Tuberculosis CONTROL *in Manitoba* 1956

Issued May, 1957

Annual Report
of the
SANATORIUM BOARD *of* MANITOBA

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
1956

WINNIPEG, MANITOBA

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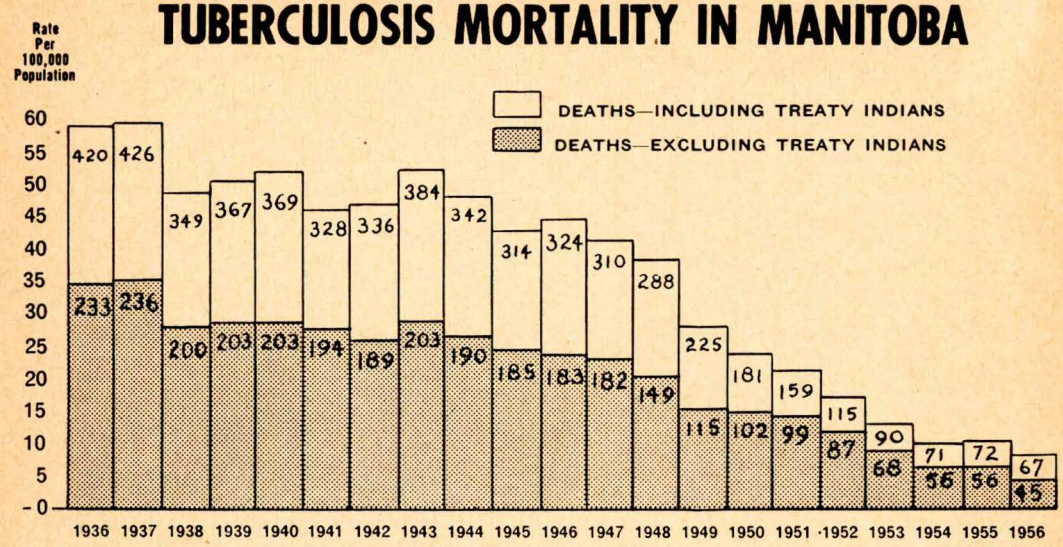
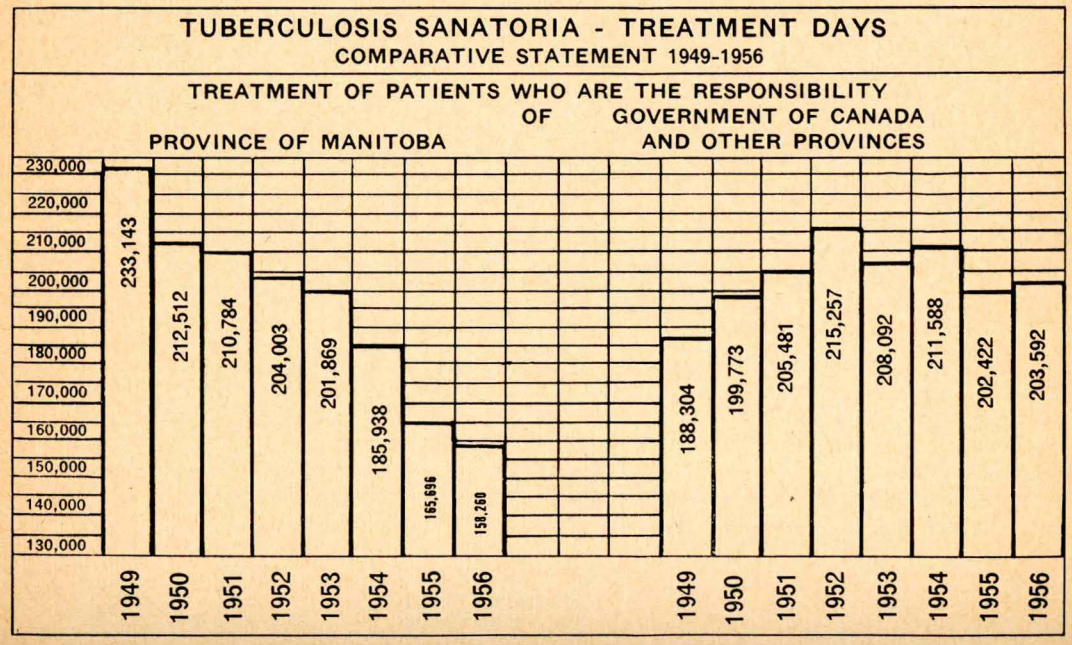
TUBERCULOSIS MORTALITY IN MANITOBA

