified as improved or better. Seven per cent took their discharge against medical advice.

Treatment is sound and aggressive in all institutions and keeping abreast of modern trends.

Streptomycin, the greatest treatment discovery for tuberculosis made to date, is a very important adjunct to other established procedures. In sanatoria for White people, approximately 1,200 patients received streptomycin during the year, and on Dec. 31, 1951, 28% of the patients were getting this antibiotic combined with Para-Amino-Salicylic acid (PAS).

Pneumoperitoneum is used more and pneumothorax less, although considered sound treatment for most minimal lesions. Thoracoplasty operations were slightly increased, especially those of a limited nature. The surgical removal of a lung or portion of it is being done in more cases but still should be more widely applied.

A uniformity of good standard and procedure is conformed to in all sanatoria but each has developed special interests, enthusiasms and experience. This initiative and individuality is evidence of a healthy state.

#### NATIONAL TUBERCULOSIS GRANT

This grant has been of great assistance in improving and accelerating the tuberculosis control program in Manitoba. A number of new projects have been introduced and continued and existing services have been extended and improved. The more important of these are—the provision of streptomycin and other antibiotics and new drugs, the General Hospital Admission chest X-ray program, the extension of industrial chest X-ray service, the extension of Travelling Clinics, improving the service of the Rehabilitation Division, the B.C.G. vaccination program, an affiliation course for nurses-in-training, post-sanatorium pneumothorax treatment, improvement in the medical, surgical and diagnostic services in all tuberculosis institutions, and providing for special courses of training for medical personnel.

#### REHABILITATION

This report so far has dealt mainly with the search for tuberculosis and its treatment. The ultimate objective, for those found and treated, is their safe and sound rehabilitation, with promise of physical, social and economic security. The aim of the Rehabilitation Division is to accomplish this by vocational, occupational and academic training of patients while on treatment. I refer you to the report of this important Division of the Sanatorium Board. Housewives constitute the largest occupational group and of special interest in 1951 was the introduction of a course in Homemaking.

#### APPRECIATION

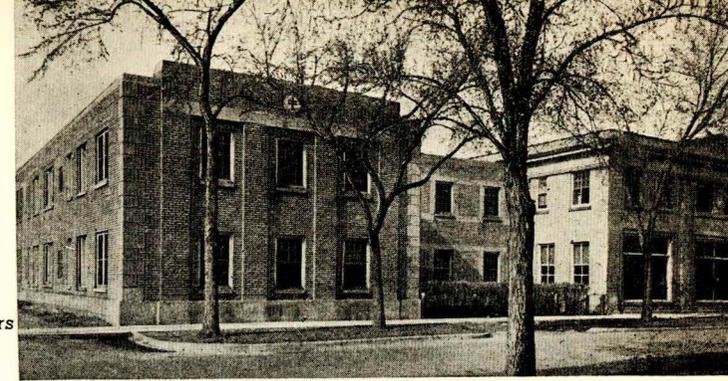
It is difficult to express a word of appreciation without making it sound rather routine. But after reviewing the year's activities, I am sincerely impressed with and appreciative of the devoted and able service of all who made possible the great work accomplished.

It should be kept in mind that the Members of the Sanatorium Board have voluntarily and unselfishly accepted the responsibility for this great humanitarian service. I deeply appreciate the advice, guidance and support given to me by the Chairman of the Board, the Chairmen of the various Committees, and all members. In an operation of this nature, close correlation of medical and non-medical matters is essential and I wish to express my appreciation for the pleasant and cooperative assistance of the Executive Director at all times.

The Assistant Medical Director and I have been closely associated in this work for many years and once again I thank him for his valued work and assistance. I am grateful for the cooperation with the Medical Superintendents of all the Board's institutions and fully appreciate their ability and conscientious work. I realize the value of the special and overall contribution to the tuberculosis control program provided by St. Boniface Sanatorium and the King Edward Memorial Hospital, and I wish to thank their Medical Superintendents for their cooperation and assistance. I have referred to the important function of the Central Tuberculosis Registry and I do appreciate the ready and willing assistance of the Director and staff of this department.

I sincerely thank the Minister and Officers of the Provincial Department of Health, the City of Winnipeg Health Department, Indian Health Services, and the Department of National Health for their support and contribution. 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

**W**HEN we speak of prevention we simply mean preventing people from becoming infected with the tubercle bacillus.

Unfortunately, this is not as simple as it may seem. The reason is that tuberculosis is an insidious disease. It is usually mostly hidden like an iceberg and there may be no symptoms during its early stages. A person may be infective and yet not ill. Disease may not become manifest until months or even years after infection. And it is chronic by nature, and subject to periods of reactivation and infectiveness.

Prevention is therefore based on the discovery of infectious cases of tuberculosis; promptly isolating and treating them; and tracking down, if possible, their sources of infection.

#### CENTRAL TUBERCULOSIS REGISTRY

With the diversity and volume of detail involved in the province-wide program of tuberculosis control it is obvious that a statistical and record department is absolutely essential. Analyses and their logical interpretation are of paramount importance in the formulation and direction of policy.

The Central Tuberculosis Registry contains a record of all known cases of tuberculosis in the province; their location; and information about the family contacts, the results of examinations, and recommendations. The information available, by study and comparison makes it possible to evaluate efforts and trends.

The total number of tuberculous patients carried in the Registry files on December 31, 1951, was 4,812, of these 1,681 being Indians and 17 Eskimos.

The number of White people has decreased considerably in the last few years. Many have been taken out as cured and not needing follow-up. And fewer new cases are being added.

#### CASE-FINDING

Examinations in Manitoba at Clinics, Hospitals, and Surveys 1944-1951

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
1944	11,332	4,765		43,323	59,520
1945	9,302	5,562		50,520	65,384
1946	12,908	8,740		108,742	130,390
1947	10,457	6,084		259,271	275,812
1948	9,752	5,385		235,446	250,583
1949	10,636	4,515	12,722	222,919	250,792
1950	10,440	5,205	47,774	170,402	233,821
1951	10,353	4,055	64,181	240,110	318,699
	85,180	44,311	124,677	1,330,733	

Grand Total, 1944 to 1951..... 1,584,901

The above represents a tremendous volume of work and indicates the intent and extent of the Board's tuberculosis case-finding program. There were considerably more examinations in 1951 than during any previous year. The total of 318,699 for 1951 is 79,000 more than 1950 and is 41 per cent of the population of Manitoba.

**Chest X-ray Surveys.** The total number of survey chest films in 1951 was 240,110. This does not include the 64,181 hospital admission X-rays.

Rural and Suburban Municipalities .....	154,930
Winnipeg Schools .....	32,660
Industrial .....	28,205
City Hall Unit and Pre-employment .....	13,372
Indians (not including Eastern Ontario) .....	10,943
Total .....	240,110

Surveys continued on a two-year basis, except that 15 municipalities were omitted because they had had no new case of tuberculosis during the previous two years.

Only one case of active tuberculosis was discovered in every 3,321 X-rayed or, excluding the school surveys, approximately one in 3,000. When we began surveys the discovery rate was three times greater.

A sound cost-case ratio is difficult to determine wisely. And with steadily diminishing returns, future policy becomes an increasing problem. Other provinces are having the same experience and concern but most still think that mass surveys should continue. Delayed diagnosis is costly, not only for treatment but because countless others may be infected and early tuberculosis can only be found by X-raying well people.

We had a large survey year in 1951, even after omitting the 15 municipalities that on a two-year schedule would normally have been included. It is difficult to pick spots here and there, and, indeed, the service has come to be expected.

There should be no drastic reversal in survey policy but rather a gradual withdrawal from the more tuberculosis-free areas and concentration of case-finding efforts where the incidence is higher. We know where the new cases are developing and for the past two years have been holding special clinics in these areas, as will be noted when discussing travelling clinics.

A noteworthy observation is the stage of active disease discovered by surveys: 75 per cent minimal, 16 per cent moderately advanced, and 9 per cent far advanced; compared to 50, 24 and 26 per cent, respectively, for all new active cases reported in the province.

Travelling Clinics have a different function than mass surveys. Instead of X-raying whole populations and essentially well people, the travelling clinic has a doctor in attendance and provides a consultation service. Those examined are mainly people suspected by their doctor of having tuberculosis, and contacts or known cases to be followed up.

During 1951, 89 travelling clinics were held at 35 centres, many on a monthly basis, and totalling 4,055 examinations. As would be expected, more active tuberculosis was found in this selected group—one in 300.

As mentioned, there has been concentration on the more highly infected areas, which you will note on the map are mainly along the western side of Lake Manitoba and Lake Winnipegosis. Twenty-three special travelling clinics were held and are listed elsewhere.

It is interesting and rather contrary to local opinion that no new active case of tuberculosis was found along the Hudson's Bay Railway Line, where eight centres were visited and 1,192 people X-rayed.

### ASSOCIATED CANADIAN TRAVELLERS

**D**URING 1951, 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, \$14,650. Added to amounts previously given, this makes a total of \$175,224 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 mobile unit, using movie-type film.*

**Stationary Clinics.** Stationary Clinics are the Central Tuberculosis Clinic and the Out-Patient Department in each sanatorium. There were 10,261 examinations, most of these at the Central Tuberculosis Clinic, and 164 active cases (one in 62) of tuberculosis found.

**Industrial and Pre-employment X-rays.** This is the first uninterrupted year of Industrial and Business Firm X-ray Surveys in Winnipeg. In 1951 employees of 2,562 organizations were X-rayed, totalling 27,699. This service discovered 20 new active cases of tuberculosis. Besides this, 4,517 had pre-employment chest films, which have become a routine procedure for a steadily increasing number of firms.

The City Health Department and the Sanatorium Board are cooperating in this Industrial survey program, the former organizing the work and the Board doing it—that is, providing films, X-ray equipment, technicians and medical staff to read and report on the films. This development during the past two years has made a real contribution to case-finding and education, and the splendid cooperation of business organizations is deeply appreciated.

The Winnipeg Health Department operates an X-ray unit at the City Hall, which took 8,855 X-rays, and altogether the Board and City Health Department worked together in taking 73,731 chest X-rays. Forty-two per cent of the new active pulmonary cases reported in Winnipeg were found by surveys.

**Routine Chest X-ray Program for General Hospital Admissions.** One person out of eight in Manitoba is admitted annually to a general hospital. It is known that the incidence of pulmonary tuberculosis is greater among this considerable proportion of our population. The program to X-ray general hospital admissions, which was initiated in 1949, has gradually expanded and now includes 31 hospitals, which account for over 80 per cent of the hospital admissions in the province. Plans are in hand to include the remainder.

In 1951, the 31 hospitals admitted 83,877 patients and 55,688 or 66.3 per cent had admission chest films. Besides this, 5,086 out-patients and 3,407 hospital staff X-rays were taken, making a total of 64,181 for this particular case-finding project.

It will be noted that 66 per cent of the admissions were X-rayed. This has improved from 59 per cent the previous year, and a constant effort is maintained to X-ray as close as possible to 100 per cent. Many hospitals get over 80 per cent and one as high as 94 per cent. It has to be kept in mind that all cannot be included, e.g., the new born, the critically ill or injured, re-admissions after a short interval, and some are in and out in a day or so and are missed.

In hospitals with over 1,000 annual admissions we consider it economical to install equipment to take miniature films.

Number In-patients X-rayed .....	55,688
Number Out-patients X-rayed .....	5,086
Number of Staff X-rayed .....	3,407
Total .....	64,181

The value of this program in discovering unsuspected tuberculosis is evident. Many found are spreaders or potential spreaders of infection. Appropriate measures for treatment or follow-up of the patient and contacts can be instituted. Hospital staff are protected from unknown sources of infection and many significant non-tuberculosis chest conditions are discovered.

1. Out of 55,688 patients, 71 had apparently active tuberculosis. This is one in 784 compared with one in 3,321 found by community surveys in 1951.

2. One in 141 had apparently inactive tuberculosis or disease of questionable activity.

3. Including suspects with the above, one in 79 had either past, present or suspected tuberculosis.

4. The value of this project is more far reaching than the discovery of tuberculosis, for 2,403 or one in 23 had some non-tuberculous pulmonary abnormality.

5. 3,022 or one in 18 had X-ray evidence of some cardiovascular abnormality.

6. The number of out-patients X-rayed has doubled in the past year. Among the 5,086 in this group 13, or one in 391, had apparently active tuberculosis. This project provides a valuable extension to free and convenient chest X-ray service in the province and supplements our travelling clinics and surveys. Survey suspects are referred to the nearest hospital for a large X-ray film.

