Tuberculosis CONTROL *in Manitoba* 1955

Issued May, 1956

Annual Report
of the
SANATORIUM BOARD *of* MANITOBA

A Health Education Service of the
CHRISTMAS SEAL FUND
MANITOBA LUNG ASSOCIATION
SANATORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
WINNIPEG, MANITOBA R3A 1P6

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

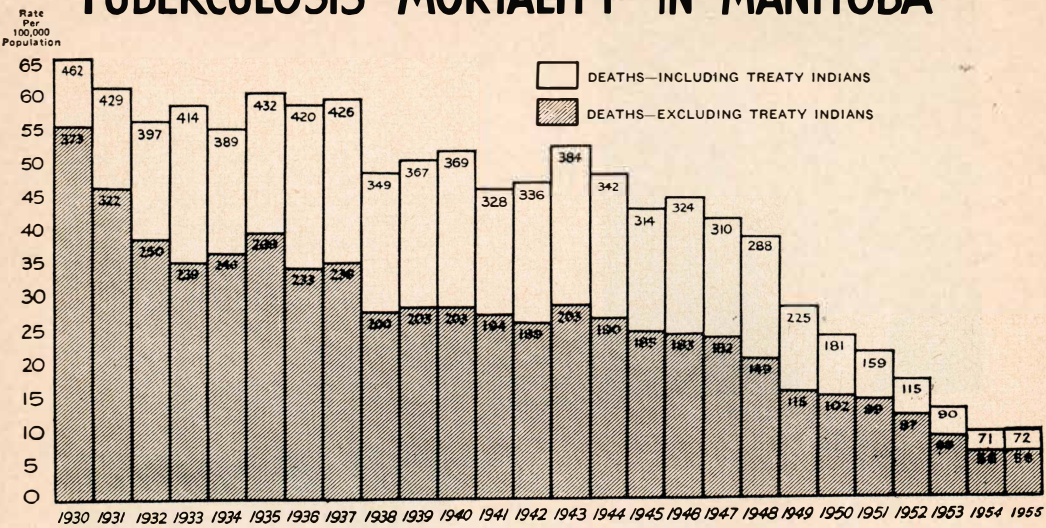
St. Boniface Sanatorium
and Other Agencies

Report for the Year
1955

WINNIPEG, MANITOBA

CONTENTS

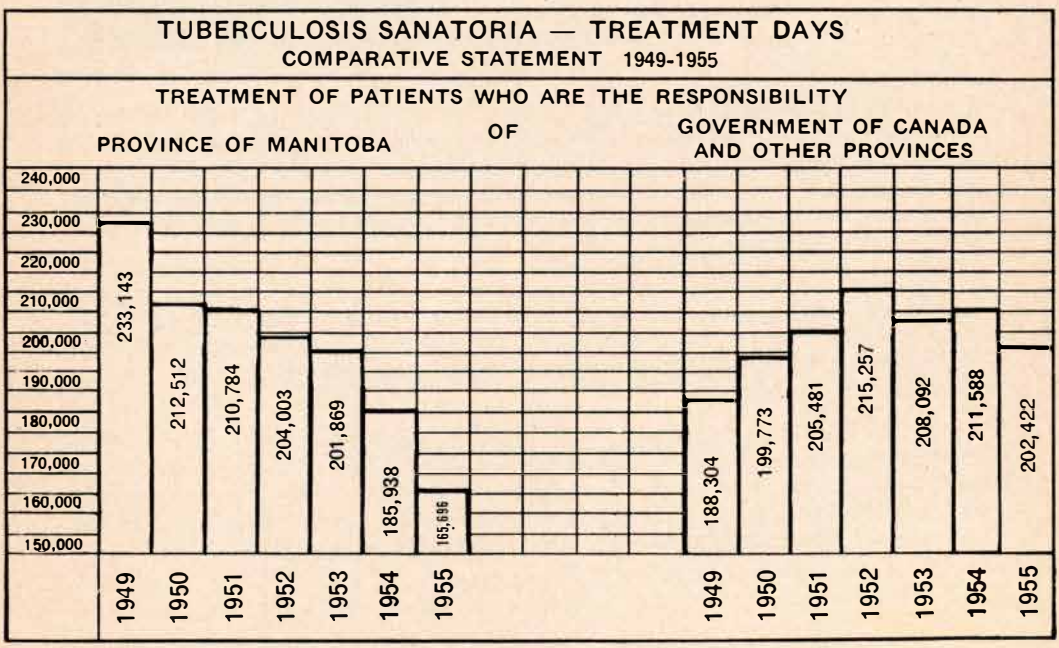
TUBERCULOSIS MORTALITY IN MANITOBA

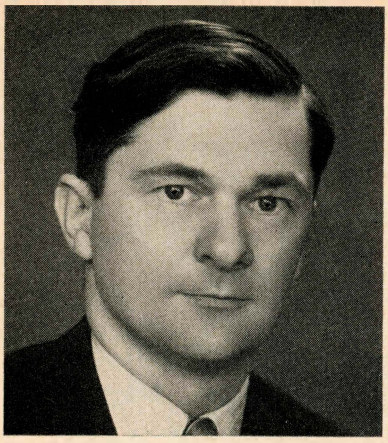


SEE STATISTICAL TABLE ON PAGE 16

	1945	1955
CASES under supervision in Manitoba	4,486	4,777
EXAMINATIONS	65,384	324,342
NEW CASES diagnosed Active	572	370
Inactive	231	269
	803	639
DEATHS	314	72

TUBERCULOSIS SANATORIA — TREATMENT DAYS
COMPARATIVE STATEMENT 1949-1955





HON. R. W. BEND
Minister of Health and Public Welfare
Manitoba.

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

MY very first official act upon assuming the portfolio of Minister of Health and Public Welfare was to attend the annual meeting of the Sanatorium Board of Manitoba. I have continued to be impressed by the excellent work of this voluntary body of public spirited citizens supported by a highly skilled, loyal and energetic staff. Their accomplishments through the years in the control of tuberculosis in the province present a record of which all our citizens can be proud.

The report herein presented shows further progress in 1955 towards the eventual goal of the reduction of this disease. It is significant to note that there has been a decrease of 23% in the new cases reported—that there has been a reduction of 29,000 treatment days—that over 90% of all cases discharged were improved or recovered, and that there are 100 empty tuberculosis beds in Manitoba.

But the work of prevention must be continued for many years ahead. In spite of our progress, 72 people died of tuberculosis last year and over 1,000 are still occupying sanatorium beds. Although treatment services are largely supported by Government funds the all-important case finding progress requires the continued support and assistance of every citizen. The work of the Sanatorium Board commends itself most highly to this end.

R. W. BEND,
Minister of Health
and Public Welfare.

SANATORIUM BOARD OF MANITOBA - 1955

Executive

Chairman	Mr. Wm. Whyte
Vice-Chairman and Chairman, Administration and Finance Committee	Mr. J. W. Speirs
Vice-Chairman, Administration and Finance Committee	Mr. F. Boothroyd
Chairman, Brandon Sanatorium Committee	Mr. J. N. Connacher
Chairman, Dynevor Indian Hospital Committee	Mr. A. E. Longstaffe
Chairman, Clearwater Lake Sanatorium Committee	Mr. R. H. G. Bonnycastle
Honorary Solicitor	Mr. I. Pitblado, Q.C.

Honorary Life Members

Mr. C. E. Drewry
Mr. W. H. French
Mr. A. K. Godfrey
Mr. G. W. Northwood

Statutory Members

Representing the Provincial Department of Health and Public Welfare	Hon. R. W. Bend Dr. M. R. Elliott Dr. M. Bowman Mr. G. D. Iliffe, C.A.
As Municipal Commissioner	Hon. R. T. Turner Hon. E. Prefontaine Mr. D. F. Rose
Representing Union of Manitoba Municipalities	Mr. Lawrence Smith Mr. A. A. Trapp
Representing St. Boniface Sanatorium	Dr. A. C. Sinclair
Representing City of Winnipeg	Mr. J. R. McInnes

Elected Members

Dr. J. D. Adamson
Mr. R. L. Bailey
Mr. R. H. G. Bonnycastle
Mr. F. Boothroyd
Mr. G. Collins
Mr. J. N. Connacher
Mr. G. N. Curley*
Mr. H. T. Decatur
Mr. Stanley M. Jones
Mr. A. E. Longstaffe
Mr. J. R. McMillan
Dr. A. F. Menzies
Dr. Ross Mitchell
Mr. I. Pitblado, Q.C.
Mr. J. W. Speirs
Mr. Wm. Whyte

Executive Director and Secretary-Treasurer

T. A. J. Cunnings

Auditors

Riddell, Stead, Graham and Hutchinson

ST. BONIFACE SANATORIUM

Advisory Board 1955

Chairman	Mr. Justice J. T. Beaubien
Vice-Chairman and Secretary	Mr. A. Monnin
Mr. E. Cass	Mr. G. P. Jessop
Mr. E. Bole	Mr. Noel Vadenboncoeur
Mr. R. Misener	

*Deceased January 14, 1956.

MEDICAL STAFF

As at December 31, 1955

EDWARD LACHLAN ROSS, M.D.

Medical Director

D. L. SCOTT, M.D.

Assistant Medical Director

PREVENTIVE SERVICES

(Central Tuberculosis Clinic, Travelling Tuberculosis Clinics and Surveys)

Medical Superintendent	DR. D. L. SCOTT
Physicians	DR. D. F. MCRAE DR. E. MORIGI

MANITOBA SANATORIUM

Medical Superintendent and Chief Surgeon	DR. A. L. PAINE
Assistant Medical Superintendent and Assistant Surgeon	DR. W. ZAJCEW
Physicians	DR. PAUL MARI DR. M. ATKINSON

DYNEVOR INDIAN HOSPITAL

Medical Superintendent	DR. W. W. READ

BRANDON SANATORIUM

Medical Superintendent and Surgeon	DR. A. H. POVAH
Physicians	DR. G. COGHLIN* DR. W. SHAHARIW DR. J. P. RAMSARAN

CLEARWATER LAKE SANATORIUM

Medical Superintendent	DR. S. L. CAREY
Physicians	DR. J. N. HASSETT DR. S. J. B. POGONOWSKI

St. Boniface Sanatorium

Medical Director and Thoracic Surgeon	DR. A. C. SINCLAIR
Assistant Medical Director	DR. V. J. HAGEN
Senior Physician	DR. F. KOZIN
Resident	DR. R. S. CURRIE

*Acting Medical Superintendent from September 1, 1955.

MEDICAL CONSULTANTS

As at December 31, 1955

Sanatorium Board of Manitoba

Radiology	R. A. MACPHERSON, M.D., C.M., S.A.C.R.
Orthopedics	A. GIBSON, M.D., M.A., M.B., Ch.B., F.R.C.S., F.R.S.E.† HENRY FUNK, M.D., B.A., Ch.M., F.R.C.S.(C)* W. B. MACKINNON, M.D., Ch.M. (MAN.), F.R.C.S.(C)
Urology	H. D. MORSE, M.D., C.M., F.R.C.S.(C) (Brandon) R. P. CROMARTY, M.D., B.A., M.Sc., M.B., F.R.C.S.(C)
General Surgery	(Brandon) H. S. EVANS, M.D., F.R.C.S. (Edin.), F.R.C.S.(C) (The Pas) C. S. CRAWFORD, M.D., Cert. Gen. Surg. (C)
Ear, Eye, Nose and Throat	(Brandon and Ninette) R. O. MCDIARMID, M.D.
Dentistry	(Ninette) J. L. DICKSON, D.D.S.

and

Honorary Attending Staff, Winnipeg General Hospital

St. Boniface Sanatorium

Medicine	J. D. ADAMSON, M.D., B.A., M.R.C.P., F.R.C.P.
Orthopedics	HENRY FUNK, M.D., B.A., Ch.M., F.R.C.S.(C)* W. B. MACKINNON, M.D., Ch.M., (MAN.) F.R.C.S.(C)
Urology	A. C. ABBOTT, M.D., B.A., C.M., F.R.C.S.(C)
Bronchoscopy	D. S. MCEWEN, M.D., B.A., B.Sc.
Anaesthesiology	MARJORIE BENNETT, M.D., B.Sc., L.M.C.C., R.C.P.S.(C)
Dentistry	J. M. BENSON, D.D.S. T. J. COOK, D.D.S.

and

Honorary Attending Staff, St. Boniface Hospital

Medical Advisory Committee

Chairman, DR. J. D. ADAMSON

DR. L. G. BELL
DR. M. BOWMAN
DR. R. G. CADHAM
DR. M. H. CAMPBELL
DR. S. L. CAREY
DR. J. DOUPE
DR. M. R. ELLIOTT
DR. COLIN FERGUSON
DR. J. M. LEDERMAN
DR. M. S. LOUGHEED
DR. R. A. MACPHERSON
DR. DOUGALD MCINTYRE
DR. A. F. MENZIES
DR. ROSS MITCHELL
DR. A. L. PAINE
DR. M. B. PERRIN
DR. A. H. POVAH
DR. W. W. READ
DR. E. L. ROSS
DR. D. L. SCOTT
DR. A. C. SINCLAIR
DR. W. J. WOOD

*Deceased October 19, 1955.
†Deceased March 29, 1956.

NON-MEDICAL SENIOR STAFF

As at December 31, 1955

	SUPERINTENDENTS OF NURSES	BUSINESS OFFICERS	CHIEF ENGINEERS
General			
Sanatorium Board of Manitoba	.....	John Mack (*Chief Accountant*) Edward Dubinsky (*Administrative Asst.*)	.....
Treatment			
Central Tuberculosis Clinic	Mrs. B. Chegwin, R.N.	F. A. Day (*Acct.*)	.....
Manitoba Sanatorium	Miss D. Ellis, R.N.	N. Kilburg (*Business Manager*) W. Bradford (*Accountant*) W. B. Stewart (*Purchasing Agent*)	H. Katzberg
Dynevor Indian Hospital	Miss A. Stefanson, R.N.	.....	.....
Brandon Sanatorium	Mrs. I A. Cruikshank, R.N. Mrs. M. M. Skene, R.N. (*Asst. Superintendent of Nurses*)	G. R. Gowing (*Business Manager*) R. B. Scott (*Accountant*)	R. N. Newman
Clearwater Lake Sanatorium	Miss T. Reilley, R.N.	C. C. Christianson (*Business Manager*) T. W. Rudachyk (*Accountant*)	P. E. Johnson

St. Boniface Sanatorium

SUPERIOR ..... Rev. Sr. Cecile Maurice, R.N.
1ST ASSISTANT ..... Rev. Sr. Eugenie Choquette, R.N.
2ND ASSISTANT ..... Rev. Sr. A. Winter, R.N.
CHAPLAIN ..... Rev. Fr. G. Svoboda

	Mrs. H. Watkins, R.N. (*Director of Nursing*) Rev. Sr. B. Patry, R.N. (*Night Supervisor*)	Rev. Sr. V. Rheaume.. (*Sec. Treasurer*) Rev. Sr. J. Valois (*Purchaser*)	G. Choquette

Prevention	**Travelling Tuberculosis Clinics and Surveys**	Surveys Officer	J. J. Zayshley, R.T.
Re-employment	**Rehabilitation**	E. G. Metcalfe, B.A. (*Director of Rehabilitation*)	
Records	**Central Tuberculosis Registry**	Miss Elsie J. Wilson, R.N. (*Supervisor*)	.....

NON-MEDICAL SENIOR STAFF

As at December 31, 1955

RADIOGRAPHERS	LABORATORY TECHNICIANS	TEACHERS	OTHERS
W. J. Anderson, R.T.			Miss J. P. Kelly (*Sec. to Exec. Dir.*)
			Miss Nan T. Chapman (*Supervising Dietitian*)
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 G. M. Wheatley (*Sec. to Med. Supt.*)
		Miss G. Manchester	
		Mrs. Freda Mostoway	Mrs. N. Reid (*Food Supervisor*)
		Mrs. K. Venables (*Occup'l Therapist*)	F. J. Rodwell (*Laundry Foreman*)
		Miss Augusta Kleissen (*Homemaking Inst.*)	
		Mrs. E. V. Pruden (*Occup'l Therapist and Teacher*)	Mrs. L. Paradoski (*Sec. to Med. Supt.*)
F. H. Gibson, R.T.	Miss L. E. Delamater, R.T.	Mrs. J. Deroche	Mrs. Joan Bevand (*Sec. to Med. Supt.*)
		Mrs. M. Ames	
		Miss P. Williams	
		Mrs. V. Davidson (*Occup'l Therapist*)	
John Kaczoroski, R.T.	Miss M. Cross, R.T.	Miss A. Marion	Miss I. Fahy (*Sec. to Med. Supt.*)
		Miss O. Kischook (*Occup'l Therapist*)	R. B. Lock (*Laundry Foreman*)
Rev. Sr. R. Duret, R.N. (*Lab. and X-ray Supervisor*)	Rev. Sr. E. Choquette, R.N. (*Pharmacist and O.R. Supervisor*)	Mrs. Helen Leggitt	Miss A. Eyres (*Medical Secretary*)
		Rev. Sr. du St. Nom (*School Teachers*)	Rev. Sr. A. Boulet (*Main Kit. Super.*)
		Miss A. Hargreaves (*Occup'l Therapist*)	Miss H. Pietuchow (*Soc. Worker*)
		Mr. Alex Vermette (*Crafts Instructor*)	
Alex, Roh, R.T. (*Supervising Radiographer*)			Miss G. H. Bowman (*Secretary*)
			Mrs. Jean Gardner (*Secretary*)
			Miss Gladys McGarrol (*Senior Statistical Clerk*)

WILLIAM WHYTE

REPORT OF THE CHAIRMAN

For the Year Ended December 31st, 1955

GENTLEMEN:

It gives me much pleasure to welcome you today to the forty-fifth annual meeting of the Sanatorium Board of Manitoba.

At the meeting of the Board last Friday comprehensive reports were presented to you by the Chairman of the Medical Advisory Committee, the Medical Superintendent of Preventive Services, the Medical Superintendents of the Sanatoria operated by the Board, and the Medical Director of St. Boniface Sanatorium. These reports set forth in an impressive manner the services carried on at each of the institutions to treat tuberculosis patients and prevent the spread of the disease. The reports presented here today will summarize and recapitulate the Board's activities throughout the province to control and eradicate tuberculosis.

THE BOARD

At the present time the Board is composed of four honorary life members and twenty-six active members, of whom fifteen are elected and eleven are statutory members, and all of whom contribute their services on a voluntary basis.

It is with deep regret that we record the death of Mr. G. N. Curley, who had been a member of the Board for the past two years; and Mr. T. R. Deacon, who was first elected a member of the Board in 1931, continuing to take an active part in its affairs until 1948, when he was appointed an honorary life member. Mr. Curley served on the Dynevor Indian Hospital Committee and during his long years of service Mr. Deacon took special interest in the sanatorium at Ninette. We honor their memory.

At the end of the year circumstances made it necessary for Mr. C. E. Drewry to tender his resignation from the Board after seventeen years of active membership. Until a year ago he was Chairman of the Dynevor Indian Hospital Committee. Mr. Drewry has been made an honorary life member of the Board.

The several administrative committees of the Board met regularly during the year under their respective Chairmen, providing a continuous review and consideration of all aspects of the Board's business. During 1955 there were thirty-six meetings of the Board or its Committees.

FINANCE

In 1955, days of treatment chargeable to the province were again reduced by some 20,000, resulting in a direct saving in treatment costs alone of nearly $100,000. As you know, there is no charge to the patient for tuberculosis treatment in this province, the cost being met by the province or other governments.

The Preventive Services are financed almost entirely through contributed funds. Contributions to the Christmas Seal Fund totalled $136,168 in 1955, an increase of $6,769 over the previous year. In addition, the Associated Canadian Travellers of Winnipeg and Brandon turned over to the Board $16,600 to assist in financing the Preventive Services. This money, representing the proceeds of their Search for Talent Broadcasts, was $5,500 less than in the previous year, but still represents a magnificent contribution in aid of the Board's work.

During the year a number of persons made special gifts or bequests to the Board which are credited to our Endowment Fund. These gifts are used to meet special needs from time to time for the welfare of patients or the improvement of facilities for which provision is not made otherwise. Donors of $500 or more are listed on a permanent Memorial Page in our published Annual Report. Each year new names appear on this special list, and the Board is deeply grateful for this valued support.