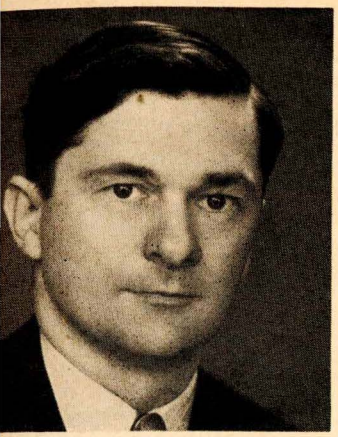


SEE STATISTICAL TABLE ON PAGE 15

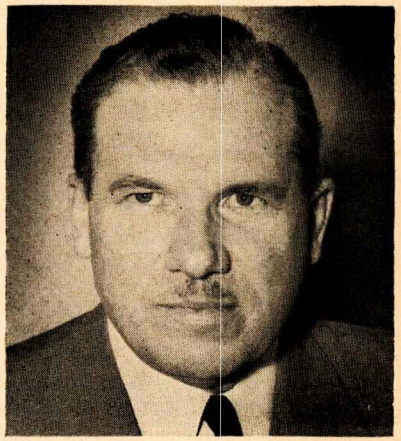
	1946	1956
CASES under supervision in Manitoba	4,724	4,610
EXAMINATIONS	130,390	325,724
NEW CASES diagnosed Active	700	376
Inactive	480	268
	1,180	644
DEATHS	324	67

TUBERCULOSIS SANATORIA - TREATMENT DAYS
COMPARATIVE STATEMENT 1949-1956





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



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

s always a matter of great satisfaction to review the work of the Sanatorium Board of anitoba and I welcome this opportunity of again expressing my appreciation of the nued progress made in 1956. New records of accomplishment in the control of tuber- is have come to be accepted as routine and this report is no exception. Manitoba citizens ake justifiable pride in the fact that the death rate from this disease last year was the st on record (less than 1/7 of the rate only 20 years ago); that the treatment days in our toria are at an all-time low; that there are now 120 empty sanatorium beds; and that in our municipalities not one active case occurred during the year.

But in spite of this impressive record we dare not be complacent. The report shows a increase in new cases admitted during the year and of these nearly 25% were over ears of age. The all-important program of prevention and case finding supported by voluntary contributions must be sustained and intensified, and it is gratifying to note in egard that more people were examined in 1956 (over 325,000) than in any previous year. work merits the continued support of every citizen.

Once again I wish to commend the unselfish and devoted work of the members of the d so ably supported by their efficient staff. The cordial relationship between this ntary body and the Department which I have the honour to represent is a model for all rnment-supported agencies.

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

SANATORIUM BOARD OF MANITOBA

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. E. B. Pitblado, Q.C.

Honorary Life Members

Mr. C. E. Drewry — Mr. G. W. Northwood
Mr. I. Pitblado, Q.C., LL.D.

Statutory Members

Representing the Provincial Department of Health and Public Welfare	Hon. R. W. Bend Dr. R. M. Creighton Dr. M. R. Elliott Dr. M. Bowman* Mr. G. D. Iliffe, C.A. Hon. C. E. Greenlay
As Municipal Commissioner	Hon. E. Prefontaine
Representing Union of Manitoba Municipalities	Mr. J. J. Pynoo 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. H. T. Decatur	Dr. A. F. Menzies
Mr. R. L. Bailey	Mr. Stanley M. Jones	Dr. Ross Mitchell
Mr. R. H. G. Bonnycastle	Mr. A. E. Longstaffe	Mr. E. B. Pitblado, Q.C.
Mr. F. Boothroyd	Mr. G. E. Mayne	Mr. S. Price Rattray
Mr. G. Collins	Mr. J. R. McMillan	Mr. J. W. Speirs
Mr. J. N. Connacher		Mr. Wm. Whyte

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

Auditors
Riddell, Stead, Graham and Hutchinson

ST. BONIFACE SANATORIUM

Advisory Board 1956

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 Vadeboncoeur
Mr. R. Misener	

*Deceased April 26, 1956.