7. Tuberculosis developing in general hospital nurses in the past was a problem of great concern. Twenty-three years ago, of the female patients on treatment at Ninette, one out of every nine was a nurse or nurse-in-training. This hazard does not exist now because of the generally lessened opportunity for infection, freedom from exposure to unknown sources of infection in hospital due to the routine chest filming of patients, and also by the protection afforded by B.C.G. vaccination. Of the 3,407 hospital staff (mostly nurses) X-rayed no case of active tuberculosis was discovered.

#### VACCINATION WITH B.C.G.

Some progress can be reported, not so much in the number vaccinated but in organization. A central B.C.G. registry has been established. During the year there were 561 White people vaccinated, mostly student nurses in general hospitals, sanatoria and mental hospitals.

It is not our objective to embark on a program to vaccinate all the population. School tuberculin testing surveys show that 92 per cent of the children have not been infected. Tuberculin testing, vaccinating and retesting this number would be a task that could detract from other phases of the program that aim at protection from infection.

We do stress the value of vaccinating those who risk exposure to infection, such as the hospital personnel mentioned, and have been trying to include more contacts who may be exposed to infection in the home. A more extensive vaccination program is carried out for Indians and reported on by the Regional Medical Superintendent of Indian Health Services.

*A chest X-ray survey of employees of the Canadian Pacific Railway Communications Division. The Sanatorium Board of Manitoba and the City Health Department working together provided free chest X-ray surveys for 2,562 firms in 1951.*



## Report of the Medical Superintendent, Preventive Services

### TRAVELLING CLINICS AND SURVEYS

TRAVELLING clinics were held at 89 strategic centres in 1951, and 4,055 people examined. Thirteen of these were found to have active tuberculosis—just over 3 per 1,000 examinations.

A special function that travelling clinics perform is reviewing and encouraging ex-patients who are at home and, in many cases, working. This saves many of our ex-patients a great deal of expense in travelling to stationary clinics or to the Sanatorium.

Mass surveys, including our Indian Work, accounted for 245,876 examinations. This includes 70 mm. roll film and large film, the latter used on Indian Clinics. These films are returned to the Central Tuberculosis Clinic for processing and reading. There were 135 new discoveries of active disease by means of X-ray surveys—an incidence of about 0.55 cases per thousand.

### HOSPITAL ADMISSION FILMS

Films from 21 rural hospitals have been received at the Central Tuberculosis Clinic for some months now. During the year 20,271 films were read and there were 24 cases reported—a little less than one per 1,000. Besides the 24 cases of tuberculosis many other conditions were seen, such as enlarged hearts, pneumonias, etc.

## CENTRAL TUBERCULOSIS CLINIC

THE Central Tuberculosis Clinic is chiefly a diagnostic centre, where patients are referred by their doctors for examination, advice, and disposal if treatment is considered necessary. Contacts and known cases are also examined and followed routinely. There are 50 beds, which are used for the purpose of diagnosing, observing and treating patients who need short-term treatment, and also for those awaiting transfer to the Sanatorium of their choice. In short, to quote the late, Dr. D. A. Stewart, it is "A catch-all or clearing house for tuberculous people and problems".

Latterly, the Central Clinic has become the centre for organizing travelling clinics and surveys; for processing and reading all travelling clinic and survey films; and for reading hospital admission films from 21 rural hospitals. The Central Clinic also is headquarters for our B.C.G. program. Another important function of the Central Clinic is maintaining our affiliation with the University and all the General Hospitals, through the teaching of nurses and medical students and also through a free consultation service whenever it is asked for. Incidentally, at this point I might mention that your Superintendent was honoured this year by receiving an appointment to the Honorary Attending Staff of the Children's Hospital of Winnipeg.

The Central Clinic building has been well maintained this year. Since it was underpinned there has been no more difficulty with settling or with the walls. It would seem advisable to do some repair work to the basement flooring, which has become somewhat broken up.

### TREATMENT

During the year there were 476 admissions to the ward, which is 58 more than in 1950, and 472 discharges. The average stay was 31 days, as compared to 33 days in 1950. Total treatment days numbered 14,044, about 800 less than in 1950, in spite of the fact that there were more admissions.

There were 49 admissions over the age of 60, an indication that our case-finding program should continue to be directed towards the older age groups throughout the province. Sixty-nine of the admissions were found to be suffering from non-tuberculous conditions simulating tuberculosis.

Of the 472 discharges it will be seen that 276 were transferred to other tuberculosis institutions, 11 or 2.33% were discharged against medical advice, and there were 20 deaths.

### OUT-PATIENT DEPARTMENT

In the out-patient department there was a total of 7,730 visits, a little over 1,100 below the figure given for the previous year. This drop is accounted for mainly by fewer pneumothorax treatments. However, there were about 200 fewer examinations also. We feel that this is to be expected because the facilities for examination and X-raying are now so widespread throughout the province that people are frequently referred elsewhere.

Total examinations numbered 6,168 and of this number 158 new cases of tuberculosis were found, or about 26 cases per 1,000 examinations. This is a more or less selected group and is certainly a fruitful method of finding tuberculosis.

Altogether, 165 new cases were found at the Clinic from all sources. In the group over 60 years of age there were 28 new cases of tuberculosis discovered. Of 130 active cases, 59 had positive sputum when first seen.

**Laboratory.** In the clinical laboratory a total of 14,104 laboratory procedures were carried out. There was an increase of more than 4,000 procedures, mainly accounted for by a patch-testing program carried out in 10 City schools in cooperation with the City Health Department.

**Operating Room.** In the operating or dressing room, pneumothorax treatments are given, dressings and special examinations are done, and also the sterilizing of supplies for the whole clinic.

**X-ray Department.** A total of 5,513 X-ray films were made, 5,377 of these being various kinds of chest X-rays. The total is down as compared to the previous year, which is to be expected considering that fewer patients were in for examination.

#### APPRECIATION

Dealing with this mass of data requires a great deal of experience and trained help. I wish to extend my thanks and appreciation to all the staff who so thoroughly completed last year's work. The nursing and housekeeping staffs are to be commended for their handling of the wards upstairs for during the year many difficult and trying situations arose, and they were efficiently dealt with. The downstairs staff in the Central Clinic, comprising those in the main office, the laboratory, the operating room and X-ray Department deserve commendation for the efficient manner in which their departments were kept up to date. I wish also to thank the members of the Travelling Clinic staff and the Survey units for a job well done during the past year. I appreciate the help and capable assistance given by Dr. McRae and Dr. Carey in their respective fields.

The Central Registry is so important to us now that it seems incredible that we ever managed without it. I wish also to remember the Superintendents of the Institutions under the Board, of the Municipal Hospitals, and of St. Boniface Sanatorium. My thanks are due also to the Executive and Members of the Board for their kindly consideration during this past year, and to the Medical Director and the Executive Director for much needed help and guidance during 1951.

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

City of Winnipeg

### TUBERCULOSIS CONTROL DIVISION

**D**URING 1951 there were 27 deaths in Winnipeg due to pulmonary tuberculosis. This corresponds to a tuberculosis death rate of 11.3 per 100,000 population and is a slight increase over the death rate of 1950 which was 8.8 per 100,000. The following table illustrates the progress which has been made in the control of tuberculosis.

Year	No. of Deaths	Rate per 100,000 Population
1931	83	39
1936	64	28.5
1941	53	23.5
1946	51	22
1951	27	11.3

#### HOSPITALIZATION

There was a monthly average of 238 patients hospitalized at City expense in the various sanatoria during the year 1951. This is a slight reduction in the monthly average (241) of patients hospitalized in 1950. The majority of patients were hospitalized in King Edward Memorial Hospital.

#### X-RAY SURVEYS

During 1951 the chest X-ray survey programme continued to expand. The mobile 70 mm. X-ray machine previously purchased by the Manitoba Sanatorium Board and loaned with staff to the City Health Department, the stationary 4 x 5 X-ray unit

at the City Hall and a second 70 mm. machine loaned to us during the winter months by the Manitoba Sanatorium Board for the purpose of X-raying all school children were all utilized in X-raying a total of 73,731 individuals.

70 mm. Units		
No. of operational sites .....	68	
No of industries X-rayed .....	2,562	
Average attendance .....	97%	
No. Public and High School children X-rayed .....		29,259
Separate and private Schools and Colleges .....		3,401
No. Industrial X-rays taken .....		27,699
Total 70 mm. X-rays.....		60,359
4 x 5 Unit at City Hall		
No. of survey, contact and patient X-rays .....		8,855
No. of pre-employment X-rays .....		4,517
Total 4 x 5 X-rays.....		13,372
TOTAL X-RAYS TAKEN DURING 1951.....		73,731

Thirty-five new active cases of pulmonary tuberculosis were discovered, which is 42% of the total number of active pulmonary cases discovered by all agencies, such as private physicians, sanatoria, hospitals, private and public clinics.

Briefly a breakdown of the source of new active survey cases is as follows:

Total No. active cases.....	35
No. active cases discovered during 1951 surveys by 70 mm. unit .....	20
No. active cases discovered during 1951 surveys at City Hall .....	2
No. active cases discovered by pre-employment X-ray at City Hall .....	3
No. active cases discovered through individuals X-rayed at City Hall.....	5
No. active cases discovered through individuals referred by private physician to City Hall for X-ray .....	3
No. active cases discovered through X-raying contacts of known cases of tuberculosis at City Hall .....	1
No. active cases of tuberculosis discovered through X-raying contacts of positive Tuberculin Patch test reactors .....	1
	<u>35</u>
	35

Twenty or 57% of the 35 new survey cases were discovered in the 20 to 39 year old age group. However, one of the major advantages of X-ray surveys is demonstrated in the fact that in 57% of the discovered cases the disease was minimal in extent.

#### TUBERCULIN PATCH TEST SURVEY

In the winter months of 1951 in conjunction with the Manitoba Sanatorium Board the Health Department carried out a joint project of Tuberculin Patch Testing sample groups of elementary school children.

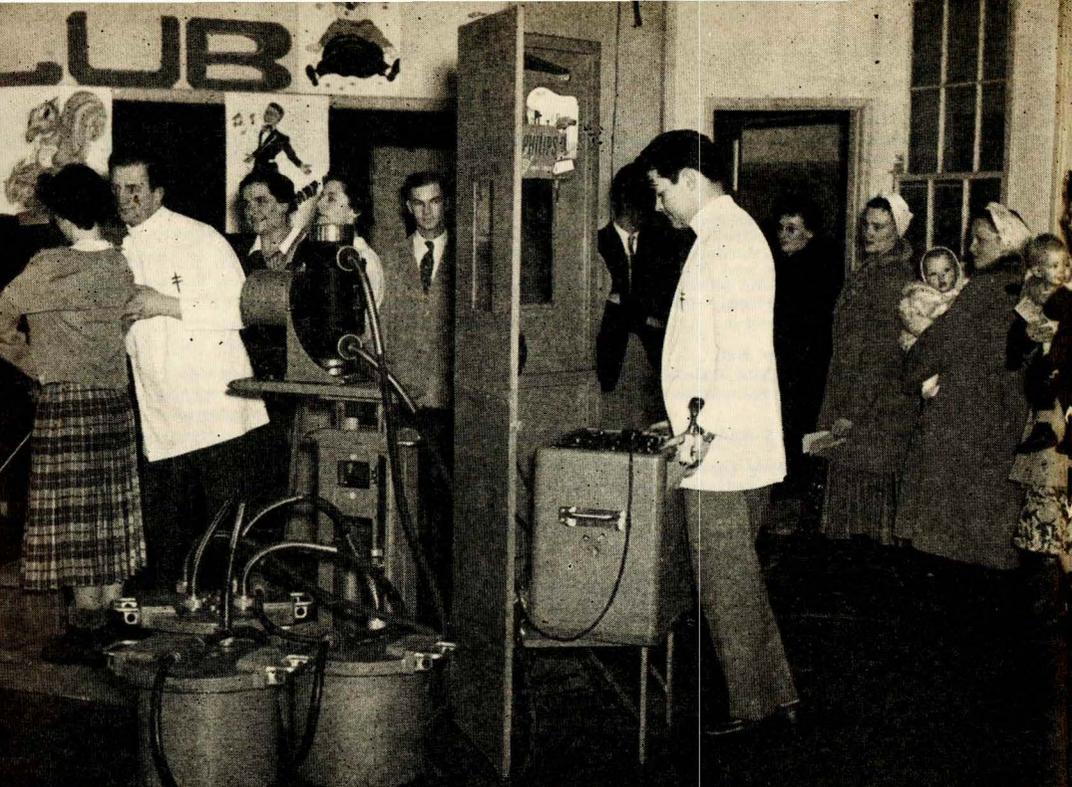
The main object of this project was to use positive Tuberculin tests of elementary school children as a means of discovering unsuspected active tuberculosis among the adult contacts of any school child with a positive tuberculin test.