The National Health Grants continue to supplement in a substantial way the tuberculosis control program for the saving of lives and reduction of illness and the Board is most appreciative of the support of the Minister and Officers of the Department of National Health and Welfare at Ottawa for providing for these grants.

RESULTS

The Medical Director, Dr. Ross, will indicate in his report the further substantial steps taken during the past year to advance towards our goal of eradication of tuberculosis in this province. New methods and new scientific discoveries have enabled us to make more progress in this direction during the past few years than could be accomplished in all previous time. We are grateful for the direction and support that has enabled us to bring about this progress.

In expressing to Dr. Ross the Board's appreciation of his leadership and work as Medical Director, I would also like to add our congratulations to him in his election as President of the Canadian Tuberculosis Association for the current year.

Mr. Cunnings, the Executive Director and Secretary-Treasurer of the Board, will present his usual clear and complete report on the Board's operations for the year, and I would like to take this opportunity to extend to him my own and the Board's appreciation of the very efficient manner in which he performs his extensive duties.

Mr. Speirs, the Vice-Chairman of the Board, the Chairmen of the various committees and the members of the Board have been of great assistance to me, as Chairman—in fact they have carried the bulk of the load, making my duties comparatively light, and I am deeply grateful to them for their fine co-operation and careful consideration of the policies and problems that have come to the Board for consideration during the year.

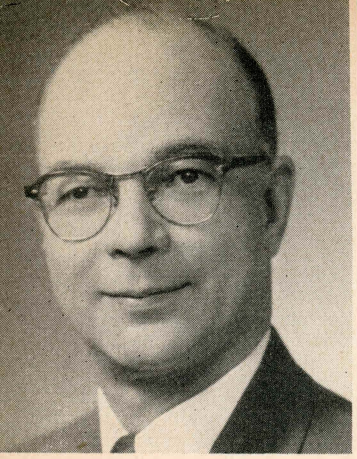
In closing I wish to record the sincere appreciation of the Board for the continued confidence of the Minister of Health and Public Welfare and his colleagues in the Provincial Government; for the interest and support of Municipal officials throughout the Province, who lend their support particularly in organization of X-ray Surveys; for the co-operation and assistance of the officers of the associated Sanatoria, and the general hospitals throughout Manitoba; and for the continued help of thousands of individual citizens who give freely of their time and services, and contribute so generously, to assist in our efforts to prevent tuberculosis.

This report would not be complete without a reference and expression of thanks to the Medical Superintendents and their Assistants, to the Officers and Staffs of the various institutions operated by the Board. Their devotion to duty and untiring efforts in the care of the patients and the management of their institutions contributed materially to the accomplishments of the past year.

Respectfully submitted,

WILLIAM WHYTE,
Chairman of the Board.

A section of the new laboratory at Manitoba Sanatorium.



T. A. J. CUNNINGS

REPORT OF THE EXECUTIVE DIRECTOR

For the Year Ended December 31st, 1955

I HAVE much pleasure in reporting to you on the administration of the Board's affairs for the year 1955.

ASSETS AND LIABILITIES

At December 31st, 1955, assets held by the Board, including Special Funds, but not including buildings and equipment at Brandon, Clearwater and Dynevor owned by the Government of Canada and not carried in the Financial Statements of the Board, totalled $2,174,549. Liabilities, not including reserves, totalled $484,780. At the year end Bank loans totalled $137,947. Of this amount, $33,500 represents the balance on a special laundry loan for construction and equipment at Ninette and the balance represents operating advances for Manitoba Sanatorium, Central Tuberculosis Clinic, Clearwater Lake Sanatorium and general account. All loans are on a current and fluctuating basis and with the exception of the laundry loan (which is being reduced at the rate of $750 per month) all advances as of December 31st have been repaid since that date.

Operation of Manitoba Sanatorium for the year showed an excess of expenditure over income of $2,007; and at the Central Tuberculosis Clinic there was an excess of income over expenditure of $206. The three institutions operated for Indian Health Services have their fiscal year ending on March 31st but they are operating on a balanced budget basis. Endowment Fund No. 1 showed an increase in capital of $5,895 during the year and Endowment Fund No. 2 an increase in capital of $1,713. Donations and bequests to Endowment Fund No. 1 totalled $4,246 during the year.

CAPITAL EXPENDITURES

During 1955 the major capital expenditure was construction of a four-suite staff apartment building at Clearwater Lake Sanatorium at a cost of $42,000. A continuous program of maintenance and where necessary, renovation of buildings and equipment, is carried on to maintain all facilities at an adequate standard. Major improvements were completed at Manitoba Sanatorium and the Central Tuberculosis Clinic.

INCOME

A rate of $4.85 per day has been in effect in 1955 for patients who are the responsibility of the Province of Manitoba. The rate for Treaty Indians at Dynevor Indian Hospital is $4.50 per day and at Brandon and Clearwater $4.75 per day. Treatment days for patients who are the responsibility of the Province of Manitoba were reduced by 20,242 as compared to the previous year, to 165,696 days in 1955. There has, of course, been a corresponding reduction in income to treatment institutions. Operating costs of the institutions concerned cannot be correspondingly reduced which complicates the financial management. Total treatment days in the province, including Treaty Indians and others, were 368,118, a reduction of 29,408 as compared to 1954.

SANATORIUM COSTS

Sanatorium operating costs increased during 1955.

Trend of Per Diem Costs—1955

Brandon Sanatorium—increase 15c per patient day to $5.23.
Central Tuberculosis Clinic—increase 69c per patient day to $7.54.
Clearwater Lake Sanatorium—increase 11c per patient day to $5.59.
Dynevor Indian Hospital—increase 49c per patient day to $4.91.
Manitoba Sanatorium—increase 49c per patient day to $6.01.

The increase at Manitoba Sanatorium and Central Tuberculosis Clinic was brought about to a considerable extent by reduced occupancy. At Dynevor, the increase was affected by some non-recurring expense for equipment. The per diem costs indicated are gross figures, with income for maintenance and quarters provided for staff being shown on our statements as revenue.

The total operating expenditures for treatment and preventive services in the institutions and departments operated directly by the Board amounted to $1,729,335 in 1955.

Raw food purchases totalled $245,889, a reduction of $24,066 from the previous year. Number of meals served at 1,051,426 were 44,520 fewer than in 1954.

Total expenditure for fuel and heating services at $57,161 showed a decrease of $833 as compared to the previous year. Gross laundry cost at $54,231 shows an increase of $1,117. Almost 1,500,000 pieces were processed in our laundries at Ninette and Clearwater. In the diesel electric plant at Clearwater Lake Sanatorium output was 827,345 kilowatt hours for the year, an increase of 28,470 kilowatt hours over 1954. Average cost of production was 3.4c per kilowatt hour and power was supplied for both the airport and the hospital. A third diesel generating unit is being installed, to enable us to supply electric power for the Indian Residential School being constructed by the Indian Affairs Branch about two miles from the Sanatorium. This should also provide some reserve to meet rising demands at the hospital and airport.

Preventive Services

During 1955 direct expenditure on preventive services totalled $168,793 including:

Chest X-ray Surveys (Community and Industrial, Indian Clinics and Travelling Clinics)	$ 93,959
Chest X-rays for patients admitted to general hospitals	72,992
B.C.G. Vaccinations	1,842
	$168,793

This is an increase of $18,620 over the previous year.

Cost of chest X-ray examinations at community and industrial surveys, including organization of the surveys and reading the films, averaged 41.3c per examination in 1955 as compared to 32.93c in 1954.

INVENTORIES

At December 31st, 1955, supplies on hand, including commissary stores, engineering and maintenance supplies, fuel, diesel fuel oil, bunker fuel oil, and miscellaneous supplies, totalled $124,156, an increase of $6,377 from the previous year. All inventories are valued at cost and all the materials are in current demand.

NATIONAL HEALTH GRANTS

The appropriation available for the fiscal year 1955-1956 under the National Health Grant, to assist in tuberculosis control in Manitoba, is $231,249. Expenditures are subject to approval of acceptable projects.

Expenditures under the Grant during the year ended December 31st, 1955, totalled $196,264, an increase of $10,308 over the previous year. The following is a summary of expenditures under individual projects:

Streptomycin and Other Antibiotics	$28,352
Post-Sanatorium Pneumothorax	645
Assistance to Rehabilitation Division	14,525
Chest X-rays on Admissions to General Hospitals	72,992
Assistance to Sanatorium Board of Manitoba	14,353
Extension of Industrial and Other Chest X-ray Surveys	8,735
Assistance to St. Boniface Sanatorium	11,984
Extension of Manitoba Travelling Clinics	3,185
Assistance to Manitoba Sanatorium	34,597
Extension of B.C.G. Vaccination Program	1,842
Assistance to Central Tuberculosis Clinic	3,867
Short Course Professional Training	1,187

These grants have contributed immeasurably to the extension and improvement of tuberculosis services in Manitoba and we are very grateful for the favorable consideration given to projects put forward from time to time by the Board, by both Provincial and Federal Officials.

At the annual meeting of the Canadian Tuberculosis Association held in Winnipeg in June, 1955, Dr. E. L. Ross was elected President. He is shown here with Dr. G. J. Wherrett, Executive Secretary of the Association.

INSURANCE

There has been no change in our insurance coverage during the past year and for details I would refer you to the 1954 report.

PERSONNEL

At the end of December the staff of the Sanatorium Board of Manitoba consisted of 520 persons, a reduction of 8 as compared to a year ago. Rate of staff turnover has been markedly reduced during the year and it has been possible to make necessary replacements with a better qualified type of employee. We are still bringing a certain number of Registered Nurses over from Great Britain. We find that in general they are well trained and adjust well to work in our sanatoria.

At the present time one member of the nursing staff is on leave of absence and is enrolled in the course in Teaching and Administration at the University of Manitoba. She will return to our staff at the end of June, qualified by both training and experience for a position of responsibility. Other specifilized staff training during the year included the following:

Dr. Scott, the Medical Superintendent of Preventive Services, attended a short course in New York on Tuberculosis in Childhood. Dr. Povah, Medical Superintendent at Brandon Sanatorium, is on leave taking post graduate training in Surgery. Dr. J. M. Hassett, of Clearwater Lake Sanatorium staff, was sent to Chicago for three weeks' training in Bronchoscopy. Mr. Gowing, the Business Manager at Brandon Sanatorium and Mr. Dubinsky, Administrative Assistant, took the summer course in Hospital Administration at the University of Toronto and Mr. Gowing completed his two years of study, obtaining his certificate in Hospital Administration from the Canadian Hospital Association. Mr. J. M. Scott, Chief Laboratory Technician at Manitoba Sanatorium, was sent to Duke University, Durham, North Carolina, for three weeks to take a laboratory course in Fungus Diseases.

Professional training courses of this nature. combined with attendance at professional meetings, helps to maintain high standards throughout the organization.

At the end of the year there were 398 members of the staff practicipating in the Group Insurance Plan, an increase of 15 during the year. They are insured for a total of $639,000 life insurance and $7,582 of weekly accident and sickness indemnity; 388 members were covered for reimbursement of surgical expense up to a maximum of $200 for any one operation; and 126 members of the staff carried surgical coverage for their dependents. The number of claims during the year increased from 86 in 1954 to 159 in 1955, including one death claim. However, the actual dollar value of benefits did not materially increase, indicating that the greater number of the claims were for short term illnesses. Payment of claims to employees, their surgeons, or beneficiaries, totalled $12,205.

Funds on deposit in the Board's Retirement Annuity Plan for permanent employees totalled $167,812 as of July 31st, 1954, the anniversary of the contract. This is an increase of $9,310 during the year.

Payments by the Board	$ 86,789
Net Employee Payments	81,023
	$167,812

Twenty-one employees who were members of the Retirement Annuity Plan left the service by resignation or retirement during the year ended July 31st, 1955. They received paid-up personal annuity contracts for a total capital value of $26,465.

APPRECIATION

Again, I record my gratitude for the direction and counsel of the Chairman and Vice-Chairmen of the Board and the Chairmen and members of the several administrative committees. I should like to express my appreciation also for the cordial and confident relationships enjoyed throughout the year with the Medical Director and the medical officers of the Board; officials of the Provincial and Federal Governments; the officers and members of the Advisory Board of St. Boniface Sanatorium; and hospital administrators throughout Manitoba.

Respectfully submitted,

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

STATEMENT OF TREATMENT DAYS—TUBERCULOSIS SANATORIA—1955

Province of Manitoba—Cities, Municipalities and Unorganized Territory	City of Brandon	City of Portage la Prairie	City of St. Boniface	City of Winnipeg	Other Organized Municipalities	Unorganized Territory	Total
Brandon Sanatorium	—	—	—	—	466	1,672	2,138
Central Tuberculosis Clinic	42	157	84	4,283	4,995	2,195	11,756
Clearwater Lake Sanatorium	—	—	—	—	542	6,130	6,672
Manitoba Sanatorium	911	804	220	19,940	33,032	13,848	68,755
St. Boniface Sanatorium	323	1,058	5,655	26,234	28,523	14,582	76,375
	1,276	2,019	5,959	50,457	67,558	38,427	165,696

Government of Canada, Yukon Territory and Other Provinces	Dept. of Veterans Affairs	Dept. of National Health & Welfare	Dept. of Labour and Resources & Development	Dept. of National Defence	Yukon Territory	Reciprocal Agreements with Other Provinces	Total
Brandon Sanatorium	—	88,212	—	—	—	—	88,212
Central Tuberculosis Clinic	621	752	—	66	—	586	2,025
Clearwater Lake Sanatorium	—	55,435	—	—	—	343	55,778
Dynevor Indian Hospital	—	17,804	—	—	—	—	17,804
Manitoba Sanatorium	6,744	5,670	607	30	992	2,451	16,494
St. Boniface Sanatorium	4,614	12,574	335	—	—	4,586	22,109
	11,979	180,447	942	96	992	7,966	202,422

TOTAL TREATMENT DAYS—1955

Province of Manitoba, Cities, Municipalities and Unorganized Territory	165,696
Government of Canada, Yukon Territory and Other Provinces	202,422
	368,118

DR. E. L. ROSS

REPORT OF THE MEDICAL DIRECTOR

THE Sanatorium Board is responsible for the anti-tuberculosis program in Manitoba, which was continued vigorously during 1955. The Board operates the Central Tuberculosis Clinic; Manitoba Sanatorium, Ninette; Brandon Sanatorium, Brandon; Clearwater Lake Sanatorium, The Pas; and Dynevor Indian Hospital, Selkirk. The Sisters of Charity operate St. Boniface Sanatorium, St. Vital. Treatment days totalled 368,118 in these 1,100 sanatorium beds. The Board is also responsible for the tuberculosis prevention program, which provided 324,342 free chest X-rays in 1955 and also carries out an educational, vocational and rehabilitation service for all patients.

TUBERCULOSIS DEATHS

	Whites and Indians Combined		Whites		Indians	
Year	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	50.3	369	27.7	203	1,140	166
1945	42.7	314	25.1	185	793	129
1946	44.6	324	25.1	183	848	141
1947	41.7	310	24.5	182	752	128
1948	38.0	288	19.7	149	754	139
1949	28.9	225	14.8	115	628	110
1950	22.8	181	12.8	102	438	79
1951	20.5	159	12.8	99	321	60
1952	14.4	115	11.2	87	145.1	28
1953	11.0	90	8.6	68	114.5	22
1954	8.6	71	6.9	56	76.1	15
1955	8.5	72	6.8	56	80.0	16

(The figures for 1955 are tentative and based on the 1955 estimated population for Manitoba of 849,000 (829,000 White and 20,000 Indian. Three Eskimo deaths are not included since they are non-residents of Manitoba.)

During 1955, 72 people died of tuberculosis in Manitoba, 56 non-Indians and 16 Indians, giving respective rates per 100,000 population of 6.8 and 80. and a combined rate of 8.5. You will note from the above figures that there were the same number of White deaths as in 1954 and one more Indian death. The slight difference in rate is due to the estimated population increase. Deaths have decreased dramatically during the last 10 years and 1955 was the first year for many that there was no reduction. This is also true of the other Western Provinces. A point has been reached where further improvement will be more difficult to attain, which indicates that greater attempts need to be made to find and treat the disease earlier in its course. Most of the Indian deaths occurred before the age of 30 but among White people half were over 50 and one third over 60, and in many of the older people illness was of short duration. In 14 of the 72 (19%) the first notification of the case was by death certificate, and in 6 others the diagnosis was made less than a month before death. Forty-two of the deaths were in sanatorium, 15 in general hospitals, 5 in mental hospitals and 11 at home.

Most people are impressed by the marked reduction in the deaths from tuberculosis during recent years but probably do not realize that 72 persons lost their lives in Manitoba in 1955 from this cause, and that 1,000 others are disabled in hospital, each for an average of 500 days. I am not trying to paint a gloomy picture as there is every reason for encouragement and optimism, which will be evident as I report further. I do wish, however, to point out that tuberculosis is still a major health problem.

NEW DIAGNOSES OF ACTIVE TUBERCULOSIS

Year	Whites Active T.B.	Indians Active T.B.	Eskimos Active T.B.
1940	438	147	—
1945	438	134	3
1946	514	180	7
1947	492	337	3
1948	496	535	4
1949	427	402	5
1950	364	239	9
1951	333	169	8
1952	368	182	2
1953	346	165	44
1954	301	136	79
1955	231	101	38

NEW ACTIVE CASES

New active cases of tuberculosis have been reducing at a lower rate than the deaths. You will note from the above table that there was little change during the four years from 1950 to 1953, inclusive. In 1954 there was an appreciable decrease and the most heartening feature of this report is a further drop of 23% during the year 1955. New active cases among non-Indians fell from 301 to 231. Among Indians the decrease was from 136 in 1954 to 101 in 1955 (25%). There has also been an improvement in the extent of pulmonary disease on discovery; minimal 42%, moderately advanced 35%, and far advanced 23%, compared with 30% far advanced in 1954. Disease found among the Indians was also less advanced in 1955, with only 15% having reached a far advanced stage. Among the "White" new discoveries, 10% were children with primary disease and 15% of the total had non-pulmonary lesions. Both these types of disease were higher among the Indians.

NEW ACTIVE CASES BY AGE GROUPS AND SEX, 1955

	Whites		Indians		Eskimos	
	Male	Female	Male	Female	Male	Female
0- 9	16	21	21	13	8	5
10-19	20	27	15	17	4	4
20-29	19	30	8	10	1	4
30-39	11	12	4	1	2	1
40-49	9	9	5	1	1	3
50-59	19	5	3	1	1	—
60-69	9	5	—	—	1	1
70 and over	9	5	—	1	—	—
Age not stated	4	1	1	—	—	2
	116	115	57	44	18	20

In 1954 there was quite a preponderance of males developing tuberculosis, but you will see from the above table that in 1955 the sexes were equal for non-Indians.

New Cases (White) 16% under 10
36% under 20 } more females than males.
57% under 30 }
25% over 50—twice as many males as females.

New Cases (Indians) 33% under 10 }
83% under 30 } sexes about equal.
4% over 50 }

New Cases (Eskimos) nearly all under 30, half under 20.

A troublesome characteristic of tuberculosis is its tendency to relapse, which not only has a bearing on treatment but also upon the spreading of infection. There were 97 relapses in 1955, which seems a large number but which is not so great when it is realized that about 800 patients are discharged yearly from sanatoria and that there are 3,300 on the follow-up files of the Central Tuberculosis Registry. Some years ago relapsed patients comprised 30% of the admissions but during recent years chemotherapy and resectional surgery have reduced the number needing re-treatment to well under 10 per cent. We plan on making a study of the reactivated cases, correlating relapse with various clinical, therapeutic and social factors.

TREATMENT

Even with the closing of 150 beds for tuberculosis in the King Edward Memorial Hospital in Winnipeg in 1954, there were, on December 31st, 1955, 100 vacant beds in sanatoria, over 50 of them being at Manitoba Sanatorium, Ninette. The decrease in patients on treatment at the end of 1955 was 50, 31 of these being non-Indian and 19 Indian.