MEDICAL STAFF

As at December 31, 1956

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)

lical Superintendent ..... DR. D. L. SCOTT
sician ..... DR. D. F. MCRAE

MANITOBA SANATORIUM

lical Superintendent and Chief Surgeon ..... DR. A. L. PAINE
stant Medical Superintendent and Assistant Surgeon ..... DR. W. ZAJCEW
sicians ..... DR. PAUL MARI, DR. B. KRASINS

DYNEVOR INDIAN HOSPITAL

lical Superintendent ..... DR. W. W. READ

BRANDON SANATORIUM

lical Superintendent and Surgeon ..... DR. A. H. POVAH
sicians ..... DR. G. COGHLIN*, DR. W. SHAHARIW, DR. J. P. RAMSARAN

CLEARWATER LAKE SANATORIUM

lical Superintendent ..... DR. S. L. CAREY
sicians ..... DR. A. P. CHORNOMORETZ, DR. S. J. B. POGONOWSKI

St. Boniface Sanatorium

lical Director and Thoracic Surgeon ..... DR. A. C. SINCLAIR
stant Medical Director ..... DR. V. J. HAGEN
or Physician ..... DR. F. KOZIN
dent ..... DR. R. S. CURRIE

ing Medical Superintendent from July 1, 1956 - December 31, 1956.

MEDICAL CONSULTANTS

As at December 31, 1956

Sanatorium Board of Manitoba

Radiology ..... R. A. MACPHERSON, M.D., C.M., F.A.C.R.

Orthopedics ..... W. B. MACKINNON, M.D., Ch.M. (Man.), F.R.C.S.(C); R. F. TUCKER, M.D., M.Ch. (Orth.), F.R.C.S. (Edin.), 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 ..... 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) R. G. HURTON, 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 ..... 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. J. M. LEDERMAN	DR. M. B. PERRIN
DR. R. G. CADHAM	DR. M. S. LOUGHEED	DR. A. H. POVAH
DR. M. H. CAMPBELL	DR. R. A. MACPHERSON	DR. W. W. READ
DR. S. L. CAREY	DR. DOUGALD MCINTYRE	DR. E. L. ROSS
DR. J. DOUPE	DR. A. F. MENZIES	DR. D. L. SCOTT
DR. M. R. ELLIOTT	DR. ROSS MITCHELL	DR. A. C. SINCLAIR
DR. COLIN FERGUSON	DR. A. L. PAINE	DR. W. J. WOOD

NON-MEDICAL SENIOR STAFF

As at December 31, 1956

	SUPERINTENDENTS OF NURSES	BUSINESS OFFICERS	CHIEF ENGINEERS
m Board itoba	.....	John Mack (*Chief Accountant*) Edward Dubinsky (*Administrative Asst.*)	.....
nt uberculosis	Mrs. P. Torgerson, R.N.	F. A. Day (*Acct.*)	.....
Sanatorium	Miss D. Ellis, R.N.	N. Kilburg (*Business Manager*) W. Bradford (*Accountant*) W. B. Stewart (*Purchasing Agent*)	H. Katzberg
ndian Hospital	Miss A. Stefanson, R.N.	.....	.....
Sanatorium	Mrs. I A. Cruikshank, R.N.	G. R. Gowing (*Business Manager*) R. B. Scott (*Accountant*)	R. N. Newman
r Lake ium	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	Msgr. C. Paille