A total of 3,294 pupils were patch tested and 259 or 7.9% were reported as having a positive test. Only one active case of pulmonary tuberculosis was discovered among the adult contacts to those children. Unfortunately less than 50% of the adult contacts who agreed to have a chest X-ray ever reported for such an X-ray and it was concluded that until some method is evolved which would insure a higher percentage of contacts reporting for X-ray then the patch-testing of elementary school children as a means of case finding is not a practical procedure.

#### APPRECIATION

In conclusion the response and co-operation from the industrial, business and office groups concerned for 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-rays has been most encouraging. The generous assistance of the Manitoba Sanatorium Board 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.



The families of service men at Camp Shilo, and civilian employees, line up for their chest X-rays during the survey held in March, 1951.

An occasion on the lawn at Manitoba Sanatorium.



# Treatment

## MANITOBA SANATORIUM

IN the matter of physical equipment the year 1951 has seen a continuation of the endeavours of the past few years; there have been no new hospital buildings, but old units have been kept in good repair with some structural modification gradually taking place to give more or better rooms and a considerable amount of modern equipment continually being added. With old buildings in need of increasing repair maintenance is a major item in the year's work.

### STAFF

Medical staff has undergone considerable change during the years with some shortage in the early fall, but is now in better strength. Dr. Dobbs left in September to join the Department of Anæsthesia at the Winnipeg General Hospital after five years of service at the Sanatorium. His loss is keenly felt, especially his help in surgery. Dr. Kolesnichenko left in May to take further medical training, and Dr. Proust in October. Dr. Sobel and Dr. Chan came during the summer and have fitted well into their new work. Dr. Cowan, after a short stay, has recently transferred to Brandon. Dr. Hulke has been back to work for over a year now and with changing staff his considerable experience in tuberculosis and growing knowledge of surgery has been a source of real strength.

During the year we have remained strong in department heads. Due to constantly changing staff nursing, housekeeping and dietetic departments are especially hard to manage, and Miss Goldsmith, as Superintendent of Nurses, and Miss Chapman, as Dietitian, with the assistance of Miss Young have done exceptionally well. Mr. N. Kilburg is doing good work and assuming increasing responsibility as Business Manager. Maintenance staff have remained fairly stable; in this department Mr. J. R. Scott, with his long and faithful service and detailed knowledge of all parts of the Sanatorium, deserves commendation.

### PATIENTS

Treatment days numbered 92,576, as compared to 93,958 in 1950. Department of Veterans Affairs patients decreased over the year from 19 to 11 as of December 31, 1951.

### ADMISSIONS AND DISCHARGES

Admissions for the year were 311, of which 174 were for treatment and 137 for review or diagnosis. Of those on treatment the sexes were exactly equal with an average admission age of 35 years. In the 160 with pulmonary tuberculosis it is interesting to note whether they were being newly treated, re-treated due to relapse or were simply continuing treatment after a period at home or in some other institution. In this regard 44.8% were new cases on treatment for the first time; 21.5% had suffered relapse, and 33.7% had returned after leave, or other absence. In the new cases disease was Minimal in 46.0%, Moderately Advanced in 33.3% and Far Advanced in 20.7%. This is the highest incidence of minimal disease in new cases yet reported at Manitoba Sanatorium. Admissions with non-pulmonary tuberculosis were glandular 2, bone and joint 6, kidney 2, peritonitis 2.

Total discharges were 355, of which 192 were from treatment and the remainder had come for review or diagnosis. Average stay for treatment was 1 year and 4 months. On discharge 44.8% were Apparently Arrested, 22.9% Quiescent, 21.2% Improved, 5.2% Unimproved and 5.7% dead. There were 10 deaths, as compared to 40 in 1935. Fifteen patients went home with positive sputum and of these three are still at home.

### TREATMENT

No radical change has taken place in treatment in the last year. Rest remains the basic treatment with collapse therapy still playing a major role in spite of an increasing use of streptomycin combined with P.A.S. Active minimal lesions are treated with a combination of streptomycin and pneumothorax. More advanced lesions have all received streptomycin and pneumoperitoneum has been used with increasing frequency. By one or both means disease has usually cleared sufficiently so that a more limited form of thoracoplasty than previously used can be applied. In our opinion most patients with moderate, or far advanced lesions ultimately require some degree of surgical collapse to insure permanent arrest even when improvement has been marked on streptomycin and pneumoperitoneum. This applies in particular where cavitation has been present. Pneumothorax was induced in 29



The Recreation Hall, Manitoba Sanatorium. Ninette.

Cut by DR. A. L. PAINE

patients and pneumoperitoneum in 38. Phrenic operations number 27, mainly in those with minimal lesions where pneumothorax had failed. There were 67 bronchoscopic examinations, most of them diagnostic where symptoms suggested endobronchial diseases and collapse therapy was being considered. Monaldi drainage was done in 2 patients.

The gradual increase of major surgery in the last few years has continued this year. In all, 117 major chest operations were performed. Forty-four patients had 104 stages of thoracoplasty. Of these 8 had extraperiosteal packs, 6 with lucite and 2 with paraffin. Pulmonary resection was done in 6 patients, 4 lobectomies and 2 pneumonectomies. Other major chest operations were decortication 1; extrapleural pneumothorax 1; closure of bronchopleural fistula 1; closure of chest wall sinus following gauze pack, 2; muscle correction 1; rib resection 1. There was no operative mortality during the year. A complete list of operative procedures is appended.

The use of streptomycin has been extensive. It was given to all patients with active lesions and to some chronic cases in the hope of sputum conversion. Doseage used was one gram every third day for 120 days, combined with 6 grams of P.A.S. daily. For the first half of the year patients with thoracoplasty received one gram daily for ten days post-operatively. This has now been discontinued. Altogether 310 patients received some treatment with the drug.

T.B. I was used in 25 patients where resistance had developed to streptomycin. It was found to have some definite value but was less effective than the latter drug.

#### X-RAY DEPARTMENT

This department continues to do excellent work under the able direction of Mr. William Amos, R.T. Volume of work increased somewhat due mainly to more lateral chest films and planigraphs. Radiographic examinations totalled 4,301, including 2,604 in-patients, 1,037 out-patients and 600 staff.

#### LABORATORY

The quality of work has been maintained at a high standard by Mr. J. M. Scott, R.T. A great many patients have received excellent training as technicians in this department over the years and this work continues. Mr. Scott is serving his second term as President of the Canadian Society of Laboratory Technicians.

Laboratory examinations numbered 10,567 and were as follows:—blood 3,803; urine 2,789; sputum 2,264; gastric contents 725; Mantoux tuberculin tests 337; streptomycin sensitivity tests 147; lung capacity tests 129; pleural fluid and pus 76; B.C.G. immunization 59; B.M.R. tests 59; unclassified 179.

Strong emphasis continues to be placed upon cultural methods for demonstrating tubercle bacilli and during the year a policy was introduced of culturing the

sputum or gastric material of every patient to make certain, if possible, that the acid-fast bacilli found in smears were truly pathogenic.

#### REHABILITATION

Details of work done are given in the report of the Rehabilitation Division. It should be said here that study both in the academic and vocational fields continues to be stimulated and ably directed by Miss Margaret Busch. Miss Hazel Carlson and Miss Gertrude Manchester have given fine teaching support. The standard of education of patients on admission is yearly falling, probably due to the increasing number of metis and Indian patients. This increases the amount of academic teaching required before vocational studies can be undertaken.

The occupational therapy Branch of Rehabilitation has been well conducted by Mrs. Alice Carragher. With supervision the patients are better guided in their activities and handicraft work is better done. The Hobby Fair was again a very successful venture this year and was excellently displayed in the Community Centre.

#### MEDICAL AND NURSING EDUCATION

Twenty medical students received two weeks instruction each at the Sanatorium.

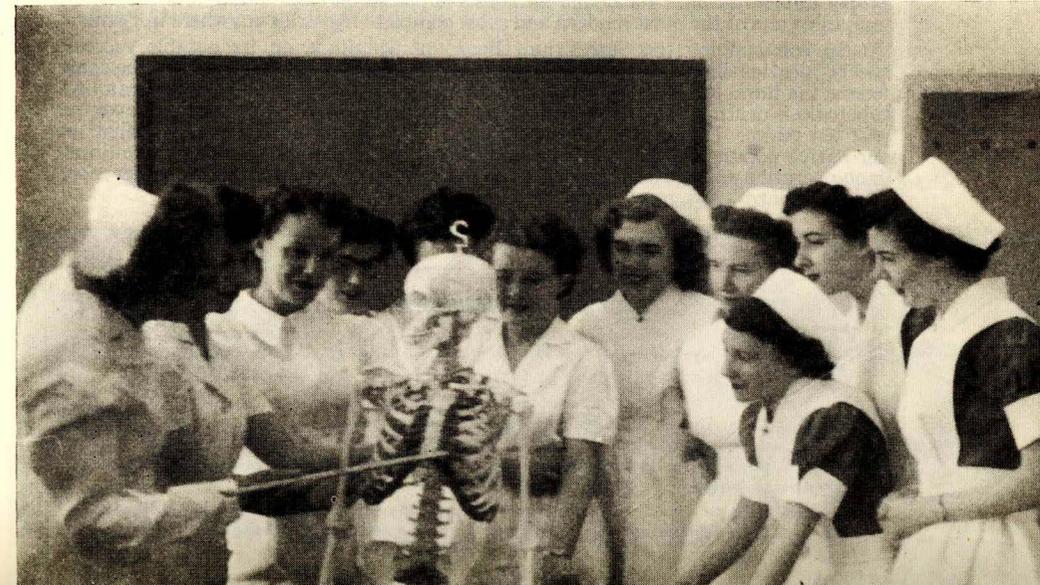
In February 1951 an affiliate course of eight weeks with the Brandon General Hospital and the Brandon Mental Hospital was inaugurated. To date 26 students have received training. In addition 29 students of licensed practical nursing received six weeks affiliate training. Lectures were given by staff members of the following Departments. Medical, Nursing, Laboratory, Dietetics, Rehabilitation and Public Health. Miss K. Escott has done excellent work in instruction and supervision.

#### APPRECIATION

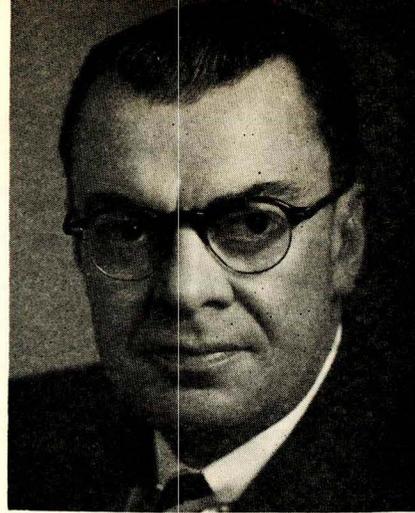
I wish to express my appreciation to all staff, especially old members, for loyalty and continued good work. Sincere appreciation is given to the Chairman, the Chairmen of the Administration and Finance Committees, the Executive Director and all members of the Sanatorium Board for much work and sincere effort in our service. I wish to thank the Medical Director of the Sanatorium Board and the Superintendents of the various tuberculosis institutions and the Department of Public Health for cordial relations and assistance.

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

An affiliation course for student nurses from the Brandon General Hospital and Brandon Mental Hospital is conducted at Manitoba Sanatorium. The instructor indicates the details of chest structure on Andy, the skeleton.



HON. PAUL MARTIN  
Minister of National Health  
and Welfare



—Photo by Karsh

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

—National Film Board Photo

## Care of Indian Patients

ONE of Canada's greatest health advances in this country is our impressive record of bringing tuberculosis under control. The secret of our success lies in co-operative action. Governments, provincial and national associations, professional health workers and the public at large all have their essential part to play.

In Manitoba, outstanding results have been achieved through the skilful and energetic direction of the Sanatorium Board of Manitoba. In a well-rounded out program, full attention is given to prevention, early diagnosis, prompt treatment and proper rehabilitation. Particular emphasis is placed on case-finding and the Board maintains one of the most modern and most complete registries anywhere in Canada.

In commending the Sanatorium Board of Manitoba on its notable success, special mention should be made of the efficient manner in which it operates the three federal sanatoria for the care of Indian patients. Through its leadership, Manitoba's tuberculosis death rate for Indians has been reduced by more than 45 per cent over the past ten years. I know that, in the coming year, not only in its efforts on behalf of our native population, but in all its activities, the Sanatorium Board will continue, in co-operation with government agencies, its vigorous campaign to bring under more effective control this great threat to human health."

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.