It is obvious from the trend in treatment days and occupancy and the decrease in new cases that serious thought has to be given to tuberculosis treatment requirements in the future.

If these hospital beds are not needed for tuberculosis, should their use for any other purpose be considered, and, if so, what? The Medical Advisory Committee have met and seriously reviewed the subject and a sub-committee of the Sanatorium Board is giving study to the problem.

	Bed Capacity 1955		Bed Occupancy as at December 31st 1950	1951	1952	1953	1954	1955	
Manitoba Sanatorium	280		263	242	244	228	244	224	
Central Tuberculosis Clinic	50		41	45	29	44	44	45	
Municipal Hospitals	—		138	121	97	82	—	—	
St. Boniface Sanatorium	285		271	267	276	272	276	264	
		615	713	675	646	626	564		533
Dynevor Indian Hospital	50		44	45	38	51	50	53	
Clearwater Lake Sanatorium	190		143	159	163	187	196	185	
Brandon Sanatorium	260		252	258	259	251	254	243	
		500	439	462	460	489	500		481
Total		1,115							1,014

During 1955, 1,125 were admitted to sanatoria and 1,014 were on treatment at the end of the year. This is a decrease of 200, compared to 1954. Although we are discouraged occasionally by the advanced stage of disease on admission, the picture in this respect is gradually improving. With educational efforts and the free availability of chest X-rays, it may be difficult to understand why 23% have advanced disease when first treated, but actually this is the lowest in this classification of any past year. Forty-five per cent had minimal pulmonary tuberculosis on admission.

Of the 824 tuberculosis treatment cases discharged from all sanatoria, disease was classified as follows:

Inactive	22.1%
Arrested	47.9%
Active Improved	20.9%
Active unimproved	3.9%
Dead	5.2%

Over 90 per cent were discharged as improved or better. The average duration of treatment for tuberculous patients discharged from all sanatoria was 511 days.

The decrease in total treatment days for the year is not due to shorter periods of treatment for each patient, but due to fewer patients. Actually, the average duration of treatment per patient has been increasing during the last few years. Present days methods of treatment, being more definitive, created an impression that the length of time in sanatorium would be reduced. However, treatment is seldom (5.2%) terminated by death, the goal of cure is more certain, resulting in greater incentive to remain the average 18 months of treatment prescribed, and, for some, life may be spared but not chronic invalidism, which prolongs sanatorium care.

Treatment methods have been reported upon fully by the Superintendents of the Sanatoria so I will summarize briefly the overall picture in this respect. Rest is still basic but intense for shorter periods. The anti-tuberculosis drugs, mainly streptomycin, INH and PAS, have the outstanding role, their full value appreciated by those treating tuberculosis in the pre-chemotherapeutic era. These drugs, along with technical, scientific and surgical advances, lead the way to the specialized surgery for removal of the lung or parts thereof. Collapse therapy by pneumothorax and pneumoperitoneum has been abandoned. Thoracoplasty is seldom done except to reduce a pleural space, and paraffin packs are occasionally used in patients who are a poor risk for resection.

Of the 824 tuberculous patients discharged in 1955, 163 had resectional pulmonary surgery (21 pneumonectomy, 59 lobectomy and 83 segmental or wedge resection). Forty-six patients had thoracoplasty. Details of treatment according to the various institutions are appended in the statistical data.

The drugs referred to above have a striking and often dramatic effect upon the symptoms of tuberculosis, which creates a feeling of well-being and a premature demand by patients to continue drug treatment at home. The policy in Manitoba has been against this practice for various medical reasons, although there are circumstances that warrant out-patient chemotherapy in the overall and post-sanatorium treatment program. Of the 824 tuberculosis discharges 51 continued chemotherapy at home to give added assurance of permanent arrest. There are 86 out-patients coming to the Central Tuberculosis Clinic for these treatments. We can keep them under observation and almost without exception they are carrying on safely to themselves and their families. Only 6 of the 86 have not had sanatorium treatment and these are non-pulmonary cases.

Patients leaving sanatorium against medical advice is always a matter of concern and has been a major problem in some countries. Such cases cannot be entirely avoided but in

Manitoba our record in this respect is very good, which is a creditable reflection upon the Sanatoria and the educational and personal attention given to the patients. Eight per cent of Manitoba discharges were in this category, which is an improvement over 1954. Of about 4,000 White people and Indians who are at home and known to have had tuberculosis recently enough to be carried in the current records of the Central Tuberculosis Registry, there are only 14 known to have positive sputum, and most of these are not a public health menace.

Treatment comprises a major part of the Board's operations and in concluding this section I wish to say that in following and observing the therapy of tuberculosis across Canada and in other countries, in none is sound judgement more consistently applied than in Manitoba.

REHABILITATION

The objective of treatment is rehabilitation and they are complementary to each other. There are 1,000 patients in Sanatoria in Manitoba for periods of from months to years. Inactivity is necessary for physical recovery but can have detrimental effects otherwise, and limitations in future activities to ensure continued health may require adjustment or change of occupation. A planned service for this important phase of the management of the tuberculous patient is carried out for all sanatoria by the Rehabilitation Division of the Sanatorium Board. This consists mainly of vocational counselling, academic, occupational and vocational training and assistance in obtaining employment. All the sanatoria have staff for academic teaching and occupational therapy and there are more advanced training programs, both in and out of sanatorium, including technical training. Rehabilitation planning is initiated when treatment begins, which not only has a practical objective but also a beneficial effect on morale, contentment and recovery. You will be interested in the appended report of the Rehabilitation Division.

THE CENTRAL TUBERCULOSIS REGISTRY

On December 31, 1955, information about 4,777 tuberculosis patients was carried in the Registry file, 3,292 Whites, 1,256 Indians and 229 Eskimos. These include the 1,014 in Sanatoria and all discharged patients for five years after they have been classified as inactive. Information is readily available on all these patients, their contacts, families and home conditions according to municipalities. Details are recorded about new cases, deaths, surveys, clinics and sanatorium treatment. All this information with yearly comparisons is essential in evaluating and directing the anti-tuberculosis program. I deeply appreciate the service and the ever-willing and pleasant co-operation of the Director and staff of the Central Tuberculosis Registry.

APPRECIATION

It is apparent from this and foregoing reports to the Board that I am dependent upon the devoted and able service of so many that adequate and individual acknowledgement is not possible. I am grateful for the advice, direction and confidence of the Chairman, Chairmen of all Committees and Members of the Sanatorium Board. In an organization such as this, close correlation of the medical and non-medical administration is essential and I wish to express my appreciation for the co-operative relationship with the Executive Director. The fine work by the Medical Superintendents and department heads of all tuberculosis institutions is evident and I am grateful for their complete co-operation. I appreciate the co-operation of Provincial and Municipal Health Agencies and acknowledge the contribution to the program made by the Department of National Health and Welfare. I join with the Chairman in thanking the Associated Canadian Travellers and the thousands of people in Manitoba who make possible the preventive program by supporting the sale of Christmas Seals.

CONCLUSION

In summary, the salient features of this report on tuberculosis in Manitoba for 1955 are as follows: The death rate is low (8.5 per 100,000) but for the first year in many there was no further reduction. The decrease in new active cases is encouraging, being greater than for any previous year. There were 1,014 persons on treatment in Sanatoria at the end of the year (492 Whites, 348 Indians and 174 Eskimos). This is a decrease of 50 compared to December 31st, 1954. Treatment days were 29,408 less in 1955 than in 1954, being reduced from 397,526 to 368,118. There were 100 vacant beds in sanatoria on December 31st, 1955. An aggressive case-finding program was continued, providing 324,342 chest X-rays by the Board's various agencies. The discovery rate of active tuberculosis by mass X-ray surveys was very low, indicating a need for some change in emphasis and more intensification of case-finding efforts in some areas and among certain segments of the population. In the campaign against tuberculosis gains are steady and casualties fewer but the disease is still well entrenched. Ultimate eradication is possible by sustaining and concentrating all methods of attack.

Respectfully submitted,

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

Preventive Services
Headquarters
Central Tuberculosis Clinic

Prevention

PREVENTIVE SERVICES

From the Report of the Medical Director

THE word "prevention" in tuberculosis is used in a broad sense. There is no specific immunological agent such as for diptheria and smallpox, so the prevention of tuberculosis consists basically in preventing people from becoming infected with the tubercle bacillus. This is a slow and undramatic process, attainment evident more by generations than by years. It consists of the constant and vigorous search for new cases, early, before infection can be spread and also searching for their source of infection. The problem has always been that tuberculosis does not manifest itself in its early stages and infection and illness may be years apart, unlike most communicable diseases that have a known incubation period. The X-ray is the only reliable detective of significant disease, so in Manitoba a very comprehensive X-ray survey program has been carried out for the past ten years, amounting to nearly three million chest X-rays, relatively more than in any other province. Chest X-raying comes under various categories, each requiring organization of a special nature. Vast numbers are X-rayed yearly by municipal surveys throughout the province; industrial surveys and pre-employment X-rays in urban areas produce a significant return and require a different approach and type of organization; travelling clinics act more in a consultatory capacity; the general hospital admission X-ray program is unique and productive; and most important are the doctors in general practice who usually have the first opportunity to initiate a diagnosis in those with symptoms. These agencies will be discussed in further detail.

Examinations by Clinics, Hospitals, and Surveys

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
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
1952	11,325	5,566	72,872	223,086	312,849
1953	10,137	4,703	83,259	214,916	313,015
1954	9,554	3,375	85,513	239,850	338,292
1955	8,830	5,894	93,812	215,806	324,342
	104.392	53.522	460,133	2,130,548	2,748,595

Number X-rayed to find one active case

Stationary Clinics (mainly C.T.C.)		79
Travelling Clinics		327
General Hospital Admissions		1,145
Surveys	White	9,548
	Indian	431
	Eskimo	69

New diagnoses of active tuberculosis among non-Indians have decreased by 33% during the past two years. During 1955, in Manitoba, 80 municipalities had no new cases and another 27 only one each. (See appended listing of municipalities). As would be expected, the cases discovered by rural community X-ray surveys have been steadily decreasing and in 1954, when they had diminished to one in 4,700 X-rayed, we were concerned about the cost per case found. However, to maintain and press advantages gained and also having in mind the educational values of surveys, the Board's aggressive survey program was continued with added stress in the higher incidence areas. The analysis of 1955 surveys, which X-rayed 200,512 non-Indian people, definitely indicates re-consideration of our mass X-ray survey policy. Only 21 new active cases were found, which is one in 9,548 X-rayed. The cost of finding one case by this method is over $4,000.00. We have drawn up a tentative schedule for 1956 after studying the geographical distribution of new cases reported during the past two years and have left out many municipalities we ordinarily would have surveyed, but we may further revise our mass survey program. This does not mean reducing case-finding efforts but rather shifting emphasis and concentrating more among segments of the population with a higher incidence, such as industrial workers, general hospital admissions, older people, and those failing to attend surveys. The Metis population, which comprises about one-fourth of the patients in Sanatoria, and contacts are higher incidence groups. A special program for restaurant employees has been launched. Selected tuberculin testing surveys could be increased, which give more information about infection rates and a clue to sources of infection. Apart from the decreasing prevalence of tuberculosis, the constant availability of free chest X-rays through the general hospital admission X-ray program has reduced at any one time the number of unknown cases of tuberculosis in most communities.

Health Units of the Department of Health with diagnostic facilities, including X-ray, cover large sections of the province. Some phases of the anti-tuberculosis program may be carried out more thoroughly locally, such as a routine for the periodic X-raying of contacts, a more complete coverage of local industrial and business employees, also food handlers and older age groups. Tuberculin surveys could be done more conveniently by local health authorities. It is proposed, then, that with the direction of the Sanatorium Board there be more active participation by the Health Units in case-finding and tuberculosis prevention.

The objective of the large mobile units is to X-ray everyone in a community, whereas the travelling clinics with a doctor and X-ray technician provide a consultation service and examine mainly suspects, contacts and known cases. In 1955, 98 clinics were held at 52 centres and 5,894 examinations were made, which is 2,500 more than in 1954. Eighteen active cases of tuberculosis were found, which is one in 327 X-rayed. Clinics of special interest were those along the Hudson Bay Line, including Churchill; also the examination of 595 fishermen at 10 Lake Winnipeg fishing stations. In some places the X-raying took place on the boat. No significant cases of tuberculosis were found in this group.

The out-patient clinics of each sanatorium and the Central Tuberculosis Clinic, in 1955 made 8,830 examinations, 5,683 of these at the Central Clinic. These clinics were responsible for 112 new diagnoses of active tuberculosis, 105 of these being non-Indians, which is nearly half of all of the new cases reported for the year.

The Central Tuberculosis Clinic is the hub of the preventive service and responsible for a large volume of work. Apart from the diagnostic and clinical assessment and temporary treatment of a daily average of 37 ward patients, an average of 23 patients were examined and advised each day in the out-patient department; over 200,000 survey and travelling clinic films were processed, interpreted and reported on during the year, and also 23,523 admission X-rays from fifty general hospitals. The Central Clinic is also a teaching centre for medical students and nurses and provides a daily consultation service to the Winnipeg General Hospital.

The Sanatorium Board and the Winnipeg Health Department work closely together in the Preventive Program for Winnipeg. The Board organized and carried out the technical and medical work involved in taking 34,926 70 mm. survey films in Winnipeg. The unit at the City Hall X-rayed another 14,224, making a total of 49,150, this number being included in the survey total of 200,512 previously listed for the whole province.

Industrial Surveys in Winnipeg

Number of Operational Sites	85	
Number of Industries X-rayed	1,716	
Average Attendance	94%	
Number of Industrial X-rays Taken	28,170	
Number of School Children X-rayed	5,122	
Number of Private School Children X-rayed	1,634	
Total		34,926
Number X-rayed at City Hall	9,819	
Number of Pre-employment X-rays	4,374	
Total		14,193
X-rays taken with Portable Unit		31
Total X-rays taken during 1955		49,150

The incidence of new active disease discovered by Winnipeg Surveys is fairly low (one in 4,468 X-rayed) but over twice that found by mass surveys. The reported disease and the death rate are practically the same as the average for all the province.

It is some years since a survey of a complete ward was attempted. I say "attempted" because in spite of great organizing effort the attendance was below 50%. It is considered that with the expansion of surveys of business and industrial firms, school surveys, other special groups, and general hospital admission X-rays, that the chest X-ray coverage in Winnipeg amounts yearly to a third or more of the population.

General Hospital Admission X-ray Program

This program was initiated in 1949 and has expanded to include 65 hospitals, in fact, all in the province that have X-ray equipment. Installations to take miniature films (4"x 5" and 70 mm.) have been made in 18 hospitals. There were 110,331 patients admitted to the 65 hospitals and 75,586 had routine admission chest films. This represents 68.5 percentage, which was 66.5 the previous year. Twenty of the 65 hospitals X-rayed over 75 per cent and 17 were under 50 per cent. There are several reasons why all patients may not be X-rayed, such as extreme illness, repeat admissions and others who have had a recent negative film elsewhere. Constant urging is necessary to keep up interest and the percentage X-rayed. Each hospital submits a quarterly report, which is carefully reviewed, and we also keep in close touch through reading the films from the rural hospitals. Out-patients may be referred to these hospitals by their doctor or an agency of the Board, which provides a convenient and continuous chest X-ray diagnostic service almost everywhere in the province, with cost no barrier. In 1955 there were 11,336 X-rayed as out-patients, which is an increase of about 3,000 over 1954.

Number of Hospitals	65	
Number of In-patients X-rayed		75,586
Number of Out-patients X-rayed		11,336
Number of Hospital Staff X-rayed		6,890
Total		93,812

X-ray Findings

It is understood that these X-ray films are a method of screening out abnormalities, which have to be assessed by further investigation.

1. Of the 75,586 admissions 66, or *one in 1,145*, had apparently active tuberculosis.
2. 410, or *one in 184*, had tuberculosis that was considered inactive.
3. 148, or *one in 510*, had probable tuberculosis of doubtful activity.
4. 389, or *one in 194*, were considered tuberculosis suspects.
5. Taking into account all the above, 1,013, or *one in 75*, had evidence of present, past or suspected tuberculosis.
6. Of the out-patients 15, or *one in 755*, had apparently active tuberculosis, *one in 14* had X-ray evidence of non-tuberculous chest disease, and *one in 13* had X-ray changes suggesting cardiac abnormality.
7. The value of this program and, indeed, all our surveys is not confined to discovering tuberculosis because many other abnormalities are drawn to attention and referred to the private physician. This is evident by the fact that there were 4,366 (one in 17) non-tuberculous chest conditions found and 4,419 (one in 17) with cardiac abnormalities.

Vaccination with B.C.G.

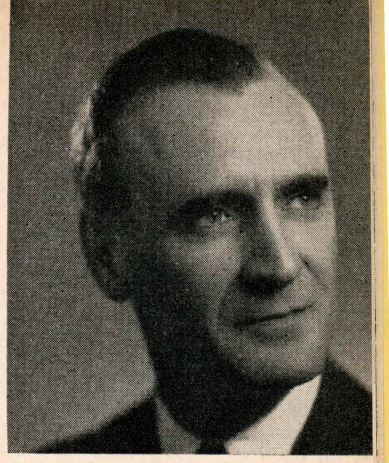
There were 881 vaccinated during 1955, compared to 873 the previous year. This number does not include the 981 vaccinated by Indian Health Services.

Those vaccinated are in the following groups:

Contacts	272
Student Nurses (General Hospitals)	338
Student Nurses (Mental Hospitals)	34
Student Nurses (Practical)	47
Nurses' Assistants	35
Sanatorium Staff	46
Eskimos (Patients at Dynevor)	14
Others	95
Total	881

When a person has an encounter with a germ and recovers, antibodies develop in the blood which provide protection against future infections by the same germ. B.C.G. vaccine consists of living bovine tubercle bacilli which, through repeated culturing, have become so attenuated and benign that they will not produce disease but have sufficient virility to stimulate defensive action within the body. There is no claim that B.C.G. provides absolute protection, but it does to a sufficient degree to warrant vaccinating those who may be unavoidedly exposed to infection, such as those listed above. Its benefit lasts only for a few years.

Report of the Medical Superintendent Central Tuberculosis Clinic and Preventive Services



DR. D. L. SCOTT

BEFORE commenting on the work of the Central Tuberculosis Clinic and Preventive Services for the year 1955 I would like to remark briefly on our 25 years of service to the public and the medical profession of Manitoba. October 3rd, 1955, was the 25th anniversary of the opening of the Central Tuberculosis Clinic as a diagnostic clinic, intended to supplement the travelling clinics as a means for the early detection of tuberculosis. In the twenty-five year period ending December 31, 1955, a total of 189,967 patient visits were made for examinations and various treatments and, of this number, 9,610 were admissions to the ward. New discoveries of tuberculosis in this period numbered 5,337. The majority of these new cases received their indoctrination in the treatment of tuberculosis at the Central Clinic and were then sent on to one or other of the Sanatoria in Manitoba to complete their treatment. In this connection I would like to take this opportunity to thank all those who in the past have participated in this work. Their efficiency and kindliness has helped many an apprehensive patient to a better understanding of tuberculosis and its possibilities of cure.

Physical changes have been found necessary in these 25 years. First, the East Wing was added in 1932, bringing our bed capacity up to 50. Minor changes occurred during the following years and in 1954 new office space and some modern wards were completed.

Of the original staff present on opening day there are only two of us still here—Miss E. J. Wilson of the Central Registry, who at first was Acting-Matron, and myself. Within a few weeks, however, two other members of the staff who are still present were added—Miss S. J. Ross, R.N., on the Nursing Staff, and Miss E. McGarrol as Secretary to Dr. Stewart and myself. I wish to pay tribute to these members for their loyalty and service during all these years.

During 1955, in common with all institutions, our totals in almost all departments are fewer—that is, fewer examinations by 111, new discoveries are down by 13, and so on. Despite this trend there were 432 admissions to the ward, an increase of 28. Of the new discoveries, 33, or almost 25 per cent, were over 50 years of age. About 30 per cent of the active pulmonary cases were far advanced, and moderately advanced and minimal cases were about 35 per cent each.