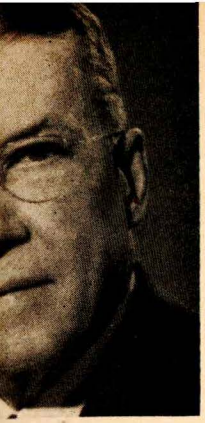
Mrs. H. Watkins, R.N. (*Director of Nursing*) Rev. Sr. B. Patry, R.N. (*Night Supervisor*)	Rev. Sr. J. Morin (*Sec. Treasurer*) Rev. Sr. J. Drouin (*Purchaser*)	G. Choquette

ion **Travelling Tuberculosis Clinics and Surveys**	Surveys Officer	J. J. Zayshley, R.T.
loyment **Rehabilitation**	Miss M. Busch (*Director of Rehabilitation*)	E. Locke (*Indian Rehabilitation Officer*)
Central Tuberculosis Registry	Miss Janet Smith, R.N. (*Supervisor*)	.....

NON-MEDICAL SENIOR STAFF

As at December 31, 1956

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 G. Manchester.... Miss G. Motheral..... Mrs. K. Venables..... (*Occup'l Therapist*)	Miss G. M. Wheatley (*Sec. to Med. Supt.*) Mrs. N. Reid (*Food Supervisor*) F. J. Rodwell (*Laundry Foreman*)
.....	.....	Mrs. E. V. Pruden..... (*Occup'l Therapist and Teacher*)	Mrs. A. Wallace (*Sec. to Med. Supt.*)
F. H. Gibson, R.T.	Miss L. E. Delamater, R.T.	Mrs. J. Deroche..... Mrs. M. Ames..... Miss W. Bromley..... Mrs. V. Davidson..... (*Occup'l Therapist*)	Mrs. Joan Bevand (*Sec. to Med. Supt.*)
Geo. Loewen, R.T.	Mrs. H. Stevenson	Miss A. Marion..... Mrs. M. Grusz..... (*Occup'l Therapist*) M. Grusz	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*)	Miss M. C. Fortin..... Miss T. Brouillette..... (*School Teachers*) Miss A. Hargreaves..... (*Occup'l Therapist*) Mr. Alex Vermette..... (*Crafts Instructor*)	Miss A. Eyres (*Medical Secretary*) Rev. Sr. A. Boulet (*Main Kit. Super.*) Miss H. Pietuchow (*Soc. Worker*)
Alex. Roh, R.T. (*Supervising Radiographer*) D. Meyer, R.T.	.....	.....	Miss G. H. Bowman (*Secretary*)
.....	.....	.....	Mrs. D. Clark (*Secretary*)
.....	.....	.....	Miss Gladys McGarrol (*Senior Statistical Clerk*)



AM WHYTE

REPORT OF THE CHAIRMAN

For the Year Ended December 31st, 1956

GENTLEMEN:

I have much pleasure in welcoming you to this, the forty-sixth annual meeting of the Sanatorium Board of Manitoba.

At a meeting of the Board held a week ago today, there were presented comprehensive reports 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, together with those that will be presented today, give a detailed and impressive picture of the services at each of the institutions to prevent and treat tuberculosis in this Province. It is gratifying to see the reduction in treatment days and deaths from this disease and the progress that is being made to control and we hope some day to eradicate it. Gratifying as this situation is, it does not provide a feeling of complacency, as there are still new cases being discovered and deaths, and the fight therefore must be continued and if anything intensified.

The Board

The duty of the Board is to carry out the responsibility assigned to it under the Tuberculosis Control Act, for the care and treatment of those afflicted with tuberculosis in Manitoba, and the adoption of measures to prevent and minimize the development and spread of the disease. Every effort is made to carry out this responsibility by the use of the most advanced medical knowledge and equipment, and the application of modern control and treatment measures, some particulars of which will be given to you in the Report of the Medical Director.

The Board at present consists of two Honorary Life members and twenty-eight active members, of whom seventeen are elected and eleven are statutory members, all contributing their services on a voluntary basis.

It is a source of deep regret to record the deaths during the year of Mr. A. K. Godfrey and Mr. W. H. French, two old and valued members of the Board, and who were Honorary Life members at the time of their deaths. Mr. French became a member of the Board in 1934 as a representative of the Union of Manitoba Municipalities and continued in that capacity until 1940 when he became an elected member. He became an Honorary Life member in 1949. Mr. Godfrey was elected a member of the Board in 1936. He was Chairman of the Finance Committee from 1940 to 1943 and Vice-Chairman of the Board from 1944 to 1946, at which time he was appointed an Honorary Life member.