## From the Report of the Medical Director

AN intensive case-finding and treatment program has been in effect in Manitoba for the past four years and even in this short period there has been a striking improvement—indeed, a demonstration of how much can be accomplished by the application of basic tuberculosis control principles. Annual chest X-ray surveys have been held for four years, at which in 1951 16,504 Indians were X-rayed, 11,105 in Manitoba and 5,399 in Western Ontario. These surveys are organized by Dr. W. J. Wood, Regional Superintendent of Indian Health Services and carried out by the Sanatorium Board. It will be noted in the tabulation of "New diagnoses of Active Tuberculosis" that the new cases for the past four years respectively have been 535,402, 239 and 169. Of the 16,504 X-rayed on surveys in 1951, 180 or approximately one per cent had active pulmonary tuberculosis, which indicates the need for the continuation of annual X-ray surveys for Indians.

The death rate, although still high, is less than half that of 1949 and the number of tuberculosis deaths has dropped from 130 in 1945 to 56 in 1951.

On December 31, 1951, 495 Treaty Indians were on treatment in Manitoba Sanatoria. Brandon Sanatorium (260 beds), Clearwater Lake Sanatorium (160 beds), and Dynevor Indian Hospital (50 beds) have 470 beds constantly filled. The reports from these institutions indicate the excellent standard of treatment maintained. An active B.C.G. vaccination program is carried on by the Regional Superintendent of Indian Health Services. The Central Tuberculosis Registry has a total of 1,681 tuberculous Indians on its files, 997 from Manitoba and 684 from Ontario. Details pertaining to these cases and surveys are contained in the appended statistical report.

The Department of National Health can be justly proud of its Indian Health program and in Manitoba the arrangement with the Sanatorium Board is unique, mutually satisfactory and eminently effective.

## From the Report of the Regional Superintendent

OUR program of X-raying all Indians each year was continued. Unfortunately, we are never able to find 100%. In 1951 we plated 11,105 out of a population of 17,500. In addition, many Indians were X-rayed on admission to hospital.

In 1952 we propose to continue X-ray surveys and to extend the use of BCG by using the dried type that will permit its use in areas in the north where transportation is not feasible within the expiry date of the fluid type. We also expect to increase the number of field nurses, who we consider as our most important troops in this fight.

*Splendid things are being accomplished in the education of Indian patients at Brandon Sanatorium. Miss C. M. Fraser, senior teacher, is justly proud of her classes.*





Dynevor Indian Hospital—  
Main Building.

## DYNEVOR INDIAN HOSPITAL

**D**URING the year 93 patients were admitted and 93 discharged, including 7 deaths. There were 15,144 patient days for the year.

Patients received their regular routine Sanatorium care plus streptomycin, P.A.S., pneumothorax and pneumoperitoneum if indicated. As a direct result, no doubt, of the extensive X-ray surveys being done yearly, the number of admissions of far advanced cases continues to decrease. The condition of the discharged cases continues to be satisfactory, more and more going out, cured, arrested or apparently arrested. Only two patients left against medical advice. The Dynevor Staff is very proud of the meals they serve, which no doubt is an important reason for our patients' happiness, contentment, and their regular gain in weight from month to month.

### STAFF

Miss Stefanson, the Matron, took sick in March and had to go on sick leave. From May 10th to August 30th and in November and December we had an Acting Matron. The rest of the nursing staff carried on remarkably well and the usual patient care was kept at a high standard. The domestic staff worked well throughout the year, and for the friendly attitude of both staffs and their efficient attention to the care and needs of the patients, I extend my sincere thanks.

### BUILDINGS AND EQUIPMENT

Materially there have not been as many changes at Dynevor as usual. The new X-ray machine is working well and turning out very good films. A new "carry-all" station wagon has proved to be most useful. The water softener has worked efficiently on the hard water from our well and is a boon to all but especially the domestic staff. We now have plenty of soft water in the nurses' home for the first time in years and this has been much appreciated by the resident nurses. The grounds and garden were in better shape than ever this year, and we had the best looking and the finest crop of vegetables of any garden in the district.

### APPRECIATION

The Christmas Season was again the big event of the year. We had four Christmas parties, three with Santa present, and there were dozens of gifts for all the patients, comic books and candy, fruit and other things which the patients all enjoyed. The Kinsmen's Club of Selkirk, the Transcona Girl Guides, the Phalynx Club, Y.M.C.A. Winnipeg, all were out and had bang up parties and presents, ice cream, candy, etc. for everybody. We received gifts all the way from Victoria, B.C. to Sydney, N.S.

In conclusion, I wish to thank the members of 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 continued help throughout the year. Thanks are also due to Dr. Wood and his staff and the Medical Superintendents of all Sanatoria for their help and advice throughout the year.

Respectfully submitted,  
WALTER W. READ,  
Medical Superintendent.

## BRANDON SANATORIUM

**M**AY I, in presenting this Fifth Annual Report of Brandon Sanatorium, express my sincere appreciation of a loyal and devoted staff for their efficient work. All of them have helped to make 1951 another successful year.

During the year, 92,196 patient days were utilized in the treatment of tuberculosis among Treaty Indians.

There were 161 admissions, 113 (70%) with pulmonary disease, 16 (10.3%) with bone and joint tuberculosis, and 23 (14.2%) for diagnosis and treatment of non-tuberculous conditions, mainly pulmonary, amongst the Indians. Of the cases of pulmonary tuberculosis, 18% had minimal disease, 36% moderately advanced, 33% far advanced, and 10% primary combined.

There were 155 discharges. Included are 16 deaths, which is a pleasing reduction from previous years. Excluding this group, only 13 of the discharges were bacillary and 9 of these were transferred to other institutions; so that 4 (2.5%) went home bacillary, 3 against medical advice and 1 discharged, as he was considered not a public health menace. One has since been returned to Sanatorium, so that actual bacillary discharges total 3 (1.9%).

### TREATMENT

Much credit for improved results, both surgical and medical, and the reduction in the death rate, must be given to the drugs P.A.S. and streptomycin. Their combined use in the treatment of Indian tuberculosis has brought amazing results. Patients receiving this form of treatment during the year numbered 177. Patients with far advanced bilateral disease, on admission, have been improved so that conventional forms of collapse procedure could be instituted.

**Surgery.** The use of lucite balls, as an extra-periosteal plombage beneath the denuded ribs left to keep the balls in place, has been used in 37 cases of thoracoplasty to date since October, 1950. Seven- to 8-rib thoracoplasties can be done in one stage. At the second stage, the ribs and balls are removed. Latterly, the 1st and 6th, 7th, and 8th ribs have been left, thus preventing falling in of the scapula and reducing deformity. It is too early to forecast results as regards conversion of sputum, but of 25 done up to July 31st, 1951, i.e. six months ago, 17 are negative to gastric wash and culture, 2 to sputum culture; 1 is positive to gastric culture, 1 to sputum culture, 2 to concentrate, and 2 to smear, i.e. 4 are positive to concentrate or smear. Although too small a series to be significant, conversion of sputum was obtained in 84%.

There are two recognized failures in the group. Expected advantages over the conventional thoracoplasty are increased collapse, more selective collapse, no post-operative shift or paradoxical movement of mediastinum, easier raising of sputum post-operatively, less deformity, and less stages of thoracoplasty. The patient does not need to be subjected to subsequent stages two and three weeks after the first operation, for the ribs and balls are not removed for three months.

The use of pulmonary resection in the treatment of pulmonary tuberculosis was introduced this year when 5 cases were done. This form of treatment is recognized as an invaluable aid to the phthisisist and numerous cases are coming to light that are unsuitable for or have failed with other forms of treatment and require resection.

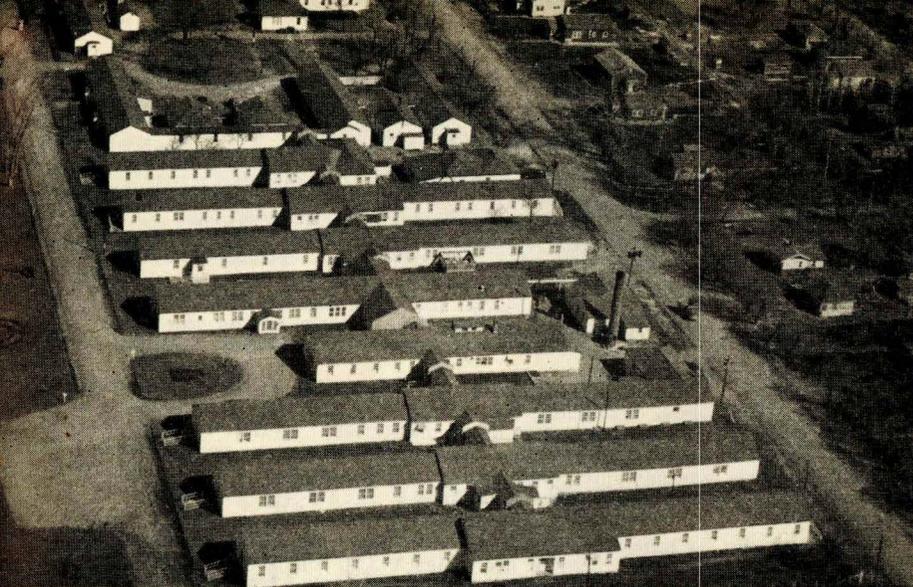
As of December 31st, 1951, 73 patients were receiving pneumoperitoneum therapy and only 15 pneumothorax. Explanation of this is that Indian disease is either unsuitable for pneumothorax or, if suitable, it frequently cannot be induced because of previous pleural inflammation. Also, it is being realized that pneumothorax can cause considerable crippling of the lung, and often a limited thoracoplasty will cause less reduction of pulmonary function than a poor pneumothorax kept up too long.

Seventy-four stages of thoracoplasty were done on 37 patients; also 7 pneumolyses, 6 phrenic crushes, and 80 bronchoscopies; 18 lipiodol visualizations were done; 4,344 air refills were given to patients receiving pneumoperitoneum or pneumothorax.

**Tuberculous Meningitis.** Twenty cases have received treatment for tuberculous meningitis to date with streptomycin and P.A.S. Of these, 10 are dead, 3 discharged home, 4 have completed treatment and are apparently cured but are still in Sanatorium, and 3 are still on treatment. With early diagnosis and since the introduction of combined P.A.S. and streptomycin therapy, results are improving, for of the 10 dead, 7 died before March, 1950. During the past 22 months, there have been only 3 deaths out of 11 diagnoses.

**Orthopedic.** We are infinitely grateful to Dr. Alexander Gibson, F.R.C.S. (Eng.), for his inspiration and guidance and interest in our work. Dr. Gibson did 16 orthopedic operations during the year for treatment of bone and joint tuberculosis.

**X-ray Department.** This Department did a greater volume of work than during any previous year, doing 4,362 radiological examinations. With the installation of a new \$13,000 Ferranti-Westinghouse X-ray Unit at the beginning of the year, this



BRANDON SANATORIUM

diagnostic procedure is much improved and with planigrams, including lateral planigrams, identification of cavities and localization of disease has been greatly facilitated.

Equipment also has been obtained for clinical photography and this Department has produced excellent results in taking coloured transparencies, an invaluable part of our clinical records.

**Laboratory.** During the year, 12,037 examinations were done by this Department, including 5,351 examinations of blood, 2,011 examinations of sputum, 494 gastric washes, and 418 laryngeal swabs, 508 examinations of spinal fluid, 665 tuberculin, 22 B.C.G. immunizations, 173 streptomycin sensitivities, 12 electrocardiograms, and 11 basal metabolic rates.

During the year, routine examination for intestinal parasites was commenced after receiving reports from Dr. J. M. Ridge of the high incidence amongst Indians. Of 57 patients so far examined, 7 (12%) were found to harbour intestinal parasites. Thanks is extended to Dr. T. H. Williams, Chief of Laboratory Services, Deer Lodge Hospital, Winnipeg, for his guidance and help in this work.

**Out-patients.** Out-patients numbering 1,087 were examined during the year.

#### STAFF

We were most fortunate in having Dr. G. A. Lillington, winner of the University of Manitoba Gold Medal in Medicine, the Manitoba Medical Association Gold Medal, and the Chown Prize at Graduation 1951, on our Medical Staff from June 3rd to December 31st, 1951. While with us, he did the investigation necessary to begin bronchspirometric studies, but equipment was delayed in arriving, so he was able to do only two of these tests before leaving here. Now that the ground work has been done, we hope it may be established as a routine procedure.

A much needed new position of Business Manager was created and Mr. G. R. Howing, our former Storekeeper, has filled it well.