Treatment—The 432 admissions were made up of 299 pulmonary cases, 36 non-pulmonary and 97 non-tuberculous conditions admitted for the purpose of differential diagnosis. Of the admissions, 49.8 per cent, or 216 patients, were transferred to the Sanatoria for further treatment. Three per cent, or 13 patients, were discharged against advice. The average length of stay was 31 days, as compared to 36 days in 1954.

Operating Room—With the marked decline in pneumothorax treatments there is very little to report concerning the operating room. This is now used as a dressing, sterilizing and extra examining room.

Clinical Laboratory—Here the total number of examinations increased by slightly over 500 procedures, accounted for in part by an increase of 216 vaccinations with B.C.G. Our laboratory staff inform me that they are still getting well over 90 per cent of positive reactions to vaccination, which is not exceeded anywhere in Canada. Tuberculin testing has decreased slightly but we feel that more testing in a mass way should be done, and Dr. Ross and I have been discussing ways and means of doing this.

X-ray Department—There was an increase of 611 X-ray films made, 433 of these being chest films.

Teaching—Teaching of medical students each week has continued. Lectures on tuberculosis are also given the student nurses in three of our large general hospitals.

Travelling Clinics—In the field, preventive services were continued as usual. There were 98 clinics held, being an increase of 10, and there was a corresponding increase of examinations, 5,894 in all. This yielded 37 new cases of disease, 18 of them active and in need of treatment.

X-ray Surveys—Including Whites, Indians and Eskimos, 215,806 X-rays were made. There were 249 new diagnoses but only 69 of these were found to be active and in need of treatment. Without breaking this down into groups, this total yielded one active case for 3,127 X-ray films, compared to one case for 2,262 films in 1954. It will be noted that the yield each year is rapidly becoming smaller. In the future we probably should consider concentrating our efforts in areas of high incidence and also making extra efforts to entice or even force the X-raying of an appreciable number of our citizens who have never been X-rayed.

Hospital Admission Program—there are now 65 hospitals in the province taking hospital admission films. Fifty hospitals submit their films to us for interpretation and this year 23,523 films were sent. Twenty-five of these were considered to show tuberculosis. Many non-tuberculous conditions are noted and reported back to the hospital and physician.

APPRECIATION

Work of this nature is not possible without the cooperation of all members of a varied staff. We are grateful and pleased that this co-operation has been given by all members. My thanks are due to all departments of the Central Clinic and the Preventive Services staff for their loyalty and hard work during the past year.

I offer my thanks to the Chairman and Members of the Sanatorium Board and to the Medical Director and Executive Director for their interest and assistance during the past year. To the Medical Director and staff of St. Boniface Sanatorium, the Superintendents and staffs of all the institutions under the supervision of the Board, the Provincial and City Health Departments and to all general hospitals in the Province, I wish to acknowledge with pleasure the friendly and co-operative relationship which we have always enjoyed.

Respectfully submitted,

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

The oldest citizen in Dauphin turns out for his chest X-ray examination. Mr. J. Poole was 101 years old when this photograph was taken in July, 1955. In recent years, the proportion of older persons has increased among those diagnosed for the first time as having tuberculosis.

CITY OF WINNIPEG

Tuberculosis Control 1955

CONTINUED progress in the control of tuberculosis in Winnipeg is reflected in the following report of the Tuberculosis Division of the City Health Department.

Death Rate—There were 17 deaths in Winnipeg due to tuberculosis. This corresponds to a death rate of 7.0 per 100,000 population and is the same as was recorded in 1954. The following table illustrates the gradual but steady decline in the death rate since 1920.

Year	Number of Deaths	Rate per 100,000 Population
1920	138	71.7
1930	106	51.0
1940	52	23.0
1950	21	8.8
1954	17	7.0
1955	17	7.0

Hospitalization—There was a monthly average of 166 patients hospitalized in the various sanatoria during the year 1955. This is a substantial reduction in the monthly average of patients hospitalized during 1951 (238 patients), in 1952 (214 patients), in 1953 (199 patients), and 1954 (191 patients). The monthly average number of patients in the various sanatoria were:

Manitoba Sanatorium, Ninette	78
St. Boniface Sanatorium	75
Central Tuberculosis Clinic	13
Total	166

Industrial Surveys in Winnipeg

Number of Operational Sites	85		
Number of Industries X-rayed	1,716		
Average Attendance	94%		
Number of Industrial X-rays Taken		28,170	
Number of School Children X-rayed		5,122	
Number of Private School Children X-rayed		1,634	
Total			34,926

X-ray Unit at City Hall

Number X-rayed	9,819	
Number of Pre-employment X-rays	4,374	
Total		14,193
X-rays taken with Portable Sanatorium Unit		31
TOTAL X-RAYS TAKEN DURING 1955		49,150

Eleven new cases of pulmonary tuberculosis were discovered during the year which is 22.9% of the total number of new active pulmonary cases discovered by all agencies such as private physicians, sanatoria, hospitals, private and public clinics.

Active Cases of Pulmonary Tuberculosis Discovered Annually

Year	By all means	By City Health Surveys	% of Total found by City Health Surveys
1950	95	28	29.5
1951	77	22	28.6
1952	91	25	27.5
1953	74	26	35.1
1954	67	17	25.4
1955	48	11	22.9

There was a ratio of one new case discovered for every 4,468 individuals X-rayed.

Active Cases of Pulmonary Tuberculosis Discovered Annually by Surveys

Year	Number of X-rays	Total Active Cases	Active Cases Rate per 1,000 X-rays
1949	31,311	28	.9 or 1 every 1,118 X-rays
1950	44,916	22	.5 or 1 every 2,042 X-rays
1951	73,734	35	.5 or 1 every 2,107 X-rays
1952	52,466	25	.5 or 1 every 2,088 X-rays
1953	72,259	26	.4 or 1 every 2,779 X-rays
1954	83,883	17	.2 or 1 every 4,934 X-rays
1955	49,150	11	.2 or 1 every 4,468 X-rays

In addition to these new unsuspected cases of tuberculosis some individuals were found to have other significant pathology of the lung, heart or great vessels. Such individuals were advised to consult their own physician for further advice or treatment as required.

It should be noted that there were 1,066 individuals referred to the City Hall by private physicians for chest X-rays and that 2 new active cases were discovered among this group or one case for every 503 physician referrals X-rayed. These referrals were in the main for pre-natal chest X-rays, routine chest X-rays in conjunction with a physical examination or suspect lung pathology. It is interesting to speculate on the reasons why 6 of the 11 new cases discovered during the year were discovered by the X-ray Unit at City Hall among 14,193 X-rays, while only 5 new cases were discovered by the Mobile Units in a total of 34,926 X-rays.

Source of Active Cases Discovered by the Health Department

Surveys (Industrial and at City Hall)	7
Pre-employment	–
Referred by Private Physician	2
Individuals	2
Total	11

Tuberculosis discovered on Surveys continues to be found among those individuals who are in the most productive years of their lives. Eight cases or 73% of the 11 new cases were discovered in the 20 to 60 age group.

Active Cases Discovered through X-rays taken on Surveys and at City Hall by Age Groups

Year	0-19 Yrs. No.	0-19 Yrs. %	20-39 Yrs. No.	20-39 Yrs. %	40-59 Yrs. No.	40-59 Yrs. %	60 Yrs. No.	60 Yrs. %	Total Cases
1949	3	11	17	60	7	25	1	4	28
1950	1	4	18	82	3	14	–	–	22
1951	10	29	20	57	4	11	1	3	35
1952	5	20	16	64	2	8	2	8	25
1953	3	12	16	62	5	20	2	8	26
1954	5	29	10	59	1	6	1	6	17
1955	2	17	4	36	4	36	1	9	11

The extent of disease on discovery for the 11 new cases found was:

Extent	No. of Cases 1954	1955
Minimal	6	3
Moderately Advanced	10	7
Far Advanced	1	1

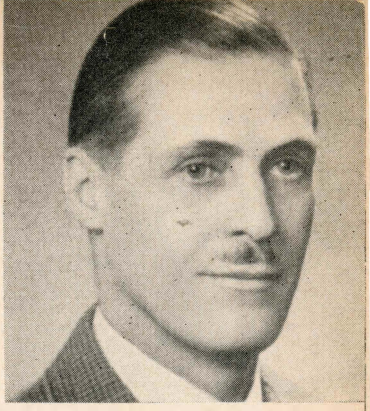
In conclusion the co-operation and assistance extended to the City Health Department by the various agencies concerned with the treatment or control of tuberculosis has been greatly appreciated. In particular we are grateful to the Sanatorium Board of Manitoba for organizing the survey program; for the loan to the City Health Department of technical staff when required; for the interpretation of X-ray films, and for various equipment and supplies.

R. G. Cadham, M.D., D.P.H.,
Deputy Medical Health Officer.

An X-ray team from the Sanatorium Board staff are shown here at Garry Lake, 500 miles northwest of Churchill. This chest X-ray survey among the Eskimos is conducted in co-operation with the Department of National Health and Welfare.

Treatment

MANITOBA SANATORIUM



DR. A. L. PAINE

MANITOBA Sanatorium is now forty-six years old. Unlike some years in the past, 1955 was not marked by extensive building or other physical expansion nor by radical changes in treatment. However, from the administrative standpoint, except for a decrease in revenue due to fewer patient days, the Sanatorium has seldom had a more satisfactory year. General efficiency and economy showed definite improvement, no doubt due in part to good departmental and other management. A more significant factor perhaps was greater stability in general staff and the better type of staff available for all jobs. Besides better work, better than average relations have existed between staff members and between staff and patients. Finally, patients themselves presented fewer disciplinary and other adjustment problems which may in turn be a reflection of better staff conditions. In short, 1955 has been a year relatively free from many of the administrative anxieties and problems we have faced steadily since the beginning of the second World War.

PATIENTS

There were 85,249 treatment days, as compared to 91,117 in 1954 and an average of 91,458 in the last five years. Patient population, in addition to some numerical decline, is showing some other changes. Tuberculosis is becoming more and more a man's disease, so much so that female wards are being taken over for men, and on December 31st, there were 143 men on treatment compared to 82 women. We have a few more Treaty Indians but the ratio of combined Metis and Treaty to Whites has not changed since 1954. At year's end of 225 patients, 150, or two-thirds were White and 75, or one-third of Indian blood. Of this latter group, 41 were Metis and 34 Treaty. As last year, there is a rising incidence of tuberculosis in older age groups, but this is most marked in White males and is much less evident in females, especially those of Indian blood. Thus the average age of admission was 35 years, but the age group 50 years or over claimed 43% of all White males, 22% of Indian blood males, 16% of White females and only 8% of Indian blood females. The number of Department of Veterans Affairs patients showed little change from last year, there being 19 instead of 18 on treatment as of December 31st.

ADMISSIONS AND DISCHARGES

Admissions during the year totalled 339, of which 195 received treatment and 144 were for review or diagnosis. Of those for treatment 43% had new disease, 23% came with reactivated disease and 34% were admitted to continue treatment after periods elsewhere. In spite of the active case finding programme a good many cases are still being admitted with advanced disease. Thus in those with new pulmonary tuberculosis 57% had moderately, or far advanced disease as compared to 43% with minimal involvement. In Whites the incidence of advanced disease is greatest in older men. Of those admitted with new disease 72 had pulmonary and 11 non-pulmonary tuberculosis. Sites involved in non-pulmonary tuberculosis were as follows: pleurisy 4, kidney 2, ankle 1, cervical adenitis 1, spine 1, tracheobronchial glands 2.

There were 356 discharges, 218 from treatment and 138 after short periods for diagnosis or review. Of those discharged from treatment 89% had completed treatment, 8% were transferred to other hospitals and 3% left against medical advice. Eight patients went home with positive sputum. Of these, four had submitted to every possible therapeutic means for prolonged periods without becoming negative; they are still at home. In the remaining four, three were discharged for disciplinary reasons and one left without notice; all have since been admitted to other institutions. (See page 48 for other details.)

Altogether 1,145 out-patients were examined; there were 13 discoveries of tuberculosis and 319 old patients were reviewed.

TREATMENT

No significant new treatment has been added to our armamentarium in the last year, but some change in emphasis, especially in surgical procedures, has taken place. Basic treatment on admission is rest and antibiotic therapy. We still favor the combination of streptomycin 1 gram bi-weekly and P.A.S. 12 grams daily with treatment periods ranging from 1 to 2 years. I.N.H. 300 mgms. daily may be added where response is not satisfactory, or I.N.H. may be substituted for one of the other two antibiotics where resistance or sensitivity has developed. Viomycin has been given to a selected group of resistant cases with some benefit. Parazinamide has seldom been used because we have been impressed with its toxicity.

As regards surgery, resection is still being employed extensively. No surgery is done before six months of rest and antibiotics. Though resection must still at times be done in the presence of positive sputum, open cavitation or exudative disease, the majority of cases coming to operation this year had undergone sputum conversion and in many the indication was the removal of residual foci. During the year all surgical specimens have been carefully dissected out by the surgeon after operation and later subjected to bacteriological and pathological examination. As yet, we are not much closer to knowing with certainty what residual lesions require removal and what others could be safely left without fear of reactivation. The specimens from many small lesions after prolonged rest and antibiotics still show lack of healing as evidenced by soft caseated areas and viable tubercle bacilli on smear. Conversely the specimens from some patients with extensive disease resected after prolonged antibiotic therapy may show such remarkable healing that one wonders if operation was necessary. In such cases ring shadows read as cavities on the X-ray may be found to be converted into thin-walled cysts, completely lined with epithelium, showing no signs of ulceration and with nothing but fibrosis found in the surrounding tissue. One is certainly tempted to look upon these lesions as "dead volcanoes" as far as tuberculosis is concerned, though they may easily be a nidus for future pulmonary spesis.

There has been a definite change in our surgical thinking as regards older patients with chronic disease, especially in the presence of emphysema. These patients are not good risks for resection and even when the surgery is well tolerated, are left with considerable reduction in cardio-respiratory function. For these people, in our opinion, extraperiosteal pack is a much safer procedure and, contrary to previous beliefs, actually leaves them with better lung and heart reserve than after resection. In poor surgical risks with thick-walled cavities which defy collapse by pack, we still find cavernostomy is a useful procedure. However, its application must be limited to those whose healing powers are unimpared; in debilitated patients the operation may be followed by further excavation rather than the expected reduction and final obliteration of cavities. In the past year thoracoplasty has been almost entirely confined to reducing the pleural space either before, or during or following resection.

As regards surgical techniques, the following points may be of interest. We prefer paraffin for extraperiosteal packs and do a complete apicolysis where possible. Wedges are preferred to segmental resections, but the suturing in wedge resection has been modified to give firmer apposition and better hemastasis. Where segmental resection is done it is frequently combined with wedge technique to avoid raw surfaces and air leaks. An increasing number of multiple resections are being performed.

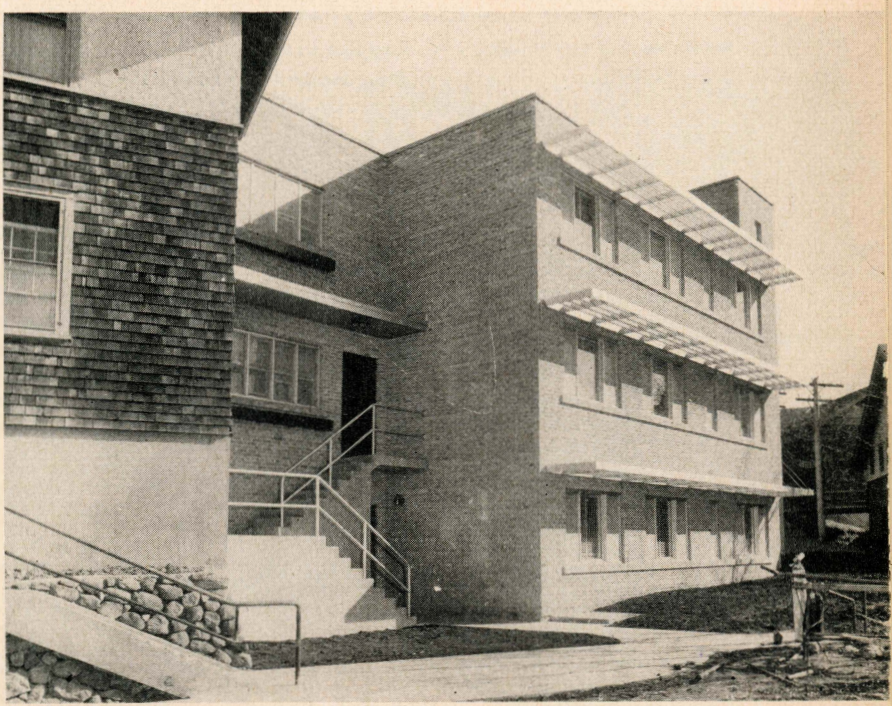
No patient has been started on pneumothorax or pneumoperitoneum during the year and no refills have been given. (See page 49 for treatment statistics.)

X-RAY AND LABORATORY DEPARTMENT

Altogether 4,960 radiographic examinations were made, as compared to 5,004 last year; these consisted of 3,382 in-patients, 885 out-patients and 693 staff. Besides radiography the Department made 139 electrocardiographic tracings, mainly on operatives; it also does very fine color photography on all surgical specimens and made 123 slides last year. Two student technicians from the Survey Department received training during the year.

Volume of work in the laboratory was almost identical to the previous year with 12,429 tests performed and distributed as follows: hematology 4,519, bacteriology 3,565, biochemistry 2,586, blood bank 571, metabolism and lung capacity tests 430, Mantoux tests and B.C.G. vaccinations 366, Public Health 273, histopathology 119. There were fewer blood counts and microscopic examinations of sputum smears and gastric contents but some increase in hemoglobin estimation, sedimentation rates, urinalysis, sputum concentration for tubercle bacilli, antibiotic sensitivity and cross-matching of blood. Laboratory tests before and after chest surgery are an important part of the work; also cultures for tubercle bacilli. The laboratory has recently moved to new, very attractive quarters with better planned working space, more room and improved lighting and clean-up facilities.

Manitoba Sanatorium



An addition to the Nurses' Home at Manitoba Sanatorium was completed in 1954 to provide very comfortable accommodation for professional nursing staff.

MEDICAL STAFF

Medical staff did not change during the year and are to be commended for fine support both in unusually heavy operating room duties and in their work on the wards.

EDUCATION AND STUDY

The affiliate course in tuberculosis nursing is still being given but without the aid of an instructress. Altogether 45 students took the two months' course compared to 28 in the previous year. Lectures were given by Miss Ellis, the Medical Staff and members of the Laboratory, Dietetic, Rehabilitation and Public Health Departments.

PAPERS

1. "Comparison of Resection Findings in Pulmonary Tuberculosis with Pre-operative Expectations"—A. L. Paine, B.A., M.D. and W. Zajcew, M.D. (Read before the Canadian Tuberculosis Association June 1955).

2. "Surgical Treatment of Pulmonary Tuberculosis in an Isolated Sanatorium, a Five Year Study of Trends and Results"—A. L. Paine, B.A., M.D. (Published in "The Journal of Thoracic Surgery," August 1955).