During 1956 there were forty-two meetings of the Board or its Committees. In addition to the Administration and Finance Committee of which Mr. J. W. Speirs is Chairman, there is a Committee for each of the Sanatoria operated by the Board; Brandon Sanatorium, of which Mr. J. N. Connacher is Chairman; Clearwater Lake, with Mr. R. H. G. Bonnycastle as Chairman, and Dynevor, under the Chairmanship of Mr. A. E. Longstaffe.

Finance

Treatment days chargeable to the Province of Manitoba in 1956 were some 7,000 less than the previous year, making a direct saving in treatment costs of some $35,000. The costs from the same source were reduced in 1955 over 1954 by nearly $100,000. Since 1949 there has been a reduction in treatment days every year. If the number of treatment days had been the same in 1956 as in 1949, the cost in 1956 would have been $375,000 greater.

Contributed funds provide almost the entire cost of the preventive services. The sale of Christmas Seals amounted to $152,116, an increase of $15,948 over the previous year. The Associated Canadian Travellers of Winnipeg and Brandon, along with Radio Stations CJOB and CKX, turned over to the Board $13,850, from the proceeds of their Search for Talent Competitions and Broadcasts, held at various points in the Province, and the finals at the end of the season in Winnipeg and Brandon. We are indeed grateful to them for their continued support.

Special gifts and bequests to the Board are made by a number of persons, to meet special needs for the welfare of patients and for improvements for which provision is not otherwise made. All donors of $500 or more are recorded on a permanent Memorial Page in our Annual Report. These contributions are gratefully acknowledged by the Board.

The National Health Grants assist in a very substantial way the tuberculosis program and the Board is indeed appreciative of this support by the Minister and Officers of the Department of National Health and Welfare.

Appreciation

Dr. Ross, the Medical Director, in his Report to be presented today, will set forth in detail the many things that are being done to control and reduce and we hope some day to eradicate this dread disease of tuberculosis, through new treatment methods and scientific discoveries in recent years. The Board's appreciation is extended to Dr. Ross for his leadership and direction of the medical program.

Another Report of importance to be presented is that of Mr. Cunnings, the Executive Director and Secretary-Treasurer of the Board. It will set forth in a clear way the extensive operations of the Board for the year. We are indeed appreciative of the efficient manner in which his numerous duties are handled.

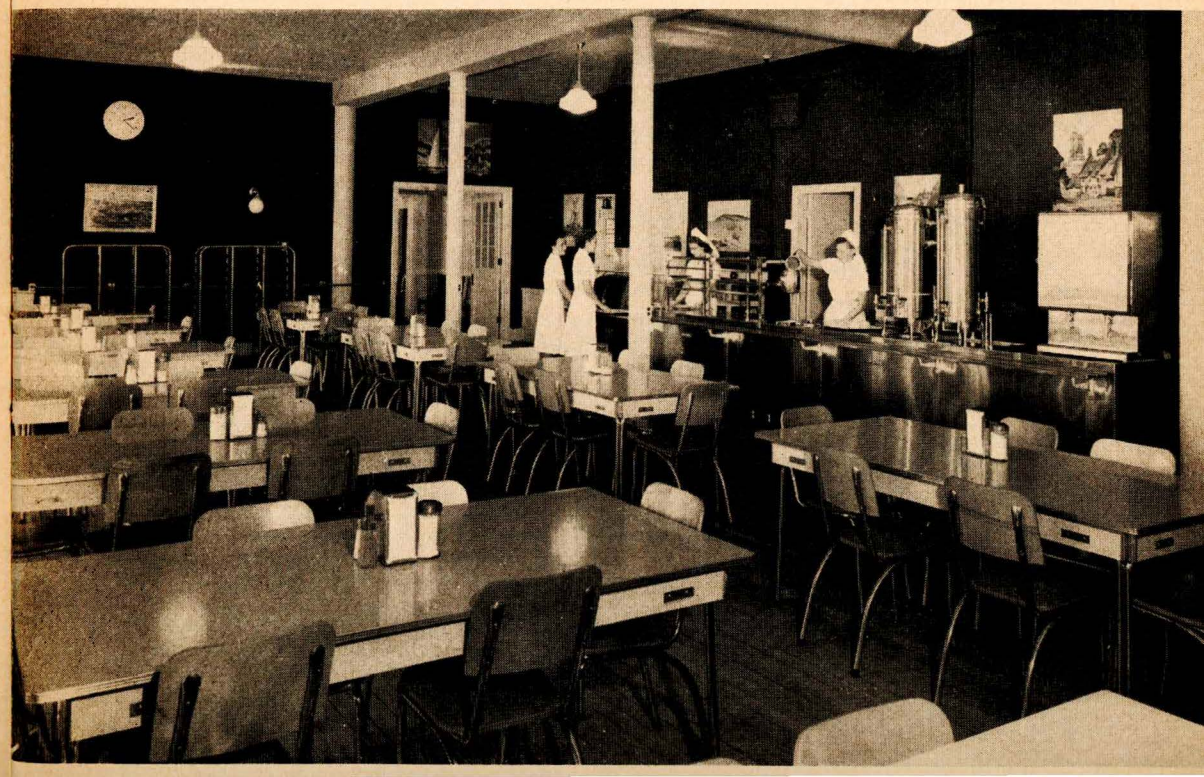
My duties have been made comparatively light by the assistance of Mr. Speirs, the Vice-Chairman of the Board, the Chairman of the various Committees and the members of the Board and I am indeed grateful to them.