Mrs. Cruikshank has ably filled the position of Superintendent of Nurses vacated by Miss Cascaden on November 1st, 1951, and Miss F. Amos has taken over as Operating Room Supervisor. Mrs. M. Wildgoose is now Supervisor on the Male Wards.

Nursing care has continued on a high level with a loyal and capable Nursing Staff.

On October 22nd, 1951, our staff assumed the added duty of giving affiliate tuberculosis training to Practical Nurse trainees, groups of 7 to 11 coming every six weeks throughout the year.

My sincere gratitude goes to all members of the Staff of Brandon Sanatorium for their efficient work, friendly relationships, and devotion to duty throughout the year 1951.

#### REHABILITATION

Miss C. M. Fraser, as Principal, and Miss R. Colliou during the first nine months of the year and Miss N. Kuzyk latterly, have shown keen interest in the education of the Indian patient and are to be commended for the progress they have made. These teachers teach patients in all grades from I to XI, much of this being necessarily bedside teaching. Over 100 patients are enrolled. If the aim of these

teachers can be realized, that of making the patient understand the value of an education, much can be done to improve the standards of living of these people.

Two girls have already obtained and eight others are working to get Grade VIII standing necessary to enter training as Practical Nurses. Three patients have written off most of the subjects necessary for Matriculation and, if ready for discharge this fall, will enter University, two to become teachers to carry on the education of their people.

Our greatest need at present is a Teacher of Arts and Crafts to keep the minds of those not interested in school work occupied during the long hours they must spend cure chasing.

#### APPRECIATION

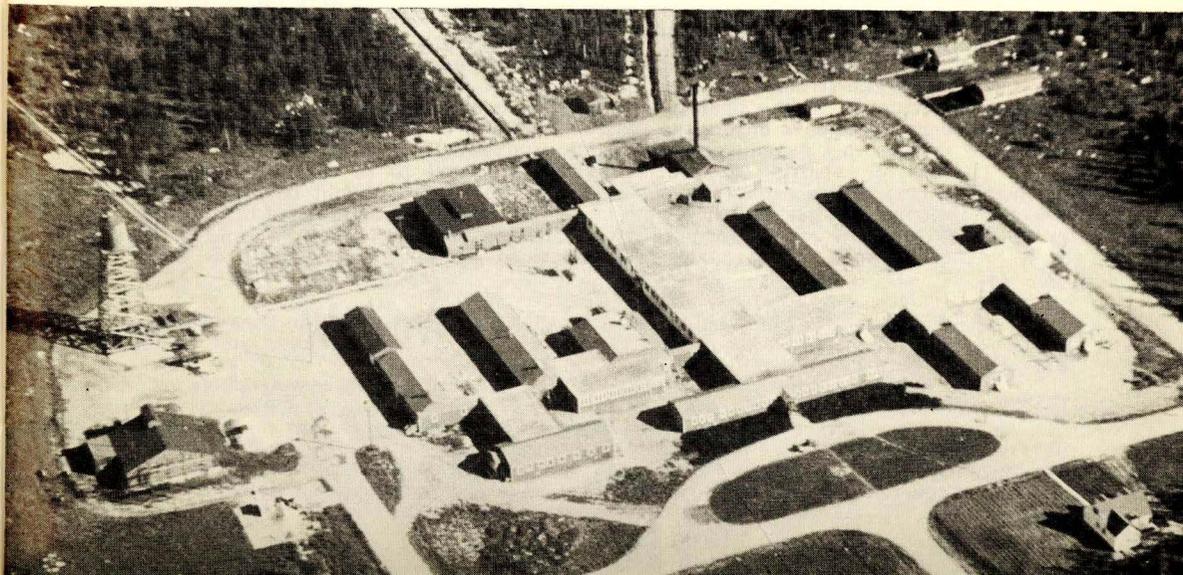
My sincere appreciation goes to the Chairman and Members of the Sanatorium Board of Manitoba, its Medical and Executive Directors, and all the Medical Superintendents and Staffs of the allied Sanatoria, especially Dr. A. L. Paine, for their help, guidance, and indulgence during my apprenticeship at Brandon Sanatorium.

My heartfelt thanks are extended also to Dr. W. J. Wood, Regional Superintendent, and Dr. B. Claman, Dentist, of the Indian Health Services, and all the Indian Agencies, to Dr. A. Gibson, mentioned previously, to Dr. H. S. Evans, Dr. R. P. Cromarty, Dr. R. F. M. Myers, and Dr. R. O. McDiarmid, and other Medical men of the City of Brandon, and to all those having a lesser connection with Brandon Sanatorium, for their kind co-operation and assistance during the past year.

Respectfully submitted,

A. H. POVAH, M.D.,  
Medical Superintendent.

CLEARWATER LAKE SANATORIUM



## CLEARWATER LAKE SANATORIUM

**D**URING 1951 an average of 154 patients were at Clearwater Lake Sanatorium each day, for a total of 56,334 patient days. This represents an increase of 1,257 patient days over the previous year, and a corresponding increase in work and worry, particularly to the graduate nursing staff, which has been short in numbers.

### ADMISSIONS AND DISCHARGES

The trend of admissions during 1951 was remarkable in one aspect, particularly for a hospital relatively new, servicing an area where the incidence of tuberculosis is high. Six persons over 70 were admitted with far advanced tuberculosis. Reviewing the reserve clinics, it is apparent that the older people are not being turned out for films at surveys—in this they differ not at all from the white people. A determined effort will be made during this coming year's clinics to obtain better attendance by the oldsters. Except for this age-group the admissions were not greatly different to previous years. An increase of readmissions will be noted; with patients returning to the primitive conditions suffered by Indians in general this is not surprising. In fact, the percentage of readmissions is better than we had dared hope.

Deaths from tuberculosis numbered fifteen, of which almost half, seven, were from meningitis. Only seven persons died of pulmonary tuberculosis during the year. This rather low figure certainly lends encouragement, but there is no cause for pride in the fact that the seven meningitis cases represented all but two of these treated at this sanatorium during the year. Altogether it would seem that this hospital has signally failed to reduce the fatality from this formidable type of tuberculosis, and if better results are to be obtained these patients should be transferred to a central unit, where special neurological and neurosurgical help is available to give them the best chance in the light of present knowledge. Dr. Ross has previously suggested this, and our figures at least lend cogency to his plan.

### TREATMENT

Treatment in general differed not at all from previous years. Pneumoperitoneum was less used because streptomycin and P.A.S. proved so efficient in dealing with minimal disease that collapse therapy was often not considered necessary.

The X-ray department did more examinations in the hospital and less in the field than in previous years. This decrease was due to the omission of several reserves for economy motives. That this economy is questionable has been abundantly shown by recent admissions from these reserves, and by an outbreak at Guy School, which was sparked by two open cases from the reserves not done. Some of the X-ray film processing equipment is wearing badly, and will require replacement before long.

The laboratory handled some 400 examinations more than in the previous year, the increase representing the greater number of patients admitted. Mrs. Carpick, who was for over four years in charge of this department, left during 1951, and was replaced by Miss Esther Kresier. She is carrying on the work in the same efficient manner as her predecessor.

### BUILDINGS AND MAINTENANCE

The principal items of construction undertaken during 1951 were the extension of steam sewage and water past the chief engineer's residence to the medical superintendent's house, and the moving of two housing units adjacent to this service. Completion of the two units was not possible before freeze-up. The extension of this service would make it desirable to utilize the area nearby to the fullest extent for housing construction in the near future. Serious trouble developed in the medical superintendent's residence during the year, and a major reconstruction job will be required to salvage this dwelling. Considerable expense will be involved.

The cost of repairing some of the wards will have to be carefully balanced against the cost of reconstruction in deciding whether they should be repaired or replaced, bearing in mind that they were never intended for a sanatorium in the first place. Particular reference is made in this connection to the present men's and children's wards, sections "M" and "N", and the ward at present used for male staff quarters.

### STAFF

Mr. Johnson, the chief engineer, and Mr. Sismey, in charge of the Diesel power house, dealt with the problems of construction with their usual efficiency and cheerfulness, and both deserve great credit for their efforts.

Miss M. D. Pearson carried out her duties as matron with commendable efficiency and cheerfulness, particularly in the face of a great many staff changes and inadequate supervisory personnel; the problem of graduate nurses was no less than in previous years. Mr. Dubinski, formerly on the business manager's staff, returned as accountant, and we are pleased to have him with us again. Mr. Christianson, as always, carried on the many-sided functions of his department meticulously and cheerfully.

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

## ST. BONIFACE SANATORIUM

**I** have pleasure in presenting this the twentieth Annual Report of the St. Boniface Sanatorium for the year 1951. The statistical tables indicate a very busy year for the Sanatorium and its staff. For example, 98,015 patient days treatment was given. This exceeds any previous year by roughly two thousand patient days. In the Orthopaedic Department fifteen patients had spinal fusions for tuberculosis of the spine. This is twelve above average and exceeds by three spinal fusions the number for the next largest year.

### ADMISSIONS AND DISCHARGES

A total of 273 patients were admitted and 277 discharged. Of the 273 admissions, 53 or 19% were new cases; 70 or 25% were re-admissions and 143 or 52% were transfers from another Sanatorium, the majority of transfers naturally being from the Central Tuberculosis Clinic, which is the main case finding unit in the province. No one was admitted for review or diagnosis. Seven babies were born to patients in the Sanatorium and kept for a short time in the Children's Building until old enough to be placed elsewhere. As previously reported, pregnancy has little, if any, effect on the course of tuberculosis, providing anti-tuberculosis treatment is instituted promptly on diagnosis and maintained long enough to achieve the best possible result.

The statistical tables on sex, age on admission and conjugal condition exhibit the pattern of previous reports. In the table on racial origin one finds a high morbidity rate in Indians, Metis, French and Scotch. No doubt if all traces of native blood could be detected, the figures on French and Scotch, as shown in the table, would be smaller. The Medical Staff have been impressed with the relatively larger number of Displaced Persons and British War Brides being admitted for treatment. Of course, this may be more apparent than real but could serve as a warning to physicians when confronted with patients of this category that they may search for evidence of tuberculosis in these people.

Analysis of extent of disease on admission indicates that 74.41% of pulmonary tuberculosis was in the moderately advanced-far advanced group. If this figure can be improved upon, the length of cure will be reduced and the result of treatment improved. The extent of disease on admission is still higher than might be expected. However, to reduce it further would require very elaborate screening of all persons found by survey to have abnormal shadows in the lungs.

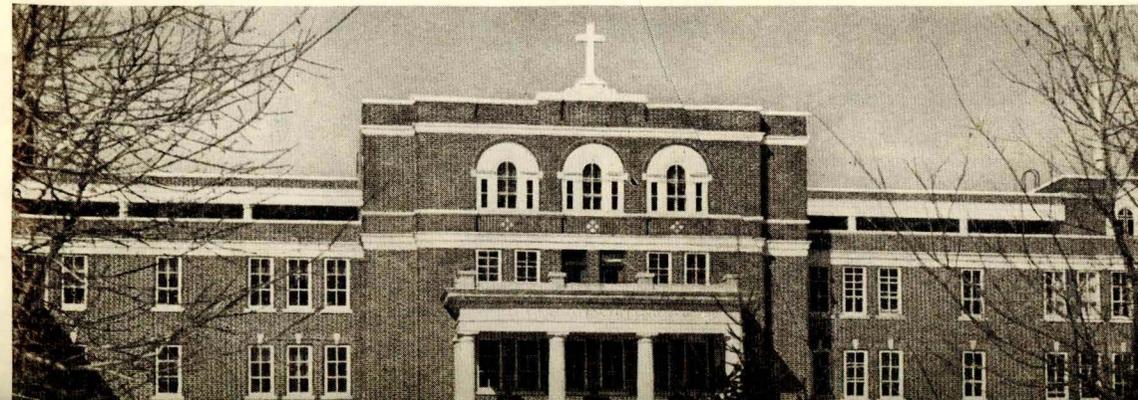
In our Sanatorium the extent of disease on admission was 19.9% minimal, 43.6% moderately advanced, and 30.8% far advanced, primary combined 2.3%, pleurisy with effusion 3.3%. Of the 211 pulmonary admissions, 115 were bacillary and therefore infectious.

### TREATMENT

The result of treatment can roughly be gauged by an examination of discharges. Of the 199 pulmonary discharges 14.1% were arrested; 44.7% apparently arrested; 18.1% quiescent; 14.1% improved and unimproved; 9.0% deaths.

The total duration of treatment for all cases was exactly one year. For pulmonary tuberculosis the far advanced took 454 days; pleurisy with effusion 216 days.

ST. BONIFACE SANATORIUM—Main Entrance



Type of treatment has not varied from the pattern of recent years—consisting of bed rest, chemotherapy and surgical collapse or excision, including one case of pneumonectomy (total removal of one lung). All surgical procedures were completed during the year without mortality.