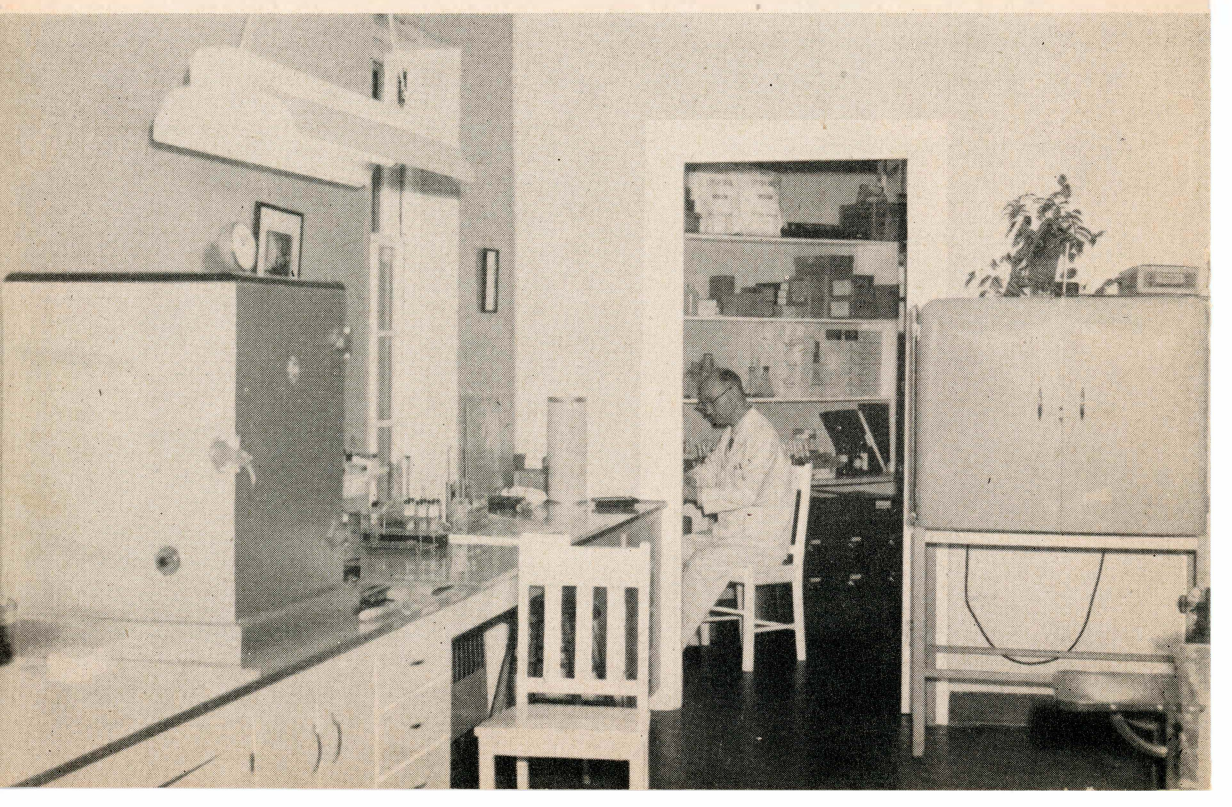
APPRECIATION

To many staff members for good work and loyal support I wish to express my sincere gratitude. I am deeply thankful to the Chairman of the Board, the Chairman of the Administrative and Finance Committees, the Executive Director and all members of the Sanatorium Board for their unselfish, untiring and understanding efforts on our behalf and for continued guidance and support. I wish to express appreciation to the Medical Director of the Sanatorium Board, the Superintendents of the various tuberculosis institutions and the Department of Health for much help and co-operation throughout the year.

Respectfully submitted,

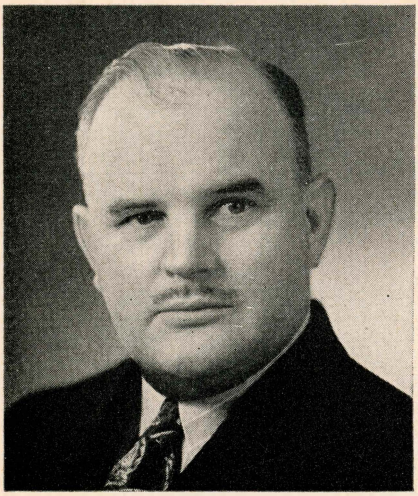
A. L. PAINE, M.D.
Medical Superintendent.

Senior Medical Technologist, J. M. Scott in his office in the new laboratory at Manitoba Sanatorium.



HON. PAUL MARTIN
Minister of National Health and Welfare

—National Film Board Photo



—National Film Board Photo

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

Statement
by the
HON. PAUL MARTIN
Minister of National Health and Welfare

for publication in the
1955 Annual Report of the
SANATORIUM BOARD OF MANITOBA

I welcome this opportunity of once again commending the Sanatorium Board of Manitoba for the energy and efficiency which it has displayed in combatting tuberculosis in this province. By including in its objectives the provision of extensive diagnostic and treatment facilities as well as the development of sound measures for prevention and rehabilitation, the Board has given outstanding leadership in this vital work. During 1955, perhaps the most dramatic indication of the effectiveness of the Board's program was provided by the very substantial reduction which took place in the number of new cases of active tuberculosis.

As Minister of National Health and Welfare, I particularly appreciate the expert direction which the Board has given to the operation of the three federal sanatoria for the care of Indian patients. These sanatoria are essential links in the nationwide network of health services which over the years have done much to reduce the toll taken by tuberculosis among our native population. A measure of the success of our efforts in this field is provided by the fact that in the ten-year period 1944-54, the death rate from tuberculosis among Indians was drastically reduced—from 605 per 100,000 population to 60.2.

Since 1948, the Federal Government under the National Health Program has provided substantial grants to help support the work of tuberculosis control in this province and in every part of Canada. While there is no doubt that this financial assistance has made a significant contribution to the extension and improvement of tuberculosis services in this province, it has in no way diminished the importance of the efforts of those who have had a share in making the Sanatorium Board's program such an unqualified success. I am sure that in the coming year the Sanatorium Board will continue its great humanitarian work and will add new laurels to its already distinguished record of service to the people of Manitoba.

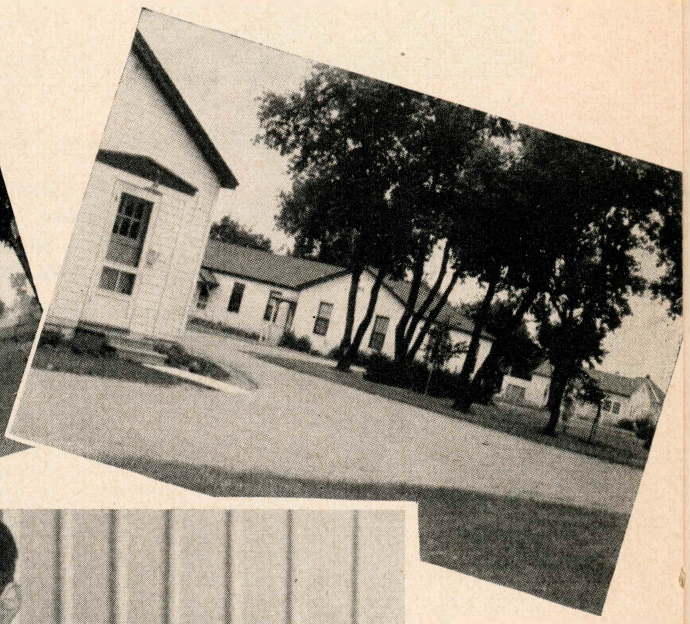
Care of Indian Patients

From the Report of the Medical Director

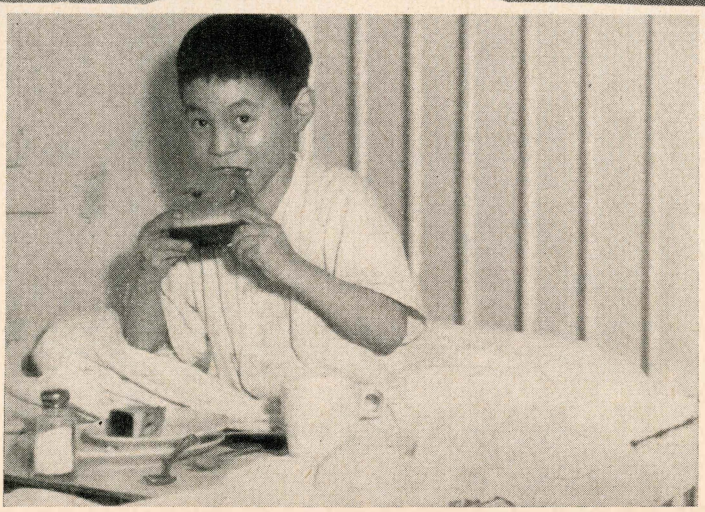
Tuberculosis has been one of the great enemies of the Indians over the years, taking a tremendous toll of life. The control of this disease among them during the past ten years is remarkable and due primarily to a campaign of case-finding, isolation and treatment in Sanatoria. Improved nutrition, fewer other infectious diseases and much better health service generally are, of course, contributing factors. Tuberculosis deaths are one-tenth the number of 15 years ago. New cases are markedly reduced and fewer Indians are on treatment—indeed, if it were not for the 174 Eskimos in the Indian Sanatoria there would be many vacant beds. There are 500 beds in the Sanatoria at Brandon, Clearwater Lake and Dynevor and on December 31, 1955, there were 348 Indians and 174 Eskimos on treatment (some are in non-Indian sanatoria). New active cases among the Indians decreased by 25% in 1955, compared to 1954. During the year 14,248 Indians in over 60 settlements, and 1,046 Eskimos were X-rayed on surveys, which in organization, transportation and operation is unique and very interesting.

Dr. W. J. Wood has reported more fully on the Indian tuberculosis program and in the statistical section you will find considerable detail. I wish to thank Indian Health Services and Dr. Wood, Regional Director, for complete co-operation. The partnership and the fine working relationship of the Sanatorium Board and Indian Health Services has made possible this extensive and effective program.

Above: Tenth St. entrance to Brandon Sanatorium.



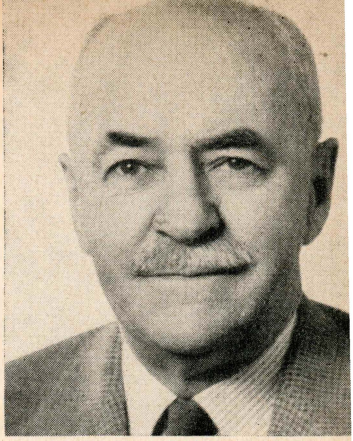
Above: Shade trees on the spacious lawns of Brandon Sanatorium.



Okatchuk, an Eskimo boy has experienced many new and exciting things since he arrived at Brandon Sanatorium, not the least of which is his first introduction to watermelon.

Report of the Regional Superintendent

INDIAN HEALTH SERVICES



DR. W. J. WOOD

ONCE again we accept the opportunity with some pleasure of recording our deep gratitude to the Sanatorium Board of Manitoba for your assistance in our efforts to reduce tuberculosis in our native population.

We are starting our tenth year of an accelerated programme to improve Indian and Eskimo health. Our greatest efforts have been directed to the control of tuberculosis. For nine years we have been trying to X-ray every Indian every year, but we can never get more than 66 per cent. Indians are leaving reservations in greater numbers than previously to find work. We miss many of these and hope you pick them up in your surveys.

A substantial decrease in death from tuberculosis is expected each year, so it is a little disturbing to note an increased death rate from 60 in 1954 to 85 in 1955. However, when one looks at the rate of 754 in 1948, we realize how far we have come. If we take new active cases as a better measure of progress, we find that 535 new cases were discovered in 1948 and only 154 in 1955. This is, however, an increase of 18 over 1954.

With 500 beds for Indians in Federal Sanatoria in Manitoba, we could probably close 150 of these beds if we were not confronted with the Eskimo T.B. problem. At the close of 1955, we have 173 Eskimos in sanatoria in Manitoba. They come from all the Eastern Artic. Discovered by federal X-ray surveys by ship and plane, they are funnelled through Churchill to Clearwater Lake and Brandon Sanatoria during the summer. The T.B. problem among Eskimos is only in the first three years of control. It is complicated by the fact that most cases for discharge can only be returned to their homes in the summer and autumn, thus causing custodial bed occupancy without treatment to the number of 40 at present. We are considering an institution such as Dynevor for such cases where they would be free from further exposure to active cases until transportation home was available.

Stimulated by a conference on B.C.G. at Kenora, we extended our programme of testing and inoculating every child on as many reserves as possible. At the end of the year, we had tested 2,735 and given B.C.G. to 981.

Since 1948 we have given B.C.G. to over 5,000 Indians. Last year we surveyed these children to find out how many developed tuberculosis. We found 49 cases in 3,419 that had received B.C.G., whereas 592 cases developed in 5,331 who had not received B.C.G.

Rehabilitation of the discharged Indian after treatment for tuberculosis is a problem that assumes more prominence as the economy of the Indian deteriorates due to the vagaries of the weather, the market and prevalence of fur bearing animals. The Indian is handicapped by low education, and overcrowded reserves as well as low income. The T.B. cases and family are supported to some extent by special T.B. rations. The need for further assistance seems to be evident. Out of 107 active cases found on surveys in 1955, 48 were new active cases, whereas 43 were re-activated former T.B. cases. The effect in the case of discharge in cold weather is one that should receive some attention.

May we again express our thanks for your valuable assistance to our Department in this work. In no other part of Canada do we receive better co-operation. The Sanatorium Board of Manitoba is unique in that it transcends boundaries of geography and race. This is the ideal public health attitude and one that we appreciate very highly.

Respectfully submitted,

W. J. WOOD, M.D.,
Regional Superintendent,
Indian Health Services.

DYNEVOR INDIAN HOSPITAL

DR. W. W. READ

DYNEVOR Indian Hospital has completed its 17th year of operation by the Sanatorium Board and its 93rd year as a hospital or institution for the service of Indians. Dynevor has a capacity for 55 patients, although at times this number has been exceeded. During the year there were 70 admissions and 67 discharges, which includes one death, the first in the institution over an 18-month period. Treatment days totalled 17,809, which is 1,100 fewer than the previous year. Appended are medical statistics pertaining to patients, their classification of disease on admission and discharge, and also details concerning treatment and the laboratory and X-ray departments.

Children comprise about 25 per cent of the patient population and most of the other patients are maximum benefit cases or have been transferred there from sanatoria prior to discharge home. Except for conservative treatment and chemotherapy, most patients requiring more active measures are transferred to Brandon Sanatorium. Since August, 1955, there have been 18 Eskimos in residence, 7 of them children. All Eskimos, but one, do not. have tuberculosis, have been segregated in separate wards and are waiting to return north.

There were a number of improvements made in the hospital itself during the past year. The covering of the floors in all wards downstairs greatly improved the appearance. An oil burner was installed in the Main Building, resulting in increased heating efficiency and cleanliness. A modern incinerator unit for burning garbage was built. The grounds were kept in very good condition during the year and the garden again was a valuable source of fresh vegetables during the latter part of the summer.

Patients were well entertained with moving pictures during the year and several groups came from time to time with movie and magic shows. Christmas again was a highlight for the patients.

Staff was uniform most of the year, there being very few changes. Everyone worked in harmony for the welfare of the patients.

In conclusion, I would like to express my thanks to the Dynevor Chairman, Mr. Longstaffe, and the Dynevor Committee for their usual kindly help and co-operation during the year. Thanks are also due to Dr. Ross, Dr. Scott, Dr. Morigi, Mr. Cunnings and his staff for their continual help and advice all through the year. To Dr. Wood, the Indian Agents, doctors and nurses on the Indian Services, and to our associated Superintendents in allied institutions, I extend my sincere thanks for their help during the year.

Respectfully submitted,

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

Dynevor Indian Hospital

BRANDON SANATORIUM

DR. A. H. POVAH

IT is with pleasure that the Ninth Annual Report of Brandon Sanatorium is herewith presented with the attached statistical data. Brandon Sanatorium is operated by the Sanatorium Board of Manitoba for the Department of Health and National Welfare. Our patients are drawn from the Indian population of Manitoba and Northwestern Ontario and Eskimos from the Northwest Territories, more specifically from the Central and Eastern Arctic. Our efforts are devoted mainly to the diagnosis and treatment of tuberculosis in all its forms. Orthopaedic and genito-urinary tuberculosis is treated in consultation with very competent consultant specialists. There is a considerable amount of non-tuberculous disease being treated, amounting to 21.7% of all admissions during 1955.

PATIENTS

The hospital has been kept quite full during the year. As at December 31, 1955, there were 244 patients in residence, a decrease of 10 as of the same date in 1954. However this is not a real picture because we lost 4 beds due to the renovation of one ward, thus making an actual decrease in population of 6 patients.

In addition to the above, a weekly Out-patient Clinic is held at Brandon Sanatorium. The patients come mainly from the City of Brandon and Southern and Western Manitoba and are referred by their family physician. During 1955 there were 1,199 out-patients examined. The breakdown of this figure shows that 1,132 were White and 67 Indian. Six new cases of active pulmonary tuberculosis were discovered, 5 White and 1 Indian. The above total figure includes the regular survey examination of 134 employees of the Brandon School Board. This survey of the teachers and other employees is done regularly every two years and all new employees are X-rayed during the year of employment, even though it does not fall in the year of the regular survey. We also did a survey of 70 students and staff of the Brandon Agricultural and Homemaking School. During the year, regular 3 monthly visits to the Brandon Hospital for Mental Diseases were made for the review of tuberculous cases in that institution.

ADMISSIONS AND DISCHARGES

During 1955 there was a total of 198 patients admitted to hospital. Of this total, 18.7% were new cases of tuberculosis. There were 141 tuberculous patients admitted and of this number 26.1% were new cases, 13.3% were readmissions, 53.4% were transferred from other institutions, 6.1% were admitted for review or diagnosis and 0.8% were admitted to continue treatment. The majority of patients transferred from other institutions were sent for surgical treatment. It is interesting to note that 9% of the readmissions had re-activation of their disease which required treatment. This figure is compared with 7% for the same group in 1954.

Once again it is our experience that among Indians and Eskimos, tuberculosis is a disease of the younger age groups, 51.5% being between the ages of 10 and 30 years and 15.04% being between the age of 50 and 80 years.

As noted, there were 141 admissions for pulmonary tuberculosis and 14 cases of non-pulmonary tuberculosis. The majority of the latter (42.9%) were cases of bone and joint disease. Renal tuberculosis was next in frequency in this group.

Of all admissions 21.2% were for non-tuberculous disease. Twenty-two or almost exactly 50%, had pulmonary disease such as hydatid cyst, pneumonia, pneumonitis, bronchiectasis, etc.

There was a total of 209 patients discharged during 1955. Seven deaths are included in this figure. Of these, 30.6% were patients admitted for diagnosis, review or special treatment of such conditions as pneumonitis, bronchiectasis, hydatid cyst, etc., all non-tuberculous diseases. Ninety-five or 45.4% had completed treatment for tuberculosis, 17.6% were transferred to other institutions, 1.9% were discharged against medical advice and 3.8% died. The larger percentage of transfers as compared with 1954, 17.6% as against 9.3%, is accounted for by the fact that over half of them were ready for surgical treatment and were transferred for such treatment in Dr. Povah's absence during the last four months of the year.

Eleven of the discharged patients had positive sputum. Six were transferred to other institutions and four were far advanced cases who died. The other patient was one who was very belligerent and who would not take treatment and he was discharged against advice. The fact that he was bacillary was established after he left. However, he has since been readmitted to another institution and is on treatment. To summarize, no patient was discharged to his home in an infectious state. All cases with positive sputum are receiving treatment.

There were 141 patients with a discharge diagnosis of pulmonary tuberculosis. This includes 39 transfers. Of these 3.5% were classified as "Active, Unimproved", 20.5% as "Active, Improved", 71.8% as "Arrested" or "Inactive", and 4.2% were "Deceased". Of the 101 patients discharged having completed treatment, 45 were treated by pulmonary resection, 1 by thoracoplasty, 1 by pneumothorax, and 2 by pneumoperitoneum. The remaining 54 were treated by rest and chemotherapy.

The average duration of treatment of all discharges was 398.07 days and of cases successfully treated and discharged on advice, 563.4 days. This shows a further decrease of around 200 days in both these categories. This is significant and points to success in earlier diagnosis and more successful treatment methods. We feel that this trend will continue. (See page 48 for admission and discharge statistics).

TREATMENT

During 1955, there was no appreciable change in our treatment programme. All patients are put on full bed rest and chemotherapy on admission. The routine chemotherapy programme is Streptomycin 1 gram twice a week and para aminosalicylic acid grams X daily. Until June, 1955, the dose of P.A.S. was grams VIII daily. We find, however, that the increased dose in use at present is tolerated well and brings our routine more in line with other centres. We prefer not to use all three drugs, that is Streptomycin, P.A.S. and I.N.H., together as a routine. We prefer the combination of Streptomycin and P.A.S., holding I.N.H. in reserve so that it can be used in the immediate pre-operative preparation of the patient and during the post-operative period and so that it can be added to the chemotherapeutic programme in the event that the regular progress of the patient is slower than average or if there is further extension of disease under routine management. We also like to have I.N.H. in reserve in case resistance to the other two drugs occurs. Naturally there are exceptions to every rule and it has been our practice to give all three drugs to a patient who, on admission, has very extensive disease and who is very ill. The combination of Streptomycin, P.A.S. and I.N.H. is also used in all patients who have meningtitis, bone and joint or kidney disease. The dose of I.N.H. used is 300 mgm. daily for adults. The duration of drugs treatment is not less than one year.