I wish to express the sincere appreciation of the Board for the continued confidence and co-operation of Mr. Bend, the Minister of Health and Public Welfare and his colleagues and his Deputy-Minister; for the support of Municipal Officials throughout the Province, who have been of particular assistance in organizing the X-ray services; for the co-operation of the officers of associated Sanatoria and general hospitals in Manitoba; and for the generous assistance of many individuals, in the efforts to control tuberculosis.

Sincere expressions of thanks are extended to the Medical Superintendents and their Assistants, and to the Officers and Staff of the institutions operated by the Board, for the efficient performance of their duties and their care of the patients and management of their institutions, which has accounted in no small measure for the successful operations of the year.

Respectfully submitted,

WILLIAM WHYTE,
Chairman of the Board.



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REPORT OF THE EXECUTIVE DIRECTOR

For the Year Ended December 31st, 1956

I AM pleased to submit the following report on the administration of the operations of the Board for the year 1956.

Assets and Liabilities

At December 31st, 1956, 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 $2,207,834, an increase of $33,285 over the previous year. Liabilities, not including serves, totalled $496,274, an increase of $11,494 as compared to 1955.

At the year end bank loans totalled $141,847. Of this amount $24,500 represents the alance on a special laundry loan for construction and equipment at Ninette; the remainder presents operating advances for Manitoba Sanatorium, Central Tuberculosis Clinic, Clear- ater Lake Sanatorium and Brandon Sanatorium. With the exception of the laundry loan vhich is being reduced at the rate of $750 per month) all loans are on a current and fluctuating asis and all advances as of December 31st, have been repaid since that date.

All the treatment institutions and the preventive services are operating in satisfactory venue and expenditure position. The three institutions operated for Indian Health Services ave their fiscal year ending on March 31st and audited statements are not prepared until ter the end of the fiscal year. Audited statements for the remainder of the Board's operations ill be tabled today.

Working capital showed an increase of $14,538 during the year. Endowment Fund No. 1 owed a decrease in capital funds of $23,331 accounted for by a grant for capital purposes to Ianitoba Sanatorium of $29,252 against income during the year of $5,922. Donations and equests to Endowment Fund No. 1 in 1956 totalled $2,745. Endowment Fund No. 2 showed n increase in capital of $30,484.

Capital Expenditures

During 1956 the major capital expenditures were at Manitoba Sanatorium and include he following:

Bungalow and duplex, including installation of plumbing and heating, heating mains, etc.	$40,842
Renovation of staff quarters, main building	6,127
Replacement of pipe line	5,481

A continuous program of maintenance and renovation of buildings and equipment is arried out to maintain all facilities at an adequate standard.