The Out-Patient Department is still increasing as to numbers enrolled and the amount of examinations and treatments. Nine hundred and fifty patients were enrolled; there were 2,905 pneumothorax refills, and 3,693 were fluoroscoped and X-rayed. This Department is operated without remuneration of any kind. We would be most happy to find a Santa Claus to father the Out Patient Clinic.

#### FINANCIAL

The following is quoted directly from the Auditors report:

"The operating statement for the year ended December 31st, 1951, shows a deficit of \$65,661.48 compared with \$63,290.75 a year ago. The 1950 deficit is after crediting that year with \$25,872.00 received in February, 1951, from the "Manitoba Flood Relief Fund. On the following page we submit a comparative summary of the figures for the last two years.

	1951	Per Diem	1950	Per Diem
Operating and Other Revenue	\$372,575.21	\$3.80	\$321,639.26	\$3.65
Operating Expenditure .....	\$438,236.69	\$4.47	\$384,930.01	\$4.37
Operating Deficit .....	\$ 65,661.48	\$ .67	\$ 63,290.75	\$ .72
Hospital treatment .....	95,015 days		88,086 days	"

I recommend that all possible steps be taken to correct this unsatisfactory financial condition which is having a deleterious effect on the Sanatorium as a whole and on the treatment in general.

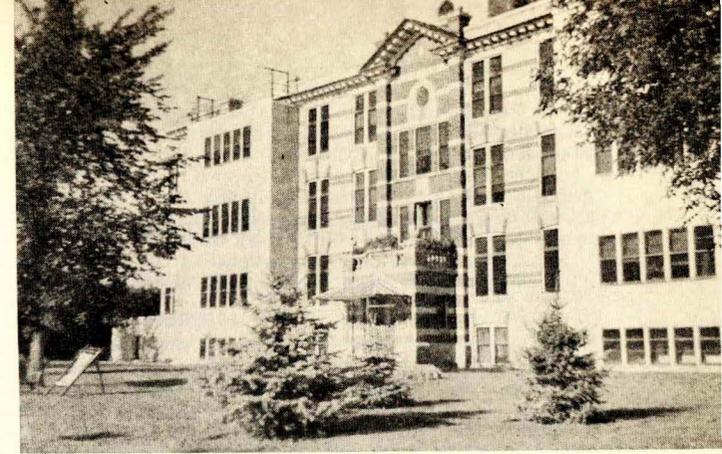
#### APPRECIATION

The list of Honorary Attending Consultants will be found at the beginning of the report. These are the often forgotten men who have worked silently and well. However, their services are much appreciated. I wish to thank them on behalf of the patients, the Sanatorium and myself.

I also wish to express appreciation and thanks to the Sisters and Staff of the Sanatorium, to the members of the Sanatorium Board, to the Staffs of all allied Institutions, Government Departments and Agencies for the heartiest of co-operation and assistance during the year.

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

*The Pharmacy, St. Boniface Sanatorium.*



*King Edward  
Memorial Hospital.*

### Winnipeg Municipal Hospitals

## KING EDWARD MEMORIAL HOSPITAL

NINETEEN hundred and fifty-one saw many changes, particularly in the staff and our academic activities. As well as these, this report summarizes the treatments carried out and outlines the changes in our physical facilities.

#### THE BUILDINGS

As formerly, tuberculosis patients have been cared for in the King Edward Memorial Hospital and in two wards of the King George Hospital. The third floor of the King Edward Hospital was redecorated, but much remains to be done in this direction. A program of replacing old ward furniture has been inaugurated and will be continued over a two or three year period.

The new laboratory was opened at the Princess Elizabeth Hospital early in the year. This gives new and modern facilities not only for bacteriology but for biochemistry, haematology and histology. An X-ray plant is being installed at the Princess Elizabeth Hospital which is connected by a tunnel to the King George Hospital. This will allow the wards of the King George Hospital to be used more efficiently. Until now, patients in the King George requiring X-rays had to be transported by ambulance to the King Edward Hospital.

The decrease in beds for acute communicable diseases has allowed us to begin planning for further use of the King George Hospital. It is hoped that our operating room facilities will be modernized and enlarged.

New internes' quarters have been found and the old quarters on the second and third floors in the King Edward have been reconverted to allow more space for the Occupational Therapy Department and for nurses' dressing rooms.

#### STAFF

The Municipal Hospitals suffered an important loss in the resignation of Dr. J. L. Downey, the Medical Director. Dr. Downey's chief clinical interests lay in the tuberculosis work. He had been associated with these hospitals since 1936, except during the war years. Dr. Gordon Hunter and Dr. Gordon Ritchie also left for other fields, the former to pursue post graduate studies at Deer Lodge Hospital, the latter to take a position as Immigration Medical Officer abroad.

These changes, occurring within a short time, inevitably led to a trying period of readjustment. The following new appointments have been made: Dr. J. A. Hildes joined the staff as Medical Director; Dr. Murray Campbell, Dr. A. W. J. Alcock and Dr. J. MacDonell were appointed physicians. A new and interesting departure has been the appointment of part-time physicians. Other welcome additions to the staff of the Winnipeg Municipal Hospitals were Dr. A. Schaberg in pathology and Dr. Marion Ferguson, Biochemist.

Aided by a Federal Education Grant, Dr. Alcock attended a post graduate course in Bronchoscopy and Oesophagoscopy in September. This was arranged with the kind help of Dr. Kenneth Johnston, formerly on the staff of the St. Boniface Sanatorium, now at the University of Illinois.

#### ACADEMIC ACTIVITIES

Monthly clinical conferences were replaced by open clinical luncheons covering the activities of all three hospitals. Weekly staff rounds in the tuberculosis divisions were held on Thursday mornings. Monthly staff meetings to discuss deaths were instituted and have become a fruitful source of stimulation.

# Re-Employment

## REPORT OF REHABILITATION DIVISION

THE Rehabilitation Division in 1951 continued to provide services to all tuberculosis patients in the Province, and particularly to those in the Manitoba Sanatorium, St. Boniface Sanatorium, and the King Edward Memorial Hospital. The main emphasis has been on academic work and the raising of educational levels while in the sanatorium, in preparation for training of a vocational and technical nature during the post-sanatorium period. The importance of training cannot be over-emphasized and its results have been gratifying.

In addition, services of the Division included vocational guidance, where the patient is helped to decide the vocation most suited to him, and job placement through the National Employment Service when training and treatment have been completed. The threefold nature of our program is thus fulfilled.

### MANITOBA SANATORIUM

Miss Margaret Busch, Supervisor of Rehabilitation at Ninette, who had been off work since early summer because of ill health, returned to duty on December 1st. Miss Gertrude Manchester was taken on staff in October and joins Miss Hazel Carlson, elementary school teacher, and Mrs. Alice Carragher, Occupational Therapist. Miss Manchester, an ex-patient, is working part-time.

Patients receiving instruction in academic subjects, Grades I to XII .....	142
Subjects of academic study work completed .....	212
In the vocational training field the teachers report:	
Patients receiving instruction .....	64
Number of units completed .....	33
Of the above number, 25 patients were actively engaged in typewriter training.	

Miss Busch reports on one young Metis patient:

"S. had never been to school. However, he proved to be a conscientious, steady and co-operative student, and in 6 months he completed all of the Grade II work. On admission, he was quiet and reserved and rarely spoke. Now he fits in well with the other men in the ward, entering into their discussions and activities."

Mrs. Carragher, the Occupational Therapist, reports that 212 patients were engaged in handicraft.

Early in the summer, handicraft work done by patients was put on display at a Hobby Fair in Ninette. This was effective in arousing considerable interest in the communities around the Sanatorium and gave the local people an excellent idea of what can be done by patients on an organized, therapeutic basis.

### ST. BONIFACE SANATORIUM

In-sanatorium training at St. Boniface is carried out under the supervision of Mrs. Pauline Hill who instructs the adult patients. Although all of Mrs. Hill's students are adults, she spends time on all grades from I to XII, since a number of patients have little or no schooling. It is felt that the education of such patients is of great importance.

Patients receiving instruction in academic subjects, Grades I to XII .....	95
Subjects completed during the year .....	105
Patients receiving vocational training .....	22
Units of work completed .....	30
Patients receiving handicraft instruction .....	234

### HOMEMAKING

Of considerable interest to the patients was the Homemaking Course instituted at St. Boniface in May, under the supervision of Miss Mildred Johnston, Home Economist. Miss Johnston began with her own course in food, "Food Sense Saves Cents," and continued with a very fine course of instruction in sewing. Miss Johnston reports that 10 ambulant and 8 bedridden patients took the food course. She states:

"Interest in the course has been keen. The girls have learned the value of meal planning, guided by the Canada Food Rules, to assure good nutrition for themselves and their families."

In order to permit visual and practical instruction, an oven-type hot plate was purchased. This will be available for future courses.

In September, Miss Johnston followed the food course with one in sewing and 15 patients received practical instruction in sewing techniques, body measurements, and the use of patterns. None of the students had had any sewing experience previous to this training and they are all now turning out very professional looking and useful work.

The Fourth Year medical students lived in hospital during the academic term. The number of junior internes was increased to two, one rotating from the St. Boniface Hospital and the other from the Winnipeg General Hospital.

At the Dean's request, a two weeks' course in tuberculosis was given to a group of fourth year students during the Christmas vacation. This comprised lectures and demonstrations covering the clinical, therapeutical and pathological aspects of tuberculosis, as well as daily work on the wards.

Affiliated nurses from several of the metropolitan hospitals were given didactic and practical instruction by the medical and nursing staff.

### TREATMENT

During the year 167 patients were admitted, compared to 156 for 1949; 1950 was the year of the flood. Treatment days numbered 47,625 as compared to 56,855 for 1949. The proportion of deaths examined at autopsy was appreciably greater towards the end of the year on account of the improved facilities for pathology. The number of patients given pneumothorax decreased appreciably and the number given pneumoperitoneum increased slightly.

The number of patients subjected to major surgical procedures was about the same as in 1949, but there was an increase in lung resection and a decrease in thoracoplasties.

The out-patient department continued to be active, seeing patients and giving treatments on three mornings a week. A total of 1713 out-patient visits were made.

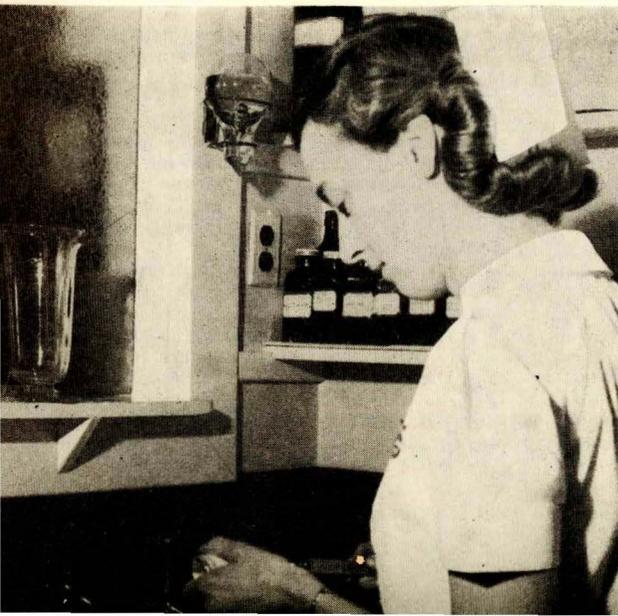
### APPRECIATION

We particularly wish to acknowledge the help of Mrs M. Thorne, the nursing supervisor for the Tuberculosis Division, and her nursing staff for their excellent services, especially during the period of staff changes. Miss Motheral has worked hard and with great success at the all-important Occupational Therapy. We are also grateful for the help and co-operation of the Medical Director of the Sanatorium Board, the Superintendent of Preventive Services, the Superintendents of St. Boniface Sanatorium and Manitoba Sanatorium, to the City Health Department and to the medical staff of the Municipal Hospitals, particularly Dr. Perrin.

Respectfully submitted,

J. A. HILDES, M.D., M.R.C.P. (Lond)  
F.R.C.P. (C)

Medical Director,  
Winnipeg Municipal Hospitals.



*Streptomycin continues to play a highly important part in tuberculosis treatment. This nurse is mixing the drug for use on the wards.*

## KING EDWARD MEMORIAL HOSPITAL

Miss Gladys Motheral continues to supervise academic and vocational training at King Edward Memorial Hospital, and is also the Occupational Therapist for that institution.