Resection surgery is not considered before maximum improvement is obtained on the above regime. With adherence to this dictum it is felt that drug treatment for a minimum of 12 months or so will arrest many lesions and thus narrow the indications for surgical measures. The indications for pulmonary resection seem to be pretty well standard—that is, the presence of residual nodules 2 cm. or more in diameter, persistently positive sputum after long term chermotherapy, atelectasis, bronchiectasis, cavitation, etc.

Bed rest for a minimum of three months and chemotherapy for at least six months post-operatively are considered necessary. More prolonged chemotherapy than six months is perhaps a rule and we tend possibly to keep these patients in hospital a little longer than average. This is because there seems to us to be less chance of adequate, regular, routine follow-up among the Indian and Eskimo patients.

X-RAY AND LABORATORY DEPARTMENT

Mr. F. H. Gibson continues to direct the X-ray department in his usual competent and co-operative manner. Altogether 5,521 radiographic examinations were carried out, as compared to 5,413 during 1954. There was an increase in almost all types of films taken.

Clinical photography continues in its importance and this too is capably handled by Mr. Gibson. During the year 251 color slides and 191 black and white slides were made. In addition one 50 foot roll of 16 mm. color movie film was used to record the posture and walking of patients with orthopaedic disease.

The laboratory, under the very capable direction of Miss L. Delamater, continues to maintain a very high standard of proficiency in all phases of laboratory procedure. A total of 13,363 procedures were carried out during the year. This is a decrease of 210 when compared to 1954, when Mantoux tests were carried out at the Brandon and Birtle Indian Residential Schools.

MEDICAL STAFF

Dr. A. H. Povah, Medical Superintendent, has been on leave since September 1, 1955, for the purpose of further post-graduate study. We are looking forward to his early return. Dr. W. Shahariw was on leave from January 1 to June 30, 1955, on a six month interneship at Misericordia Hospital. Dr. James Ramsaran from Trinidad joined our medical staff on March, 1955, and has proven himself capable and industrious.

MEDICAL CONFERENCES

A Clinical-Pathological conference for review of surgical cases following their operation was held in April, 1955. This meeting was well attended and very interesting and instructive.

A conference of the Pembine type was held at Brandon Sanatorium on June 12, 1955, following the meeting on the Canadian Tuberculosis Association in Winnipeg. This was an excellent and informative meeting. Thirty-seven physicians from Sanatoria in Nova Scotia, Quebec, Ontario, Saskatchewan, Alberta, British Columbia and Manitoba attended. All who were there were agreed as to the value of this type of conference and before leaving many were making plans for a similar meeting in 1956. Dr. Ross is to be congratulated for having been a prime mover in establishing this type of conference in Canada and we know that great good will come from it in the years ahead.

APPRECIATION

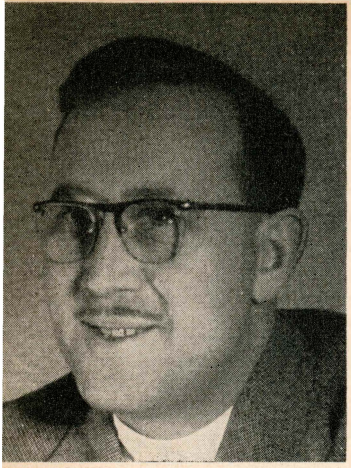
We wish to acknowledge our debt of gratitude to Dr. A. Gibson, Consultant in Orthopaedics. Dr. R. P. Cromarty of Brandon is most co-operative and we wish to thank him for his excellent service on behalf of our urological patients. We are indebted to our anaesthetists Dr. E. McPhail, Dr. R. F. Myers and Dr. H. McIntyre, and acknowledge their important service to us. Our sincere appreciation is extended to the Chairman of the Board, Mr. Wm. Whyte, to Mr. J. N. Connacher, Chairman of the Brandon Sanatorium Committee, and to all members of the Sanatorium Board. We wish to thank Dr. W. J. Wood, Regional Superintendent of Indian Health Services and his staff for their interest and assistance during 1955. We have a special word of thanks for Dr. E. L. Ross, Medical Director and Mr. T. A. J. Cunnings, Executive Director, for their ready assistance, their unfailing interest, their energy and their direction during the year.

All of which is respectfully submitted,

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

G. COGHLIN, M.D.,
Assistant Medical Superintendent.

These Indian and Eskimo Children at Brandon Sanatorium smile happily as they go to the school room under the supervision of Mrs. J. Deroche, Senior Teacher.



DR. S. L. CAREY

CLEARWATER LAKE SANATORIUM

IT is my privilege to present the Eleventh Annual Report of Clearwater Lake Sanatorium.

This Institution has a bed capacity of 192, and these beds are allotted to the treatment of tuberculosis among the Indian and Eskimo population of the North.

The geographical location of the Sanatorium is at a point, approximately midway between Churchill and Winnipeg and it is adjacent to the Canadian Pacific Airlines, twenty-one miles from the Town of The Pas.

ADMISSIONS AND DISCHARGES

During 1955, a total of 257 patients were admitted to Clearwater Lake Sanatorium, and the total number of treatment days was 62,450.

Eskimo admissions were predominant, as 125 were admitted during the year, as compared to 87 Treaty Indians.

It is felt that the figure of 45 Non-Treaty admissions calls for an explanation. The majority of these were children or elderly persons, and the remainder had relatives residing in the Town of The Pas.

New cases numbered 180, and formed the unusually high percentage of 70% of all admissions. Conversely, re-admissions numbered 30, presenting the small percentage figure of 11.7%.

Patients that were brought in as reviews for full investigation numbered 82, indicating the measures that are being taken to conduct a control follow-up program on patients discharged from sanatoria.

New Discoveries—The majority of new cases were Eskimos. The classification of disease in 51 of the new cases was in the moderately advanced category, or worse. Once again it is to be noted from the statistical analysis, that 45 children were admitted suffering from primary tuberculosis and that 144 patients in all were admitted under the age of 20.

An Indian girl, diagnosed as tuberculous meningitis, responded rapidly to triple Chemotherapy.

Eight babies were delivered in the Sanatorium during the year, several of these being Eskimo.

Re-Admissions—In 1954, the previously low figure of 16.7% was recorded, and this situation has improved further. In 1955, of all admissions, 11.7% were re-admissions.

This would seem to indicate that prompt application of chemotherapeutic agents, in combination with enforced, prolonged bed rest, acts as an effective barrier against the possibility of re-admission.

Of those re-admitted because of extension of disease, 5 remained in the minimal disease category, 13 had advanced to a moderately advanced disease status, and only 2 were far advanced.

In three cases, the disease proved to be non-tuberculous in origin, and in another, after further investigation, the classification was found to be inactive, so that, the percentage of re-admissions was even lower than stated above.

Discharges—two hundred and sixty-eight patients were discharged during 1955, and institutional deaths numbered four, the lowest figure yet recorded. One death was due to bronchopneumonia, occurring in a seven month old infant, and the remaining three patients had been in an advanced stage of pulmonary tuberculosis upon admission. Prior to their decease, these patients had been under treatment for a period of 3,135 days.

Cases in need of major surgery are sent regularly to either Brandon or Manitoba Sanatorium, as shown by the fact that there were 82 transfers during the last year. These patients are investigated thoroughly, their disease is stabilized, and they are then transferred when the time for surgery seems optimum.

Those leaving against advice numbered 3, and in one instance, tubercle bacilli had been demonstrated by cultural means. The latter has since been re-admitted elsewhere.

Average Days Treatment—The average stay in days during 1955, was 242.8, compared to 296.4, in 1954.

The actual treatment days for patients discharged with all forms of tuberculosis was 441.7, which is comparable to 1954.

ESKIMOS

Clearwater Lake Sanatorium has become essentially a treatment centre for Eskimo patients.

This occurred as the result of an intensive survey of the Eastern and South Eastern Arctic Survey parties originated in Winnipeg and Ottawa, and in the case of the latter program, medical and technical staff employed by the Department of Indian Affairs sailed along the Hudson Straits in the "C. D. Howe" and "Cornwallis", visiting small isolated Eskimo communities and X-raying the inhabitants. The X-ray films were developed on the spot and as a result, during the month of August, 88 patients were transferred to Clearwater Lake Sanatorium. This necessitated the transfer of 42 patients to other Board Institutions, many of these being surgical potentials.

Among the Eskimos admitted, it is to be noted that 34 of the 88 fell into an advanced disease classification, and 21 of the children were suffering from primary tuberculosis, which emphasizes the importance of removing the source of infection from the community as soon as possible. Following the complete investigation of all cases, it was discovered that 29% showed no evidence of active tuberculosis and were ready for discharge as soon as transportation became available.

During the year, a child was admitted whilst incubating measles, and as a result, despite every possible precautionary measure, 96 patients developed the infection and, of these, 83 were Eskimos. An increase in disease was noted in three instances.

The Eskimo has proved to be an excellent patient, with an inherent intelligence, and an ability to adjust quite rapidly to his environment. The response to Chemotherapy appears to be dramatic, and in most instances, sustained.

Chemotherapy—With the almost complete abolition of collapse measures, it should be noted that Chemotherapy, in its various combinations, has assumed a major role.

In 1955, 441 patients received Streptomycin and P.A.S., as compared to 239 in 1954. The number of grams employed was in excess of 1,400.

Isonicotinic Acid Hydrazide was administered to 198 patients as compared to 83 previously.

In certain carefully selected instances, Viomycin was used with unimpressive results.

Emergency and Diagnostic Services—Periodically, because of the location of the hospital, it is found that emergency surgical services have to be rendered. This was dramatically borne out in two instances during the year.

An American airman was jettisoned from a B47 jet aircraft, which exploded in mid air, over Northern Manitoba. After seventy-nine hours of exposure to 25 degree below zero weather, having also sustained a compound fracture, the patient was flown to Clearwater Lake Sanatorium and resuscitated.

A hunter, inadvertently wounded in the hip, was rushed to the Sanatorium in an advanced state of shock, with a blood pressure that had reached the danger point. Emergency measures were applied immediately and the patient has since recovered.

A limited degree of minor surgery is also performed.

Diagnostic facilities were improved by the regular attendance of Dr. C. S. Crawford, the Consultant Surgeon from The Pas, and cystoscopic examinations were carried out, including retrograde pyelography.

X-RAY DEPARTMENT AND LABORATORY

Institutional X-ray examinations increased during the year, and this may be attributed, in part, to the fact that 252 planigraphic studies were made, as compared to 147 in the previous year. Eighteen out-patients were investigated by this method.

Indian and Eskimo Clinics—The greatest increase in radiological work lay in the field of Travelling Clinics, where 10,514 persons were X-rayed at 56 clinic sites, representing an

increase of 1,200 films over 1954. These films were all interpreted and reported upon by the Medical Superintendent.

Under the Hospital Admission Program of the Sanatorium Board, 2,355 miniature films were reported upon by regular visits to St. Anthony's Hospital in the Town of The Pas.

There was a definite increase in the number of films referred into the Sanatorium from outlying points, such as Norway House Hospital, Fort Churchill Military Hospital, and Chesterfield Inlet Hospital. These films totalled 3,085. In all instances where there was evidence of active disease, the patients were advised admission.

A trained, but unregistered technician, was initially in charge of the laboratory and was replaced in September by a registered technician.

Total examinations numbered 7,341, which was in excess of any previously recorded figure, bearing in mind the fact that the total admissions numbered 42 less than last year. It should be noted also, that 587 individual laboratory investigations were carried out among 254 out-patients.

PUBLIC RELATIONS AND EVENTS OF SPECIAL INTEREST

Through the medium of radio, broadcasts have gone out regularly from Clearwater Lake Sanatorium to the local radio station, and to the Canadian Broadcasting Corporation. Messages are relayed frequently to the Eskimos in the North through the Northern Messenger Program.

On May 1st, the Institution was visited by four Members of Parliament, as part of a "good will tour", sponsored by the local Chamber of Commerce and a full tour of inspection was made by the hospital buildings and facilities.

On September 5th, Dr. E. Hollis, of the Joint Commission on Hospital Accreditation, conducted a survey of the Sanatorium and Full Accreditation was later awarded.

In October, Mr. Randall, the Program Director of the Canadian Broadcasting Corporation, arrived at the Sanatorium and recorded a 15 minute broadcast that was later relayed across Canada on the Program, "Roving Reporter."

RECREATIONAL FACILITIES

A shale tennis court was constructed by members of the staff and proved to be of excellent recreational value. A volley ball court was also set up. This is in addition to the curling rink that has been in existence for several years.

APPRECIATION

I wish to express my appreciation to the members of the staff for their support and diligence during the past year. In particular I wish to thank the Business Manager, Mr. Carl Christianson, for his cooperation at all times.

To the Chairman of the Board, to the Chairman of the Clearwater Lake Sanatorium Committee, Mr. R. H. G. Bonnycastle, the Members of the Sanatorium Board, and to the Executive Director, I express my appreciation for their advice and understanding.

The counsel and direction of Dr. E. L. Ross, Medical Director, has assisted tremendously in the smooth functioning of the Institution.

I appreciate the cordial relationship that exists between ourselves and the superintendents in the sister institutions, and the medical practitioners in the Towns of The Pas, Flin Flon and Swan River.

There is close co-operation between this Institution and Hospitals of the Department of Indian Affairs situated in the North. This spirit of co-operation is also evident in our dealings with Dr. W. J. Wood, and with Dr. Robert J. Yule, of the Department.

In closing, our warmest thanks go to the dispensers, doctors, nurses, missionaries, and R.C.M.P. in the Northwest Territories, who are working unceasingly under adverse conditions, to assist us in our efforts to eradicate tuberculosis among those that populate the North.

Respectfully submitted,

STUART L. CAREY, M.D.,
Medical Superintendent.

Part of Clearwater Lake Sanatorium with the Airport hangar in the background.

Two Eskimo patients at Clearwater Lake Sanatorium go for a stroll preparatory to discharge. Julian Tartok, Chesterfield Inlet, has made a successful recovery after two years on treatment. Nylle of Lake Harbor is returning home after about ten months on treatment.

DR. A. C. SINCLAIR

ST. BONIFACE SANATORIUM

THE modern Sanatorium has all facilities for the care of patients which are usually found in a general hospital. In addition, the Sanatorium has a number of specialized departments, some of which will be mentioned in this report.

The Occupational Therapy Departments have been very busy in the year. They serve, as the name implies, "treatment by being occupied." To have nothing to do is in itself a very great calamity! That is why these departments are so valuable to a Sanatorium.

PATIENTS

The children's section has been occupied to capacity. Fifty-five beds were supplied for the treatment of all forms of tuberculosis in children; the most frequent lesions are found in the lungs or the bones and joints; multiple lesions in the same child are not uncommon. Children adjust so readily to treatment and are so happy that their department is one of the bright spots of the Institution. Many of the children are able to attend school, others, less advanced in treatment, are moved to the classroom in their beds—extra wide doors allow the passage of full-sized single beds thereby facilitating movement of patients for instruction or for treatment. It is not necessary to separate one tuberculous child from another, or for that matter, from a tuberculous adult, anymore than it is necessary to isolate one case of measles from another. This prejudice has at times hindered early treatment of patients.

The Out-patient Department was transferred from St. Boniface Hospital to the Sanatorium in 1948, since which time the active enrollment has gradually increased from 633 to 1,415 individuals. During the year 743 review examinations were conducted, 1,391 fluoroscopic examinations and 750 X-rays were taken, as well as other diagnostic and treatment procedures too numerous to mention here.

Out-patient Departments throughout the Province, will, I believe in the future play an even larger role in our anti-tuberculosis program. The average length of treatment in Sanatorium is gradually giving way to longer supervision in the Out-patient Departments (including the Central Tuberculosis Clinic). This should eventually result in a decrease in the over-all Provincial Budget for tuberculosis.

The total number of patient treatment days for the year came to 98,484 compared to 101,060 in 1954 and 91,144 ten years ago. The Sanatorium capacity is 288 beds which figure includes three bassinets for new born babies. The Sanatorium beds were occupied 94.6% of possible.

TEACHING

Practical nurses on a rotating service from St. Boniface Training School have received lectures and practical experience as formerly. Medical students from third and fourth year spend time at the Sanatorium to gain knowledge in the field of tuberculosis. Due to a shortage of internes at St. Boniface Hospital, the rotating service which involved twelve young doctors, each for one month's training, was temporarily discontinued.

Dr. R. S. Currie, a recent graduate in Medicine, joined the Medical Staff in June. He is a welcome addition to our staff, replacing Dr. E. Gedgaudas, who has entered the field of radiology where his training in tuberculosis can be put to good advantage.

TREATMENT

The standard treatment of pulmonary tuberculosis has been followed. It consists of intensified rest during the active phase of the disease with the almost routine use of the recognized anti-tuberculosis chemicals. If the disease resolves without tissue destruction, surgery is not necessary. Surgery becomes indicated in from 25 to 50 per cent of extensive pulmonary disease. All necessary surgery, for tuberculosis and associated conditions, is done at the Sanatorium. Last year there were four pneumonectomies, 29 lobectomies, 10 wedge resections and 6 segmental resections. Some of the patients had combinations of these types of surgery.

AVERAGE LENGTH OF TREATMENT

	1955	1954
Pleurisy with Effusion	235 days	230 days
Pulmonary Tuberculosis, Minimal	356 days	364 days
Pulmonary Tuberculosis, Moderately Advanced	495 days	441 days
Pulmonary Tuberculosis, Far Advanced	445 days	529 days

It is obvious from the above that our series is too small for proper evaluation and that a few patients being discharged after a number of years of treatment can distort the figures. (For treatment statistics, see page 49.)

DISCHARGES

Two hundred and thirty-one patients were discharged, the reason for discharge is as follows:

	1955	1954
Treatment Completed	72.7%	66.3%
Transferred to Other Institutions	5.6%	8.4%
Against Medical Advice	11.2%	18.6%
Disciplinary Discharge	.9%	1.2%
Deceased	9.6%	5.5%

DEATHS

There were 22 deaths at the Sanatorium as compared to 15 in the previous year. Sixteen of the deaths were caused by pulmonary tuberculosis, 2 by cancer, 1 by renal tuberculosis and 3 followed operations for pulmonary tuberculosis.

The interval between the original diagnosis and death was as follows:

Under One Year	2 persons
1- 5 Years	5 persons
6-10 Years	9 persons
11-20 Years	6 persons

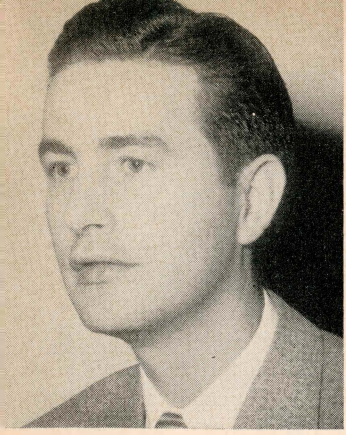
The writer wishes to express sincere appreciation to the Superintendents and Staff of all institutions interested in the eradication of tuberculosis in the Province. Their hearty assistance and co-operation has been a source of much satisfaction during the year.

In conclusion thanks and appreciation are deserved by Reverend Sister Superior and the Sisters, associate members of the Medical Staff and all the rest of the Sanatorium personnel who have served well and faithfully during the year 1955.

Respectfully submitted,

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

St. Boniface Sanatorium, Main Entrance



E. G. METCALFE

Re-Employment

Report of the REHABILITATION DIVISION

IT has been argued that "any rehabilitation program that does not provide for a range of medical, surgical, social and vocational rehabilitation services sufficiently broad to meet the varying needs of individual disabled persons is likely to fail in terms of results achieved." The rehabilitation services in a tuberculosis sanatorium must meet the requirement of "individual attention" to as great and perhaps greater extent than any other type of rehabilitation program. Patients must be isolated because of the infectious nature of tuberculosis; the long term of treatment might tend to create emotional problems that can stand in the way of successful treatment, and the residual effects of the disease require that a great deal of attention be paid to post-sanatorium vocations.