Rates and Income for Treatment

A rate of $5.00 per day has been in effect in 1956 for patients who are the responsibility f the Province of Manitoba. The rate for Treaty Indians at Dynevor Indian Hospital has een $4.50 per day and at Brandon and Clearwater it has ranged from $4.75 to $5.00. Treat- ient days for patients who are the responsibility of the Province of Manitoba were reduced y 7,436 as compared to 1955, to a total of 158,260 days in 1956. Total treatment days in he province including Treaty Indians and others were 361,852, a decrease of 6,266 as compared o the previous year. These reductions in treatment days have a corresponding effect on ross income available for operation of the sanatoria.

Sanatorium Costs

Treatment costs continued to show some increase in 1956, the most pronounced rises being at the Central Tuberculosis Clinic and Manitoba Sanatorium.

TREND OF PER DIEM COSTS—1956

Brandon Sanatorium—increase 7c per patient day to $5.30.
Central Tuberculosis Clinic—increase 33c per patient day to $7.87.
Clearwater Lake Sanatorium—increase 4c per patient day to $5.55.
Dynevor Indian Hospital—increase 21c per patient day to $5.12.
Manitoba Sanatorium—increase 35c per patient day to $6.36.

The per diem costs indicated are gross figures with income from staff maintenance, cafeteria sales, etc., 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 $1,727,338 in 1956.

In the food services the number of meals served at 1,016,048 were 35,378 fewer than in 1955. On the other hand, raw food purchases increased in cost by $1,557 to a total of $247,446.

Total expenditure for fuel and heating services at $60,933 showed an increase of $3,772, of which $2,883 was at Manitoba Sanatorium. Gross laundry cost at $55,070 shows an increase of $839. In our laundries at Ninette and Clearwater 1,510,848 pieces were processed. In the diesel electric plant at Clearwater Lake Sanatorium output showed an increase of 74,005 kilowatt hours over 1955 to a total of 901,350 kilowatt hours. Average cost of production was 3.8c per kilowatt hour, an increase of .4c per kilowatt hour over the previous year. Power was supplied for both the airport and the hospital and preparations were completed for supplying of power to an Indian Residential School being constructed by Indian Affairs Branch about two miles from the Sanatorium.

Preventive and Rehabilitation Services

During 1956 direct expenditure on preventive services totalled $182,809, an increase of $14,000 over the previous year. This includes:

Chest X-ray Surveys (Community and Industrial, Indian Clinics and Travelling Clinics)	$98,781
Chest X-rays for Patients Admitted to General Hospitals	82,160
B.C.G. Vaccinations	1,868
	$182,809

Cost of chest X-ray examinations at community and industrial surveys, including organization of the surveys and reading the films, averaged 46c each in 1956 as compared to 41.3c in 1955. On community and industrial surveys the expenditure per abnormal film (any cause) is $33. The expenditure per new active case of tuberculosis found on surveys was $2,300.

Expenditure on rehabilitation services during the year amounted to $18,969.

National Health Grants

The appropriation available for the fiscal year 1956-1957 under the National Health Grant, to assist in tuberculosis control in Manitoba, is $223,717. Expenditures are subject to approval of acceptable projects.

Streptomycin and Other Antibiotics	$ 23,122
Post-Sanatorium Pneumothorax	170
Assistance to Rehabilitation Division	12,430
X-raying of Admissions to General Hospitals	82,160
Assistance to Sanatorium Board of Manitoba	13,971
Extension of Industrial and Other Chest X-ray Surveys	9,968
Assistance to St. Boniface Sanatorium	13,617
Extension of Manitoba Travelling Clinic Services	2,538
Assistance to Manitoba Sanatorium	36,643
Extension of B.C.G. Vaccination Program	1,868
Short Course Training	225
	$196,712

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

Inventories

At December 31st, 1956 supplies on hand including commissary stores, engineering and aintenance supplies, fuel, diesel fuel oil, bunker fuel oil, and miscellaneous supplies, totalled 131,295, an increase of $7,139 from the year previous. All inventories are valued at cost nd all the materials are in current demand.