Patients receiving instruction in academic and vocational courses .....	32
Subjects begun and completed .....	45
Units of vocational training completed .....	15
Patients receiving instruction in Occupational Therapy .....	138

During the year, four students engaged in language study found that the gramophone supplied for conversational training was very useful. Typing continues to be a very popular vocational course in the hospital, and again a great deal of practical use is made of the machines supplied for that purpose.

Picture painting in oils, water colors, and chalk has become a popular form of Occupational Therapy at the King Edward Memorial Hospital. Many of the patients have found new talent in this form of art, which has been financially profitable to them as well as beneficial from a rest and health standpoint.

### POST-SANATORIUM TRAINING

During 1951, continued use was again made of the Manitoba Technical Institute maintained by the Department of Education. The training provided at the Institute is, of course, vital to the overall functioning of a rehabilitation scheme such as ours. We extend our thanks to Mr. L. S. Smith of the Technical Branch of the Department of Education and to Mr. C. J. Hutchings of the Correspondence Branch.

The question of patient maintenance while attending the Institute did not loom quite so large during the past year. More and more patients, it seems, have access to Unemployment Insurance benefits, and that division of the Federal Government, together with Miss S. Kilvert of the Training Division of the Special Placements Branch, have been most cooperative. Also, the various municipal councils and the Department of Public Welfare continue to take an interest in the patients, and through these organizations much has been done to provide day to day maintenance for the patients undergoing training.

### JOB PLACEMENT

Once again most job referrals were made through the Special Placements Branch of the National Employment Office, with very good results being realized. There continues to be very little unemployment among ex-patients. The special training the patient now receives both in and out of Sanatoria insures a better chance of his or her being qualified for available skilled positions. Also, we are indebted to Miss B. Hutchings and her staff for the special consideration given to patients, which has resulted in the majority of them being placed in highly satisfactory positions.

### THE MESSENGER OF HEALTH

The Messenger of Health continued to circulate news items from all Sanatoria in the Province, and to pass along articles of general interest in the health and treatment field. Our thanks to patients, medical, administrative and nursing staffs for their cooperation and interest, which have been fundamental in helping this publication to continue its worthwhile work.

### APPRECIATION

We extend our thanks to the Department of Veterans' Affairs which has been extremely cooperative in supplying study material for courses not available through any other source. This applies particularly in the agricultural field, and to many young farm owners confined to sanatoria at present, this service has been invaluable.

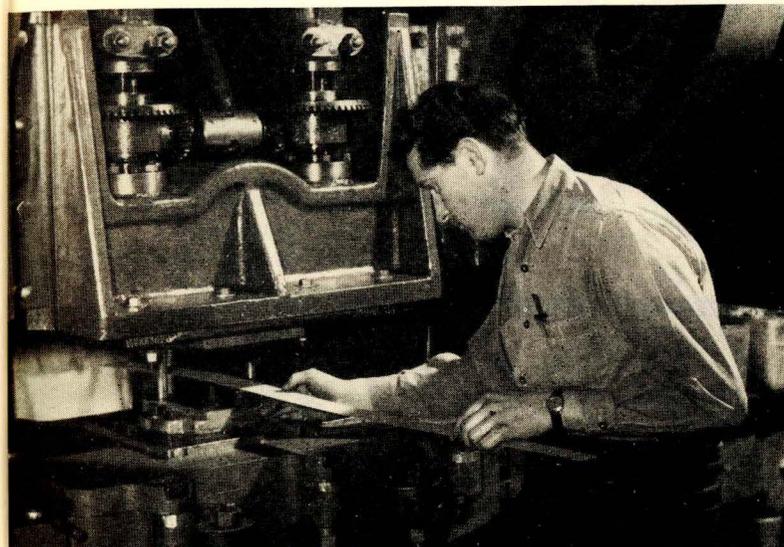
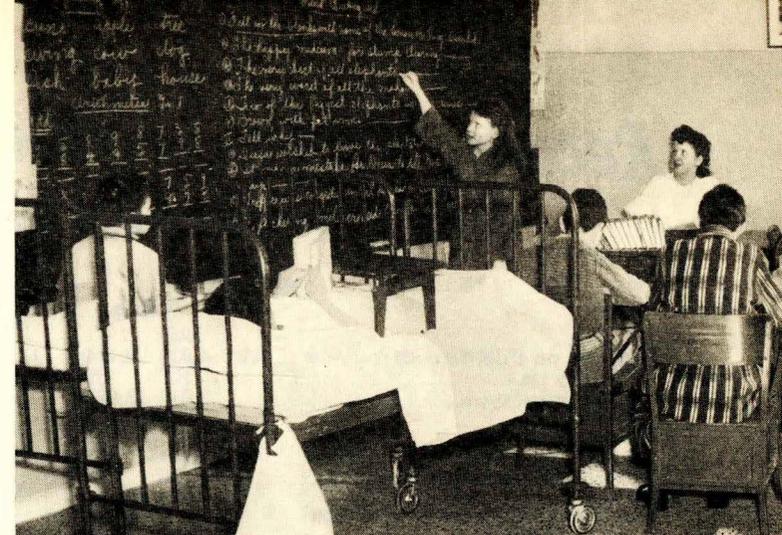
Particular mention is made of the Brandon Sanatorium this year because of the excellent work being done there by several young Indian patients. Under Miss Fraser's capable supervision, these boys have improved their academic standing to the University entrance level, and arrangements are under way with the Indian Affairs Branch, Department of Citizenship and Immigration, for their further education.

And in conclusion, I would like to express my own gratitude to the many people who have made the work of this Division so much more profitable and satisfying. Cooperation is the keynote to the success of a program such as ours, and to Dr. Paine, Dr. Sinclair and Dr. Hildes of the three Sanatoria, to Dr. Ross and Mr. Cummings I extend my sincere thanks. Their assistance has been very helpful.

Respectfully submitted,

(Sgd.) E. G. METCALFE,  
Rehabilitation Officer

*These children are busy with school work at St. Boniface Sanatorium.*



*This young man spent three and one-half years on treatment in Sanatorium. Since his discharge nearly eight years ago, he has worked steadily in a Winnipeg industrial plant. His health has been excellent.*



*Learning new hobbies, under the guidance of competent instructors.*

# Records

## CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as: Indians		Eskimos	
	1950	1951	1950	1951	1950	1951
<b>Patients on File, Dec. 31</b> .....	4,023	3,114	1,689	1,681	23	17
Primary type.....	107	39	237	142	2	
Re-infection type.....	3,916	3,075	1,452	1,539	21	17
<b>Patients at Home</b>						
Active pulmonary tuberculosis.....	184	239	149	73	1	
Of these, known to be bacillary.....	46	42	7	6		
<b>New Cases diagnosed in Manitoba</b>						
Jan. 1—Dec. 31.....	675	806	282	199	9	9
Primary type.....	36	23	66	28		
Re-infection type.....	639	783	216	171	9	9
<b>Of these, New Active Cases—Classified</b> ....	364	333	239	169	9	8
Primary type.....	36	23	66	28		
Re-infection type						
Minimal.....	96	105	46	41		2
Moderately advanced.....	57	50	28	30		1
Far advanced.....	63	56	36	22	5	1
Pulmonary tuberculosis, extent not stated.....	12	8	20	8		
Tuberculosis pleurisy.....	36	28	13	9		
Non-pulmonary tuberculosis.....	64	63	30	31	4	4
<b>New diagnoses admitted to Sanatoria</b> .....	234	263	118	75	9	6

## STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians
<b>EXAMINATIONS at all clinics and surveys, Jan. 1—Dec. 31, 1951</b> .....	243,780	16,504
Stationary Clinics.....	10,261	92
Travelling Clinics.....	3,985	70
Surveys—in Manitoba.....	229,167	10,943
—outside Manitoba (Sanatorium Board).....	367	5,399
<b>NEW CASES of tuberculosis diagnosed at Clinics and Surveys</b> .....	667	106
Stationary Clinics.....	175	12
Travelling Clinics.....	33	
Surveys—Manitoba.....	459	94
<b>Of these, new cases of Primary Infection Type</b> .....	16	23
Stationary Clinics.....	11	4
Travelling Clinics.....	1	
Surveys—Manitoba.....	4	19
<b>New Cases of Re-infection Type</b> .....	651	83
Stationary Clinics.....	164	8
Travelling Clinics.....	32	
Surveys—Manitoba.....	455	75
<b>CONTACTS EXAMINED at clinics</b> .....	5,457	48
Stationary Clinics.....	3,233	21
Travelling Clinics.....	2,224	27
<b>OLD TUBERCULOUS PATIENTS REVIEWED</b> .....	5,151	372
Stationary Clinics.....	3,721	21
Travelling Clinics.....	651	26
Surveys—Manitoba.....	779	325
<b>Pneumothorax Treatments given at all stationary clinics</b> .....	5,710	

## INSTITUTIONAL STATISTICS

	Whites		Reported as: Indians		Eskimos	
	1950	1951	1950	1951	1950	1951
<b>PATIENTS IN SANATORIA</b>						
as at December 31.....	692	630	447	495	13	13
<b>PATIENTS ADMITTED to Sanatoria</b>						
January 1 to December 31.....	967	896	370	392	10	8
Tuberculous patients admitted.....	874	794	272	240	7	6
<b>First Admissions</b> .....	320	321	187	149	7	6
Primary type.....	13	14	18	17		
Re-infection type:						
Minimal.....	90	105	40	37		2
Moderately advanced.....	86	71	42	36		
Far advanced.....	67	66	54	32	5	1
Tuberculous pleurisy.....	29	23	5	2		
Non-pulmonary tuberculosis.....	35	42	28	25	2	3
<b>Re-Admissions</b> .....	449	337	77	73		
Primary type.....	3	1	1	1		
Re-infection type:						
Minimal.....	73	49	1	18		
Moderately advanced.....	143	108	25	24		
Far advanced.....	189	137	22	17		
Tuberculous pleurisy.....	8	5		1		
Non-pulmonary tuberculosis.....	33	37	11	12		
<b>Patients admitted for review</b> .....	105	136	8	18		
<b>PATIENTS (Tuberculous) TRANSFERRED</b>						
within Manitoba (for 1950).....	239	279	53	199	1	
<b>PATIENTS DISCHARGED from Sanatoria</b>						
January 1 to December 31.....	974	955	379	432	4	8
<b>Tuberculous patients discharged</b> .....	880	851	283	292	3	6
Discharged after review.....	105	134	8	14		
Discharged with arrested tuberculosis.....	53	66	65	113		3
Discharged with apparently arrested tuberculosis.....	142	209	65	64		
Discharged with quiescent tuberculosis.....	199	124	47	23	1	
Discharged with improved tuberculosis.....	201	170	31	27		1
Discharged with unimproved tuberculosis.....	118	78	15	13		
Discharged dead.....	62	70	52	38	2	2
<b>Discharged against medical advice</b> .....	35	62	7	12		

## BALANCE SHEET as at

MANITOBA SANATORIUM, CENTRAL TUBER

### ASSETS

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Cash on Hand in Bank .....	\$ 12,552.48	\$ 4,853.00	\$ 17,405.48
Accounts Receivable:			
Provincial Government:			
Municipal Levy .....	\$ 32,923.21	\$ 3,092.83	
Grant to Tuberculosis Institutions .....	2,988.75	666.15	
Special Grant .....	4,849.00		
Municipalities, etc.—Treatment .....	18,807.10	5,350.15	
Other .....	3,985.87	4,982.62	
	\$ 63,553.93	\$ 14,091.75	\$ 77,645.68
Bequests:			
Estate John Yellowlees, Deed of Land .....	\$ 1.00		\$ 1.00
Inventories and Deferred Charges			
Supplies on Hand, per Schedule "I" .....	\$ 47,364.03	\$ 7,147.90	
Deferred Charges .....	3,193.10	227.33	
	\$ 50,557.13	7,375.23	57,932.36
Land, Buildings, Plant and Equipment:			
	Cost	Depreciation Reserve	Book Value
Land and Improvements .....	\$ 10,852.71	\$ —	\$ 10,852.71
Buildings .....	623,476.16	488,506.10	134,970.66
Plant and Machinery, Heating, Lighting, Water and Sewer .....	133,317.91	92,340.48	40,977.43
Furniture .....	18,303.64	16,296.04	2,007.60
Equipment .....	78,580.34	62,502.45	16,077.89
Laundry Equipment .....	9,401.46	1,556.93	7,844.53
Automobile .....	2,288.42	721.30	1,567.12
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	4,675.56	7,628.71
	\$ 894,709.97	\$ 672,783.92	\$ 221,926.05
Furniture and Equipment			
Central Tuberculosis Clinic .....	1,620.43	307.72	1,312.71
	\$ 896,330.40	\$ 673,091.64	\$ 223,238.76
General Account:			
Federal Health Grant .....		\$ 17,996.10	
Provincial Government:			
Municipal Levy .....		26,466.35	
Grant to Tuberculosis Institutions .....		2,884.20	
Other .....		379.36	47,726.01
Endowment Fund No. 1:			
Cash in Bank .....		\$ 4,942.98	
Accounts Receivable .....		10.00	
Investments at Par—Schedule "6" .....		97,455.00	
Accrued Interest on Investments .....		824.12	103,232.10
Endowment Fund No. 2:			
Cash on Hand and in Bank .....		\$ 58,135.57	
Accounts Receivable:			
Dept. of National Health and Welfare, Indian Health Services .....		5,857.20	
Federal Health Grant .....		1,796.95	
Other .....		394.18	
Investments at Par—Schedule "6" .....		8,000.00	
Accrued Interest on Investments .....		28.20	
Inventories and Deferred Charges .....		1,653.49	
Fixed Assets:			
Vehicles and Mobile Units .....	\$ 22,899.60		
X-Ray and Similar Equipment .....	40,668.14		
Furniture and Other Equipment .....	12,497.76		
	\$ 76,065.50		
Less—Reserve for Depreciation .....	67,068.11	8,997.39	
Contributed Capital Assets—Federal Health Grant .....	\$ 32,404.95		
Less—Reserve for Depreciation .....	32,404.95		84,862.98