The program in Manitoba meets this need through the excellent staff of vocational instructors on duty at our institutions. The patients become unique cases to our staff and every effort is made to insure regulated activity along satisfactory and suitable lines. This activity is decided upon by the individual, with advice from the Rehabilitation staff, and to this end the Director's office carried out 201 hospital interviews with newly admitted patients and followed these with 157 re-interviews during 1955. In addition, 135 office interviews with discharged patients were recorded.

PERSONNEL

The personnel at the Manitoba Sanatorium underwent two changes in 1955. Mrs. Freda Mostoway replaced Mr. Guy Hamel on our instruction staff and Miss A. Kleissen replaced Miss M. Johnston as Homemaking instructor. Miss Margaret Busch continued to give valuable service as Supervisor of Rehabilitation during 1955.

At the St. Boniface Sanatorium, Miss J. Molin was replaced by Mrs. J. La Porte and, later by Mrs. J. R. Leggitt. Mrs. Leggitt is a qualified teacher and she has shown a great deal of ability in adapting herself to institutional instruction.

Miss G. Manchester, instructor, and Mrs. K. Venables, Occupational Therapist, continued to give able service at the Manitoba Sanatorium during 1955. Miss M. Newmark was employed as a part-time instructor in the craftshop.

Mr. A. Vermette once again supervised the activity in the workshop at the St. Boniface Sanatorium.

MANITOBA SANATORIUM

The Manitoba Sanatorium reported the following activity during the year:

Patients Engaged in Vocational Training	66
Number of Vocational Units Completed	37
Patients Engaged in Pre-vocational Training	166
Patients Engaged in Occupational Therapy	233
Patients Engaged in Homemaking Instruction	71†

†From April 1955 only.

Unfortunately, the Homemaking Department was without an instructor for the early part of the year and this curtailed the activities on the part of the housewives to a great extent. The homemaking program dwells on two things: instruction in cooking and sewing plus advice on making the housework less exerting after the housewife returns from the sanatorium. It is gratifying, therefore, to report that this valuable service is once again available to our patients.

The vocational school and the pre-vocational schools are, of course, the most vital part of the vocational rehabilitation program and the pre-vocational activity continues to be extensive due to the number of patients who enter the sanatorium ill-prepared academically for vocational instruction. A large number of these, however, are graduating to the vocational school and so are working toward post-sanatorium vocational placement.

ST. BONIFACE SANATORIUM

The St. Boniface Sanatorium is supervised by one instructor and activity reported from there is as follows:

Patients Engaged in Vocational Training	35
Number of Vocational Units Completed	20
Patients Engaged in Pre-vocational Instruction	65
Patients Utilizing Workshop	73

Mrs. Leggitt reports the case of one Metis patient who entered the sanatorium in 1949 with a grade VI education. He utilized the pre-vocational school to complete his grade XI and then completed his typing and bookkeeping. He followed this with instruction at the Technical Institute and was eventually placed with a motor firm in Winnipeg as an accountant.

This case points out the need for well-rounded instructional facilities within our hospitals and emphasizes the part that a pre-vocational school can play in a tuberculosis rehabilitation program.

The workshop continues to be an important factor in our diversional therapy set-up and it is encouraging to be able to report that the majority of these students are also enrolled in our vocational school. Mr. Vermette contributes a great deal to the workshop through his thorough knowledge of power-tools and craftshop techniques.

BRANDON SANATORIUM

The staff at Brandon remained unchanged during the year with Mrs. J. Deroche, Mrs. M. Ames, and Miss P. Williams supervising the academic activities and Mrs. V. Davidson in charge of the Occupational Therapy section. Mrs. Davidson reports that 236 patients used the services of the therapy division and, once again, patients' articles were in great demand at the Institution's annual Spring Tea.

Four male patients received benefit from post-sanatorium training, with three being enrolled at the Manitoba Technical Institute and one at barber school and appreciation must be extended to Dr. A. H. Povah, Medical Superintendent and to all medical and nursing staff for their help in insuring the success of the rehabilitation program at Brandon.

CLEARWATER LAKE SANATORIUM

Miss O. Kischook, Occupational Therapist at Clearwater Lake reports that 180 patients were accommodated through the therapy services and, in addition, the children were again given organized play therapy.

Miss A. Marion supervised the academic training program again in 1955 and gratifying results were noted. The great distance between Clearwater and Winnipeg means that few discharged patients are able to take advantage of any post-sanatorium training facilities. However, where such patients are seen after transfer to other institutions, they always prove to be well grounded academically and show a high degree of social adjustment. Credit for this can be given to the rehabilitation staff and to Dr. S. L. Carey, Superintendent, for his continued interest and co-operation.

DYNEVOR INDIAN HOSPITAL

The rehabilitation services at Dynevor were again supervised by Mrs. E. V. Pruden, with patients being very receptive to the idea of planned, in-hospital activity. The co-operation of Dr. W. Read, Medical Superintendent, did much to help the Dynevor division to maintain its usual high standard of activity.

NATIONAL EMPLOYMENT SERVICE

The liaison between this Division and the National Employment Service continued during 1955, resulting in a better over-all program for clients. The personal contact was maintained, and, in addition, through the Co-ordinator's office, many more contacts with Employment Service personnel were made at various committee meetings.

A recently instituted system of regular evaluation of all unplaced applicants, carried on between this office and the National Employment Service counsellors will do much to insure better job-finding services for our less qualified patients. Appreciation is extended to Mrs. E. M. Robertson, and all her staff for their interest and co-operation.

THE MESSENGER OF HEALTH

"The Messenger of Health" entered its eighteenth year of publication during 1955, and almost 15,000 copies were distributed, literally, all over the world. Eighteen years have seen many changes in the magazine—different editorial offices, different styles of printing and different formats—but always the main theme has been adhered to, that of distributing the latest information on tuberculosis control to our patients—1955 was no exception.

CONCLUSION

Mention should be made of the benefits derived by ex-tuberculous patients through Schedule "R". The fact that indignent students can now look forward to a vocational training course at the Technical Institute has added an incentive to in-sanatorium activity which was previously lacking. Arrangements for enrollment under Schedule "R" proceed smoothly and quickly with a minimum of waiting time for the student. This is important since money and time always seem to be the most significant problems such people have to face following discharge. It is gratifying that both problems are being resolved through this important legislation recently instituted by Federal Government.

A personal rehabilitation program is sometimes difficult to put across to the individual patient, particularly the older ones, who, because of family ties, cannot prolong the period of "no income" to cover a six or twelve month training course. Yet such a person, if he is to be truly rehabilitated, must improve his technical knowledge to the point where that knowledge is worth something to the employer. The program carried on by the Sanatorium Board of Manitoba is now able to answer most of the questions raised by doubtful potential trainees, and the raising of the whole question of rehabilitation to the national level cannot help but insure that the program in Manitoba will continue to develop at a definitely encouraging rate.

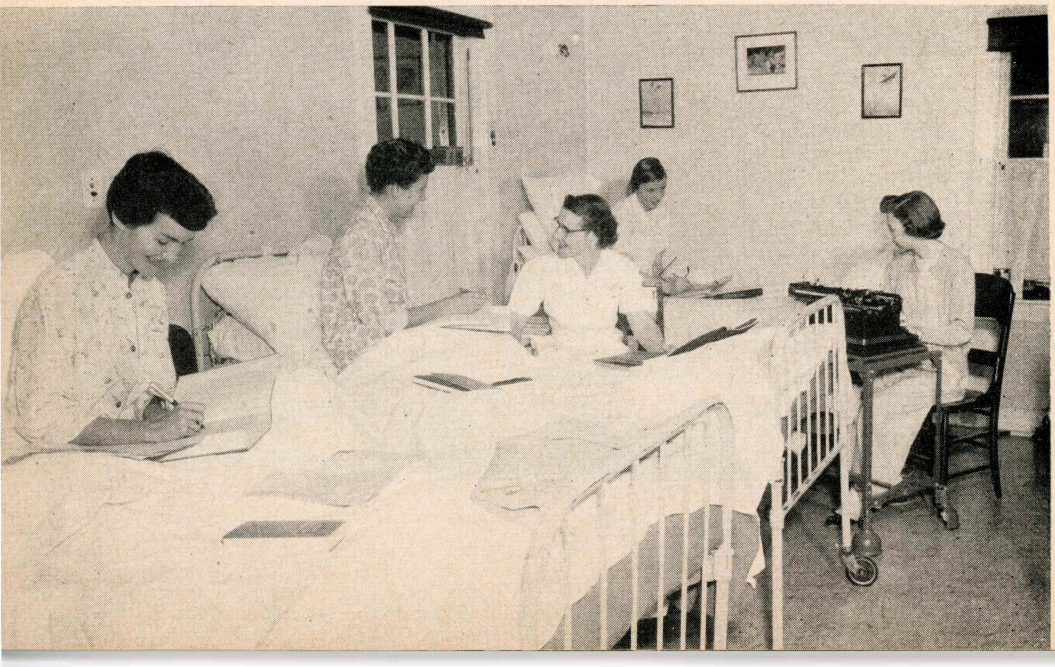
APPRECIATION

The continued co-operation of all medical and administrative personnel of the Sanatorium Board of Manitoba during the year was not only appreciated, it was a vital contribution to the successful operation of the Rehabilitation Division. To the Business Managers, Mr. Gowing, Mr. Kilburg and Mr. Christianson; to the Medical Superintendents of the Manitoba Sanatorium and Brandon Sanatorium, Dr. Paine and Dr. Povah; to Dr. Scott of the Central Tuberculosis Clinic; to Dr. Ross and Mr. Cunnings, the thanks of the Rehabilitation Division is extended. Without their valued help, little could be achieved.

Respectfully submitted.

E. G. METCALFE,
Director of Rehabilitation.

Training in the Sanatorium is an important part of the Rehabilitation process. Here Miss Gertrude Manchester, a member of the teaching staff, instructs a group of girls in one of the pavilions at Manitoba Sanatorium.



Records . . .

CENTRAL TUBERCULOSIS REGISTRY

	Reported as: Whites		Indians		Eskimos	
	1954	1955	1954	1955	1954	1955
Patients on File, Dec. 31	**3,445**	**3,292**	**1,285**	**1,256**	**122**	**229**
Primary type	27	7	19	9	3	4
Re-infection type	3,418	3,285	1,266	1,247	119	225
New Cases diagnosed in Manitoba January 1—December 31	**509**	**429**	**242**	**165**	**90**	**45**
Primary	40	24	26	19	9	12
Re-infection	469	405	216	146	81	33
Of these, New Active Cases—Classified	**301**	**231**	**136**	**101**	**79**	**38**
Primary type	40	24	26	19	9	12
Minimal	64	62	43	35	27	7
Moderately advanced	65	53	20	10	13	8
Far advanced	54	34	13	8	14	7
Pulmonary tuberculosis, extent not stated	9	4	3	2	1	1
Tuberculous pleurisy	34	18	11	8	7	—
Non-pulmonary tuberculosis	35	36	20	19	8	3
New Diagnoses admitted to Sanatoria	227	181	115	74	72	27

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
EXAMINATIONS at all clinics and surveys January 1—December 31, 1955	**214,711**	**14,772**	**1,047**
Stationary Clinics	8,502	327	1
Travelling Clinics	5,697	197	—
Surveys	200,512	14,248	1,046
NEW CASES of tuberculosis diag. at Clinics and Surveys	**309**	**103**	**21**
Stationary Clinics	137	9	1
Travelling Clinics	31	6	—
Surveys	141	88	20
Of these, new cases of Primary Infection type	**14**	**11**	**9**
Stationary Clinics	10	2	—
Travelling Clinics	4	1	—
Surveys	—	8	9
New Cases of Re-infection type	**295**	**92**	**12**
Stationary Clinics	127	7	1
Travelling Clinics	27	5	—
Surveys	141	80	11
CONTACTS EXAMINED at clinics	**5,725**	**57**	—
Stationary Clinics	3,242	23	—
Travelling Clinics	2,483	34	—
OLD TUBERCULOUS PATIENTS REVIEWED	**4,711**	**946**	**3**
Stationary Clinics	3,212	164	—
Travelling Clinics	562	22	—
Surveys	937	760	3
Pneumothorax treatments given at all stationary clinics	**1,461**	—	—

Records . . . cont'd . . .

PATIENTS ADMITTED AND DISCHARGED

ADMISSIONS:	Manitoba Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium	St Boniface Sanatorium	Dynevor Indian Hospital	Central Tuberculosis Clinic
New cases	34	76	180	45	47	262
Re-admissions	51	32	30	50	14	124
Transfers	107	84	5	113	9	46
To continue treatment	3	1	3	8	—	—
For diagnosis, review	144	5	31	2	—	—
Newborn	—	—	8	1	—	—
Total	339	198	257	219	70	432
Male	191	107	123	112	26	238
Female	148	91	134	107	44	194
Diagnosis on Admission						
Minimal	42	61	49	47	18	74
Moderately advanced	73	43	45	73	11	98
Far advanced	60	23	20	74	11	94
Miliary	—	2	1	—	—	2
Primary	—	7	45	2	2	12
Pleurisy with effusion	5	5	3	6	—	19
Non-pulmonary tuberculosis	13	14	19	15	7	36
Bacillary	92	37	43	114	22	145
Non-tuberculosis	13	43	26	2	21	97
DISCHARGES:						
Diagnosis	138	64	33	2	—	64
Treatment completed	193	102	142	168	40	105
Transfer	18	39	82	13	18	251
Against medical advice	7	4	3	28	9	13
Newborn	—	2	8	1	—	—
Total	356	209	268	231	67	433
Pulmonary Cases						
Inactive	24	97	31	10	4	12
Arrested	124	4	38	108	38	64
Active improved	35	29	99	63	14	17
Active unimproved	4	5	8	7	—	192
Total	187	135	176	188	56	285
Died	10	6	4	16	1	9
Bacillary	13	11	12	14	5	165
Non-bacillary	184	130	138	179	55	124
Pleural effusion	10	5	7	5	2	10
Non-pulmonary tuberculosis	21	13	12	13	6	25
Average days treatment (tuberculosis)	455	563	442	449	307	31
Out-patient exams	1145	1199	254	709	—	5683
Out-patient chemotherapy (86 patients)						2678

INSTITUTIONAL STATISTICS

	Whites		Reported as: Indians		Eskimos	
	1954	1955	1954	1955	1954	1955
PATIENTS IN SANATORIA as at December 31	**525**	**492**	**444**	**348**	**95**	**174**
PATIENTS ADMITTED TO SANATORIA						
January 1 to December 31	801	700	397	262	144	163
Of these, the number found to be tuberculous	713	583	311	197	83	122
FIRST ADMISSIONS	**282**	**258**	**179**	**111**	**77**	**116**
Primary type	26	17	18	15	8	30
Re-infection type						
Minimal	72	74	68	39	25	43
Moderately advanced	68	68	38	17	16	23
Far advanced	65	45	23	17	14	14
Tuberculous pleurisy	31	24	10	5	6	4
Non-pulmonary tuberculosis	20	30	22	18	8	2
RE-ADMISSIONS	**294**	**207**	**113**	**78**	**6**	**6**
Primary type	1	1	2	—	—	1
Re-infection type						
Minimal	44	36	42	26	2	1
Moderately advanced	107	62	22	25	1	2
Far advanced	111	82	32	18	1	—
Tuberculous pleurisy	7	3	1	—	—	—
Non-pulmonary tuberculosis	24	23	14	9	2	2
PATIENTS ADMITTED FOR REVIEW	**137**	**118**	**19**	**8**	—	—
TUBERCULOUS PATIENTS TRANSFERRED	**259**	**217**	**128**	**137**	**11**	**16**
PATIENTS DISCHARGED FROM SANATORIA						
January 1 to December 31	**870**	**737**	**450**	**366**	**78**	**82**
TUBERCULOUS PATIENTS DISCHARGED	**779**	**610**	**371**	**295**	**24**	**44**
Discharged after review	137	117	18	8	—	—
Discharged with inactive tuberculosis	85	57	151	107	15	18
Discharged with arrested tuberculosis	321	273	140	107	3	15
Discharged with act. imp. tuberculosis	150	107	50	56	2	9
Discharged with act. unimp. tuberculosis	58	28	8	3	1	1
Discharged dead	28	28	4	14	3	1
DISCHARGED AGAINST MEDICAL ADVICE	**89**	**58**	**21**	**12**	—	—

TREATMENT OF PATIENTS

	Manitoba Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium	St Boniface Sanatorium	Dynevor Indian Hospital	Central Tuberculosis Clinic
TREATMENTS						
Streptomycin	417	357	279	275	86	188
I.N.H. (patients)	233	207	145	180	53	92
P.A.S. (patients)	195	193	218	216	70	323
Viomycin (patients)	41	6	3	3	—	—
Other anti-tuberculosis drugs	—	—	—	—	—	—
Pneumothorax	—	9	—	1	—	121
Pneumoperitoneum	—	21	126	—	—	39
Thoracoplasty	6	14	—	8	—	—
Multiple resections	26	—	—	5	—	—
Pneumonectomy	6	11	—	4	—	—
Lobectomy	16	27	—	26	—	—
Segmental	6	13	—	4	—	—
Wedge	40	9	—	10	—	—
Thoracotomy	4	2	—	2	—	—
Decortication	1	—	—	2	—	—
Wax Pack	7	—	—	—	—	—
Schede	3	—	—	—	—	—
Sinus excision	2	—	—	2	—	—
Cavernostomy	1	—	—	1	—	—
Cavernostomy closure	2	—	—	—	—	—
Excision of bursa	1	—	—	—	—	—
Rib resection	1	—	—	—	—	—
Bronchoscopy	114	79	—	11	—	—
Aspirations	363	30	9	92	—	41
Aspirating Hydatid Cyst	—	2	—	—	—	—
Gland Excision	2	2	—	2	—	—
Bronchogram	17	23	2	13	—	—
Cystoscopic	7	8	—	11	—	—
Nephrectomy	—	3	—	1	—	—
Orthopedic operations	—	18	—	7	—	—
Plaster Casts	—	36	3	19	—	—
Appendectomy	5	2	—	1	—	—
Non-tuberculous operations	—	31	23	13	—	—
Confinements	—	—	8	1	—	5
Autopsies	6	3	4	10	—	4

BALANCE SHEET as at

MANITOBA SANATORIUM, SPECIAL FUNDS

ASSETS

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Cash on hand and in bank	$ 1,500.00	$ 252.76	$ 1,752.76
Accounts Receivable:			
General account:			
Treatment account	74,830.65	14,113.50	
Federal health grant	4,016.32	5,873.80	
Special grant	—	5,889.50	
Provincial Government:			
Reciprocal accounts	7,891.00	1,465.50	
Federal Government	11,120.67	1,673.50	
Endowment Fund No. 2 grant	—	11,500.00	
Other	2,352.04	220.95	
	100,210.68	40,736.75	140,947.43
Inventories and Prepaid Expenses:			
Supplies on hand, per Schedule "1"	44,388.43	11,324.70	
Prepaid expenses	3,685.51	215.57	
	48,073.94	11,540.27	59,614.21

Land, Buildings, Plant and Equipment:	Cost	Depreciation Reserve	Book Value	
Land and improvements	$ 10,852.71	$ —	$ 10,852.71	
Buildings	774,654.42	518,642.74	256,011.68	
Plant and machinery, heating, lighting, water and sewer	179,612.86	114,853.08	64,759.78	
Furniture	32,390.51	19,983.87	12,406.64	
Equipment	121,403.44	79,100.86	42,302.58	
Laundry equipment	43,962.19	12,323.95	31,638.24	
Automobiles	4,491.58	2,701.50	1,790.08	
Spur track, etc.	700.85	700.85	—	
Fire equipment	3,911.82	3,911.82	—	
Fire protection reservoir	12,304.27	5,167.72	7,136.55	
	1,184,284.65	757,386.39	426,898.26	
Furniture and equipment, Central Tuberculosis Clinic	10,039.39	2,212.99	7,826.40	434,724.66