Employees' Emergency Fund No. 1:			
Cash in Bank .....		\$ 477.51	
Investments at Par—Schedule "6" .....		18,000.00	
Accrued Interest on Investments .....		116.72	18,594.23

Employees' Emergency Fund No. 2:			
Cash in Bank .....			\$ 79.89

Building Fund:

## 31st DECEMBER, 1950

CULOSIS CLINIC AND SPECIAL FUNDS

### LIABILITIES

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Accounts Payable:			
Trade Accounts .....	\$ 15,396.51	\$ 3,391.63	
Other .....	2,289.71	2,157.75	
Accrued Wages .....	6,740.54	3,208.62	
Accountable Supplies .....		3,333.16	
	\$ 24,426.76	\$ 12,091.16	\$ 36,517.92
Patients' Store and Contingent Account, Schedule "3" .....	\$ 1,362.27		\$ 1,362.27
Reserve for Inventories .....	\$ 2,860.65		\$ 2,860.65
Capital Surplus, Schedule "7" .....	\$ 65,352.55		\$ 65,352.55
Surplus:			
Balance at 31st December, 1950 .....	\$ 250,450.91	\$ 15,155.22	
Add:—			
Contributed Capital Assets—Federal Health Grant .....	3,190.49		
Revenue Adjustments—Prior Years .....	175.00	297.47	
Excess of Revenue Over Expenditure—Exhibit "B" .....	1,007.09		
	\$ 254,823.49	\$ 15,452.69	
Deduct—Excess of Expenditure Over Revenue—Exhibit "B" .....		146.29	
	\$ 254,823.49	\$ 15,306.40	\$ 270,129.89
General Account:			
Overdraft at Bank .....		\$ 14,029.27	
Municipal Levy .....		26,466.35	
Grant to Tuberculosis Institutions .....		2,884.20	
Reserve for Unpaid Levy .....		4,346.19	47,726.01
Endowment Fund No. 1:			
Capital Account, Exhibit "C" .....	\$ 103,232.10		103,232.10
Endowment Fund No. 2:			
Accounts Payable .....	\$ 7,482.91		
Accrued Wages .....	2,394.57		
Capital Account—Exhibit "C" .....	74,985.50		84,862.98
Employees' Emergency Fund No. 1:			
Capital Account, Exhibit "C" .....	\$ 18,594.23		18,594.23
Employees' Emergency Fund No. 2:			
Capital Account—Exhibit "C" .....			\$ 79.89
Building Fund:			
Capital Account—Exhibit "C" .....			1,012.03
			\$ 631,730.52

D. L. MELLISH  
Chairman of the Board

T. A. J. CUNNINGHAM  
Executive Director and Secretary-Treasurer

We have completed an examination of the books and accounts of Manitoba Sanatorium, Central Tuberculosis Clinic and Special Funds for the year ended 31st December, 1951. Our examination was made in accordance with generally accepted auditing standards and included such tests of the accounting records and other auditing procedures as we considered necessary in the circumstances.

The accounts do not include any provision for interest on capital invested. With minor exceptions, depreciation has been provided only on those assets acquired since 1946.

We have obtained all the information and explanations we have required and, in our opinion, the attached Balance Sheet, Exhibit "A", is properly drawn up so as to exhibit a true and correct view of the state of the affairs of Manitoba Sanatorium, Central Tuberculosis Clinic and Special Funds as at 31st December, 1951, according to the best of our information, the explanations given

# Thank You

## THE SANATORIUM BOARD EXTENDS SINCERE THANKS TO:

### THE PUBLIC

In the words of the chairman:

"The success of the tuberculosis control program rests on the interested and loyal support of thousands of citizens in all parts of the province, who contribute substantially of their time and money.

"Again I should like to express grateful thanks to all those who have contributed to the Christmas Seal Fund, which is used entirely for preventive services and the rehabilitation service.

"I should also like to extend appreciation to Municipal officials, the clergy, teachers, Women's Organizations, newspaper editors, radio station executives and community leaders everywhere who join in organizing, publicizing, and in every way advancing, the cause of prevention.

"Special thanks are again extended to members of the Associated Canadian Travellers at Winnipeg and Brandon, and in association with them, Radio Stations CJOB and

CKX who in 1951 have again contributed generously of their time and effort to assist the Board and to benefit the people of this province. We extend thanks and best wishes to the people who contribute their talent to make the Travellers' concert a success. And we are grateful for the interest and co-operation of all those who support the amateur contestants and, through their contributions, pay for thousands of free chest X-ray examinations."



## 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, Greek Catholic Church—**Dunrea:** Rev. Father Bertrand, Roman Catholic Church—**Ninette:** Rev. T. A. Payne, United Church—**St. Boniface:** Rev. Father R. Beaulieu, O.M.I.

#### Entertainment

**Baldur:** The Women's Institute Play—**Brandon:** Ukrainian Catholic Men's Club Choir; Salvation Army Band—**Cartwright:** Sawatsky Brothers Quartette—**Winnipeg:** Daphne Stanley-Harris (Dance Recital); Johnnie Bering Dance Band; The Army, Navy and Air Force Band; British and Foreign Bible Society (Film).

#### Flowers

**Carman:** The Strachan Seed Company—**Dunrea:** Percy McTaggart—**Killarney:** Dr. J. L. Dickson and Church of England—**Morden:** Experimental Farm—**Ninette:** W. B. Stewart; Robert Wright.

#### Other Gifts

**Winnipeg:** Agenda Service Club; Associated Canadian Travellers, Ladies' Auxiliary; Canadian Legion, Ladies' Auxiliary; Canadian Legion; Canadian Red Cross; Allan Caron; Department of Veterans Affairs; The T. Eaton Company Limited; Engineers' Wives' Association; Fellowship Club; E. B. Frost; Miss E. A. Gee; The Gideon's Christian Commercial Men's Association; Inland Broadcasting Service; Jewish Family Service Club; Dr. J. M. MacFarlane; H. L. MacKinnon Company Limited; G. S. Miller; Mallabar Costumer; Simmons Limited; Stovel Press Ltd.; Winnipeg Women's Air Force Auxiliary.

**Baldur:** Canadian Legion, Ladies' Auxiliary; Grund Ladies' Aid—**Basswood:** Basswood Women's Institute; Basswood United Church, Women's Association—**Brandon:** Busy Bees of Brandon Hills; CKX Radio Station; Johnston McPherson—**Carman:** Mr. and Mrs. J. W. Bridge; Albert Cooper Club; Neil A. Love; A. Malcolm—**Dauphin:** I.O.D.E., Lieut. Stuart Widmeyer Chapter—**Killarney:** White's Beauty Parlour—**Manitoba Sanatorium:** Miss V. Dyck—**Ninette:** Canadian Legion, Ladies' Auxiliary; D. J. Rankin—**Rounthwaite:** Miss Georgina McPherson—**The Pas:** G. Halliday—**Toronto:** Anonymous—**Whitehorse, Yukon Territory:** Southern Yukon Tuberculosis

### BRANDON SANATORIUM

#### Clergy

**Brandon:** Archdeacon H. E. Bridgett; Rev. W. O. Nugent; Rev. B. O. Whitfield—**St. Boniface:** Rev. Fr. Romeo Beaulieu, O.M.I.

#### Gifts

**Brandon:** Associated Canadian Travellers, Ladies' Auxiliary; Brandon Hills Mission Band; Canadian Legion, Ladies' Auxiliary; Chamber of Commerce; First Baptist Church, Young People's Association; Hoy's Photo Finishing Studio; I.O.D.E.; Johnson Hardware Company Limited; Manitoba Power Commission; Mrs. Manson; Saan Stores Limited; Salvation Army; S.P.E.B.S.Q.S.A.; St. George's Anglican Church, Women's Auxiliary; St. Matthew's Anglican Church, Women's Auxiliary; Zion Sunday School.

**Winnipeg:** The T. Eaton Company Limited; The T. Eaton Company Limited, Employees' Charitable Fund; George Kent, Radio Station CBW; Sir John Franklin Community Club.

**Camp Shilo:** 170 L.A.D., R.C.E.M.E.—**Varsity View:** Charleswood Red Cross.

### 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:** Ven. Archdeacon R. B. Horsefield—**The Pas:** Rev. Aitkin Harvey, United Church; Rev. C. L. Morgan, Anglican Church; Captain Pamphlin, Salvation Army—**Sturgeon Landing, Sask.:** Rev. Father Giard, O.M.I.

#### Gifts

**Flin Flon:** Mrs. J. H. Bragg; Burkett's Drug Store; C.F.A.R. Radio Station; Greek Orthodox Church; Mrs. E. Johnson; W. J. Perepeluk; Rotary Club of Flin Flon; C. H. Whitney; Mrs. F. Willis.

**The Pas:** B.P.O. Elks Lodge; B.P.O. Elks Glee Club; Jack Graham; Hayes' Funeral Home; Western Grocers Ltd.

**Winnipeg:** Atlantic Avenue Sunday School; Canadian Save the Children Fund; The T. Eaton Co. Ltd., Employees' Charitable Fund; Girl Guides Association; St. Jude's Anglican Church.

**Bethany:** Bryson Cassidy—**Birch River:** St. Aldhelm's Mission—**Clearwater Lake:** Clearwater Lake Ladies' Sewing Circle—**Cranberry Portage:** First Company of Girl Guides—**Gilbert Plains:** Church Boys' League—**Mafeking:** St. Margaret's Mission—**Norway House:** United Church Mission—**Roblin:** William Lesack.

### DYNEVOR INDIAN HOSPITAL

#### Clergy

**Selkirk:** Rev. T. C. B. Boon, St. Peter's Anglican Church—Rev. Walter G. Crane, Selkirk United Church; Ven. Archdeacon R. N. R. Holmes, Christ Church (Anglican).  
**St. Boniface:** Rev. Fr. Romeo Beaulieu, O.M.I.—**Winnipeg:** Rev. Burton Thomas, St. Mathews Anglican Church.

#### Gifts

**Selkirk:** Brown's Bread Ltd.; Chamber of Commerce; Choir of Christ's Church (Anglican); Mrs. Ian Fairfield; Gibb's Drug Ltd.; Girl Guide Group; I.O.D.E., Selkirk Chapter; The daughters of Dr. E. Johnson; Kinsmen Club; Knox Presbyterian Church, Junior League; J. Robertson; Sarbit's Grocery & Meats; Selkirk Beverages; Selkirk United Church Sunday School; St. John Ambulance; St. Peter's Anglican Church, Junior Girls Group; The people of Selkirk who placed gifts under the Dynevore Christmas tree in the Janis Lynn Shop.

**Winnipeg:** C. E. Drewry; The T. Eaton Co. Ltd., Employees' Charitable Fund; H. L. MacKinnon Co. Ltd.; Y.M.C.A., Phalanx Club.

**Bissett:** Bissett United Church, Women's Auxiliary—**Deer Lodge:** Miss K. H. Jones—**East Kildonan:** Kiwanis Club; Lord Wolseley School, Pupils—**Grand Marais:** Mrs. Ruth Powell—**Little Britain:** I.O.D.E., Little Britain Chapter—**Sydney, N.S.:** Mrs. C. R. Lorway—**The Hague, Holland:** H. E. Mr. Justice John E. Read, the International Court of Justice—**Transcona:** Girl Guide Group—**Westmount, P.Q.:** Mrs. Wm. Good-