General Account:			
Provincial Government:			
Treatment account	$194,453.40		
Special grant	8,750.00	$203,203.40	
Federal health grant		25,608.85	
Other		166.46	
			228,978.71
Endowment Fund No. 1:			
Cash in bank		7,032.00	
Investments at par, Schedule "6"		114,955.00	
Accrued interest on investments		941.41	
Bequests, at nominal value		4.00	122,932.41
Endowment Fund No. 2:			
Cash on hand and in bank		95,077.34	
Accounts receivable:			
Department of National Health and Welfare, Indian health services		3,577.00	
General account, Federal health grant		2,933.24	
Other		947.47	
Investments at par, Schedule "6"		38,000.00	
Accrued interest on investments		305.28	
Inventories and prepaid expenses		1,867.45	
Fixed assets:			
Vehicles and mobile units	26,524.23		
X-Ray and similar equipment	37,051.98		
Furniture and other equipment	13,087.32		
	76,663.53		
Less: Reserve for depreciation	69,741.51	6,922.02	149,629.80
Employees' Emergency Fund No. 1:			
Cash in bank		273.12	
Investments at par, Schedule "6"		17,000.00	
Accrued interest on investments		105.16	17,378.28
Employees' Emergency Fund No. 2:			
Cash in bank			446.71
			$1,156,404.97

31st DECEMBER, 1955

AND CENTRAL TUBERCULOSIS CLINIC

LIABILITIES

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Bank of Montreal:			
Current account	$ 44,432.71	$ 26,091.83	
Demand loan	33,500.00	—	
	77,932.71	26,091.83	$ 104,024.54
Accounts Payable:			
Trade	19,807.19	2,827.55	
Other	4,871.70	2,183.05	
Accrued wages	9,080.75	4,650.94	
Accountable supplies	—	2,405.33	
	33,759.64	12,066.87	45,826.51
Patients' Store and Contingent Account, Schedule "3"	745.03		745.03
Capital Surplus, Schedule "7"	207,712.27		207,712.27
Surplus:			
Balance at 31st December, 1954	257,844.77	17,175.66	
Add: Contributed capital assets, Federal health grant	1,071.23	4,203.04	
Income adjustments, prior years	241.00	—	
Excess of income over expenditure, Exhibit "B"	—	206.99	
	259,157.00	21,585.69	
Deduct: Income adjustments, prior years	—	3.75	
Transfer of bequest to Endowment Fund No. 1	1.00	—	
Excess of expenditure over income, Exhibit "B"	2,007.23	—	
	2,008.23	3.75	
	257,148.77	21,581.94	278,730.71
General Account:			
Bank overdraft		$ 15,920.38	
Treatment account:			
Manitoba Sanatorium	$ 74,830.65		
Central Tuberculosis Clinic	14,113.50		
Others	105,414.75	194,358.90	
Special grant		5,889.50	
Federal health grant		12,809.93	228,978.71
Endowment Fund No. 1:			
Transfer of bequest from Manitoba Sanatorium		1.00	
Capital account, Exhibit "C"		122,931.41	
			122,932.41
Endowment Fund No. 2:			
Grant payable to Central Tuberculosis Clinic		11,500.00	
Accounts payable		7,805.52	
Accrued wages		2,764.92	
Appropriation for glasses and dentures		347.00	
Capital account, Exhibit "C"		127,212.36	
			149,629.80
Employees' Emergency Fund No. 1:			
Capital account, Exhibit "C"			17,378.28
Employees' Emergency Fund No. 2:			
Capital account, Exhibit "C"			446.71
			$1,156,404.97

WILLIAM WHYTE
Chairman of the Board

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

The Chairman and Members,
The Board of Trustees,
Sanatorium Board of Manitoba,
Winnipeg, Manitoba.

We have examined the books and accounts of Manitoba Sanatorium, Central Tuberculosis Clinic and Special Funds for the year ended 31st December, 1955. Our examination was made in accordance with generally accepted auditing standards and, without making a detailed audit, included such tests of the accounting records and such 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 accompanying balance sheet and related statements of income and expenditure are 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, 1955, and the results of the operations thereof for the year then ended, according to the best of our information and the explanations given to us and as shown by the relative records.

RIDDELL, STEAD, GRAHAM & HUTCHISON,
Chartered Accountants.

Thank you

THE SANATORIUM BOARD EXTENDS SINCERE THANKS TO THOSE NAMED BELOW, IN RESPECT TO THE INSTITUTIONS THEY HAVE HELPED:

MANITOBA SANATORIUM

Clergy

Belmont: Mr. Fred Lynch, Student, Anglican Church—**Brandon:** Rev. Brach, Lutheran Church; Rev. Father S. Tarnowecky, Ukrainian Catholic Church—**Dunrea:** Rev. Father R. Bertrand; Rev. Father Renier, Roman Catholic Church—**Rosenort:** Rev. P. J. Reimer, Mennonite Brethren—**Ninette:** Rev. T. A. Payne, United Church—**Winnipeg:** Rev. Father R. Beaulieu, Roman Catholic Church.

Entertainment

Winnipeg: H. Nunnelley Concert Party; Manitoba Branch Society for the Preservation and Encouragement of Barber Shop Quartette Singing in America—**Brandon:** St. Paul's United Church Young People; Canadian Legion Band; Salvation Army Band; Barber Shop Quartette —**Pilot Mound:** Pilot-Louise Band—**Shilo:** Shilo Military Band—**Tuxedo:** R.C.A.S.C. 19 Militia 6 Colm. Band.

Flowers

Winnipeg: The Orchid Florist—**Carman:** Strachans Seed House—**Morden:** Morden Experimental Farm—**Ninette:** W. B. Stewart, Mrs. John Paskewitz.

Other Gifts

Winnipeg: Augustine Business Girls' Study Club; Ladies' Auxiliary, Canadian Legion; Engineers' Wives; Canadian Red Cross Society; H. L. MacKinnon Co. Ltd.; Simmons Ltd.; Ladies' Auxiliary, Associated Canadian Travellers; Mr. A. M. Miller; I.O.D.E.; Ukrainian Canadian Veterans' Branch 141; Brown and Rutherford; Mrs. Kathleen Dyer; Mr. E. B. Frost; Miss Alberta Logan; Jewish Child and Family Service; Ukrainian Catholic Women's League; Fellowship Club; Rev. W. H. Davis; Major G. W. Northwood; Winnipeg Caterers Association; H. R. Eade.

Altona: Altona Relief Workers—**Belmont:** United Church Women's Missionary Society; Mr. and Mrs. Johnson McPherson; Busy Bees; Great West Coal; Silver Cross, Women of Canada—**Cypress River:** Mrs. S. H. Anderson; Bru Ladies' Aid—**Glenboro:** Mr. G. E. Bridle; Icelandic Group—**Holland:** United Church Women's Auxiliary—**Holmfield:** St. George's Anglican Sunday School—**Killarney:** United Church Women's Missionary Society; Gordon Cowan—**Lena:** United Church Women's Missionary Society—**Minto:** Minto United Church; I.O.D.E.; Eastern Star—**Margaret:** United Church Women's Auxiliary—**Medora:** Medora Women's Institute—**Morden:** I.O.D.E., David Stewart Chapter—**Ninette:** Harry Lowe; Ladies' Auxiliary, Canadian Legion; United Church Women's Auxiliary; Anglican Church Ladies' Auxiliary; Fred Mostowy; Miss D. Ellis—**Ottawa:** G. Wier; W. Dinsdale—**Vernonville, Ont.:** Mary Calman—**Bradford, Ont.:** The Mission Band—**Toronto:** Anonymous—**Semans, Sask.:** Saline Creek Willing Workers Club—**The Pas:** Mrs. Louise Carroll—**Varsity View:** Canadian Legion—**Treherne:** The Boyne Creek Ladies' Aid—**Whitehorse, Yukon:** Southern Yukon Tuberculosis Association.

BRANDON SANATORIUM

Clergy

Brandon: Canon B. O. Whitfield, St. Matthews Cathedral; Rev. J. Horricks, Knox United Church; Rev. D. E. Noonan, St. George's Anglican Church; Rev. R. A. Davidson, First Presbyterian Church; Rev. J. C. Cronin, St. Paul's United Church; Rev. G. G. Morrison, St. Mary's Anglican Church; Rev. J. B. Inglis, St. Andrews Presbyterian Church—**St. Boniface:** Father Robert Bernardin.

Gifts

Brandon: Ladies of the Royal Purple; Evening Auxiliary of St. Paul's Church; Southminster Presbyterian Church; West End Community Club; Mrs. Iliene Howitt, Duchess of Norfolk Chapter, I.O.D.E.; Mrs. J. E. Yates; Explorer Group of St. Paul's Church; Children of Room 3B, Park School; Brandon Chamber of Commerce; Afternoon Branch of the Women's Auxiliary; Women's Auxiliary of St. Matthew's Church; Brandon Ministerial Association; Salvation Army Band; Musicians Protective Association; Barber Shop Choir; Wolf Cubs of Brandon; St. Mary's Anglican Church Brownies; Johnson's Hardware Co. Ltd.; Manitoba Power

Commission; Mrs. Harold Isakson; Mrs. L. Goode; The Crocus Chapter of Hi-Y Group; Brandon Indian Residential School; Ladies' Auxiliary, Associated Canadian Travellers; Roy Brown Variety Show, CKX-TV; Bev. Munro and his Pembina Valley Boys, CKX; Sun Publishing Co.

Winnipeg: The T. Eaton Co. Ltd.; H. L. MacKinnon Co. Ltd.—**Neepawa:** Dr. and Mrs. N. R. Rawson—**Beresford:** Mrs. Gordon Johnson; The Tyro Boys—**Norway House:** The Women's Association—**Shilo:** Protestant Ladies' Guild of the Chapel of St. Barbara; The Apprentice Battery, R.C.A.—**McIntosh, Ont.:** Indian Residential School—**Marius:** Mrs. N. S. Roy—**Notre Dame de Lourdes:** Mr. J. B. Deroche.

DYNEVOR INDIAN HOSPITAL

Clergy

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

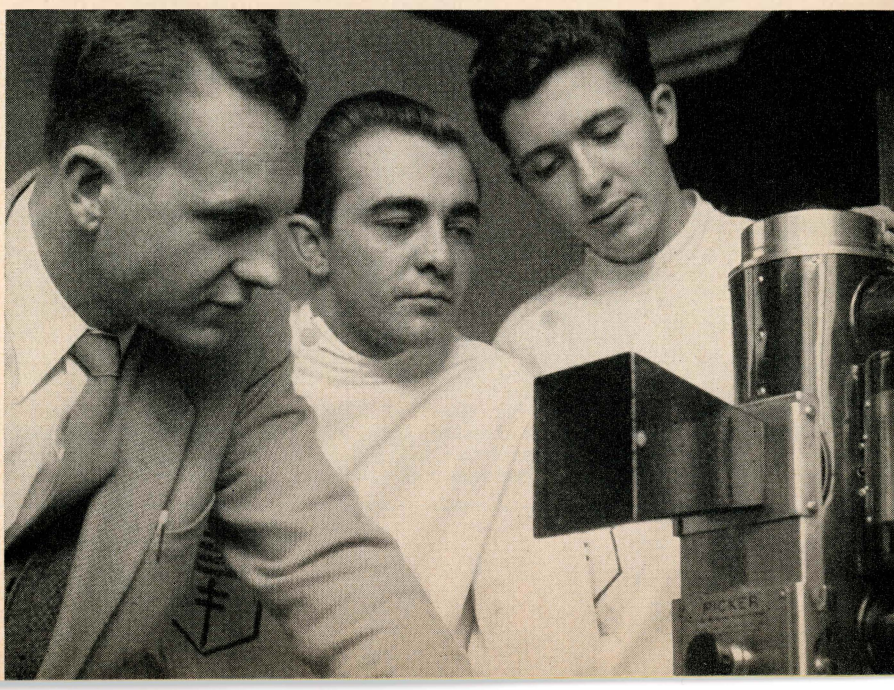
Gifts

Selkirk: S.O.S. Store; Job's Daughters; The W.A. Canadian Legion; The Garry Theatre Management; Gilhuly's Drug Store; North American Co.; The Kinsmen's Club; Business and Professional Women's Club; Dr. S. Sarbit and Associates; Brown's Bakery; Chamber of Commerce; Civic Employees; Mrs. Cecil Bryant; Mrs. W. Schuter; Selkirk Bottling Works; Army, Navy and Air Force Assoc.; The Children, United Church Mission Band; Central Collegiate Institute; Little Britain Chapter, I.O.D.E.; Mr. Sarbit and Staff, I.G.A. Store; The Toronto-Dominion Bank; The Bank of Montreal; Mrs. Rod Dunning; Lutheran Church Sunday School.

Winnipeg: Employees' Benevolent Assoc., The T. Eaton Co. Ltd.; Rev. T. C. Boon; St. Matthew's Church Sunday School; Grade 7, General Wolfe School; Pupils, Lord Wolseley School; East Kildonan Kiwanis Club; Mr. C. E. Drewry; Y's Men Club and Children of Y's Men Club; The W.A. of Rupertsland; Mr. A. E. Longstaffe; Fort Garry Masonic Lodge, No. 130; The Gra-Y Vampires, Boys Division; Mr. Bradshaw.

Toronto, Ont.: Missionary Society, Church of England—**Bissett:** Women's Association, Bissett United Church—**Cambridge, England:** Mr. Allan Casey—**Middlechurch:** Mrs. Joseph A. Latremouille—**Petersfield:** Norwood W.A. Branch, Wakefield Parish—**Grand Marais:** Mrs. T. J. Powell—**Alameda, Sask.:** Sunday School, Alameda United Church—**Lively, Ont.:** Girl Explorers.

The staff on Mobile Unit No. 1 grouped around the X-ray apparatus: Albert Simeon, R.T., and X-ray Assistants Lionel Joyal and Pat Barrett. This Mobile X-ray Unit gave 80,643 free X-ray examinations in 1955.



CLEARWATER LAKE SANATORIUM

Clergy

The Pas: H.E. Most Reverend Bishop Paul Dumouchel, O.M.I.; Rev. Father George E. Trudeau, O.M.I. Superior; Rev. A. Rivard, O.M.I. Bursar; Rev. L. Lavigueur, O.M.I. Missionary; Rev. L. Poirier, O.M.I. Provincial Superior, and the Roman Catholic Missions throughout the North.

Rev. Aitkin Harvey, United Church; Rev. C. L. Morgan and Rev. B. Ragg, Anglican Church; Rev. J. Y. Garrett, Presbyterian Church; R. F. Stephenson, Devon Mission; Lieutenant Whitesell and Lieutenant David Stepto, Salvation Army—**Flin Flon:** Ven. Archdeacon R. B. Horsefield.

Gifts

Winnipeg: The T. Eaton Co. Ltd., Public Relations Office; Miss Floris Olson, Women's Division, National Employment Service; "The Mardi-ettes," King Memorial C.G.I.T.; Manitoba Committee, Canadian Save The Children Fund; Imperial Tobacco Sales Co. of Canada Ltd.; C.G.I.T., Regents Park United Church, Ken and Penny Knight; Miss H. Wells, Mrs. G. Bell; P. Boyce, Peter and Ursula Elwick; Mrs. M. Hochman.

The Pas: B.P.O. Elks Lodge; Anglican Sunday School; Rev. R. Stephenson, Devon Mission; Rev. A. Harvey, United Church; Rev. Father Chaput; Sam's Groceteria; Katy Keene Fan Club; Mr. Jack Graham; Mrs. D. C. A. Phalen; Miss Veronica Guymer; Mr. Wm. Cox; Mr. Chas. D. Prescott—**Clearwater Sanatorium P.O.:** Airport Store.

Flin Flon: CFAR, Flin Flon; Elba Auxiliary W.M.S. Group of Northminister United Church; St. Peters Sunday School; Flin Flon Rangers; Ross Lake Brownies, Pack S.A.; Club News Agency; The Jolly 13 Club; Girl Guide Division; Dr. O'Keefe, Health Unit; Mr. Charles Dickens; Mr. Smale; Miss Judy Duncanson; Mr. O. Nasselquist; A. Knossalla.

Channing: The Channing Mission Band; The Channing Sunday School—**Cormorant Lake:** St. Luke's Sunday School—**Durban:** Mrs. E. F. Chapman—**Lac du Bonnet:** Jimmy Martin —**Oberon:** Oberon Mission Band—**Shilo:** Brownies of 1st Shilo A. and 1st Shilo B. Packs—**Swan River:** Sunday School by Post, St. Faith's; Mrs. G. L. Grayson.

ST. BONIFACE SANATORIUM

Gifts and Entertainment

Winnipeg: Junior Red Cross; The T. Eaton Company; Morris Duchov; Kiwanis Club Kinette Club; Other Associations and Clubs. J. Kerr Wilson; Leon Bell Orchestra; Monty Green Orchestra; Gar Gillies Orchestra; Alex Gilchrist, Canadian Musical Review; Branches of the Canadian Legion.

ASSOCIATED CANADIAN TRAVELLERS

CONTINUED support for the preventive services was given in 1955 by the Associated Canadian Travellers at Winnipeg and Brandon. They held "Search for Talent" broadcasts in many Manitoba towns and the Brandon club conducted a very successful house to house canvas in Brandon that coincided with the chest X-ray survey in that city.

CJOB Winnipeg and CKX Brandon again contributed time for the broadcasts, and this year CFAR Flin Flon gave time for broadcasts originating in The Pas and Flin Flon, arranged by the Winnipeg club.

During the year the Travellers turned over to the Board $16,600.

This makes a total of $251,174 contributed to the preventive fund through the activities of the Associated Canadian Travellers since they began their magnificent work of assistance to the anti-tuberculosis effort in 1945.

The Sanatorium Board of Manitoba is deeply grateful for the enthusiastic and whole hearted assistance of the Associated Canadian Travellers, and the generous support of radio stations CJOB, CKX, and CFAR. Their efforts are an outstanding contribution to the public good.

A section of the staff dining room at Manitoba Sanatorium. In the sanatoria operated by the Board, 1,051,426 meals were served in 1955.

The "Search for Talent" programs of the Associated Canadian Travellers not only raise money for tuberculosis prevention, but also give an opportunity for hundreds of people to display their talents. Here a school group appear at the Wawanesa show.

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

Sir James Aikins, K.C., LL.D.
Mr. W. F. Alloway
Mr. J. H. Ashdown
Mr. J. R. Brodie
Hon. Colin H. Campbell, K.C.
Canada Packers Ltd.
Mr. John Chadbourn
Miss Anna Maude Chapman
Mr. Robert A. Christian
Mr. L. R. Clements
Mr. T. R. Deacon
Mr. E. L. Drewry
Mr. F. W. Drewry
The T. Eaton Co. Ltd.
Mr. C. H. Enderton
Mr. Mark Fortune
Messrs. G. F. and J. Galt
Dr. Wilfred Good
Great West Coal Co. Ltd.
Mr. H. W. Hammond
Mr. E. F. Hutchings
Mr. H. W. Kennedy
Mr. H. Leadlay
Mrs. Agnes F. Lothian
Mr. Wm. J. K. McCracken
Dr. W. S. McInnes
Mr. Wm. McKenzie
Mr. M. McKittrick
Mr. A. R. McNichol
Moore's Taxi Ltd.
Sir Augustus Nanton
Mr. F. Nation
Mr. W. McG. Rait
Mrs. Noel Rawson
Rat Portage Lumber Co. Ltd.
Mrs. Jessie I. Scott
Mr. H. E. Sellers, C.B.E.
Mrs. Margaret Shea
Mr. G. Shields
Hon. Clifford Sifton, K.C.
Dr. D. A. Stewart
Mr. F. W. Thompson
Mr. G. Velie
Mr. W. Warnock
Miss Hazel F. Winkler

Manitoba Brewers' and Hotelmen's
Welfare Fund

A GOOD CITIZEN

keeps working away at something that interests him right up to quitting time, and even on into the evening of life. Then the night comes, when no man can work.

But there is a new magic which can gather up his energy and good will and transform them again into useful work of almost any kind, at any time, and anywhere—money.

So—even after night has fallen upon a man—the good he has done, or thought, or planned, or intended, can still live after him.

He can direct that his stored-up energy, as money, can be transformed into beneficent services through any of the agencies of the

Sanatorium Board of Manitoba

or through any one of the co-operating Institutions.