Insurance

Fire insurance on buildings and equipment at Manitoba Sanatorium and the Central uberculosis Clinic was carried in the amount of $1,230,000. Supplemental perils are covered this insurance. Due to a wind and hail storm in August, 1956 we had a claim under this surance totalling $4,506. In accordance with government policy no fire insurance is carried n the property at Brandon, Clearwater or Dynevor. Motor vehicle insurance under Fleet ating covers the usual loss or damage to the insured vehicles, legal liability for bodily injury death of 50/$100,000 and legal liability for damage to property of $10,000. Public liability nd property damage insurance only is carried on the vehicles at institutions operated for the ederal Government. An all risks policy is carried on the mobile X-ray and related equipment nd public and employers liability insurance is carried covering all operations of the Board. uring the year professional liability insurance cover was added. Comprehensive dishonesty, eft and forgery insurance including minimum fidelity coverage on each employee of $2,500, ith special cover on responsible officials, has been continued in effect. Boiler insurance is rried on the steam equipment at Ninette and the Central Tuberculosis Clinic.

Personnel

At the year end the staff of the Sanatorium Board of Manitoba consisted of 521 persons, st one more than a year ago. Rate of staff turn-over has been about normal during the ear and with one or two exceptions necessary replacements have been made without great fficulty. We have continued to bring a number of Registered Nurses over from Great ritain and these are valued members of the staff. One nurse brought over in 1955 who was ained in Great Britain but whose home is in Denmark has been given a bursary to attend e University of Manitoba to take the post graduate course in Nursing-Teaching and Administration. She will be appointed to a responsible position in our nursing department hen she completes the course in June.

At the end of the year there were 388 members of the staff participating in the Group surance Plan, a decrease of 10 compared to the previous year. They are insured for a tal of $629,000 life insurance and $7,732.50 of weekly accident and sickness indemnity; 4 members were covered for reimbursement of surgical expense up to a maximum of $200 r any one operation; and 126 members of the staff carried surgical coverage for their dendents. The number of claims during the year by coincidence is exactly the same as last ar, including one death claim. However, payment of weekly indemnity benefits was for a orter period on the average, and consequently total payments to employees, their surgeons, their beneficiaries, decreased by $2,406 to a total of $9,799.

Funds on deposit in the Board's Annuity Plan for permanent employees totalled $185,289 of July 31st, 1956, the anniversary of the contract. This is an increase of $17,479 during e year.

Employees who were members of the Retirement Annuity Plan and left the service by signation or retirement during the year ended July 31st, 1956 received either cash refunds paid-up personal annuity contracts to a total value of $13,497.

Appreciation

Once again I take this opportunity to record my gratitude for the direction and counsel the Chairman and Vice-Chairman of the Board and the Chairmen and members of the veral administrative committees. I should like to express my deep appreciation also for e cordial relationships enjoyed throughout the year with the Medical Director and the edical officers of the Board; officials of the Provincial and Federal Governments; the officers d members of the Advisory Board of St. Boniface Sanatorium; and hospital administrators roughout the province.

Respectfully submitted,

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

REPORT OF THE MEDICAL DIRECTOR

DR. E. L. ROSS

THE Sanatorium Board is responsible for the anti-tuberculosis program in Manitoba. The Board operates the Manitoba Sanatorium, Ninette, and the Central Tuberculosis Clinic in Winnipeg, also Brandon Sanatorium, Clearwater Lake Sanatorium, The Pas, and Dynevor Indian Hospital, Selkirk, for Indian and Northern Health Services, Department of National Health and Welfare. The Sisters of Charity own St. Boniface Sanatorium and operate it in cooperation with the Board. These institutions provide 1,100 beds and in 1956 gave 361,852 patient days of treatment, a reduction of 1.7% compared to 1955. The Sanatorium Board is also responsible for the tuberculosis prevention program and in 1956 provided 325,724 free chest X-rays and carried out an educational, vocational and rehabilitation service for sanatorium 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
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
1956	7.8	67	5.4	45	110.0	22

(The figures for 1956 are tentative and based on the estimated population for Manitoba of 850,040, which includes 20,000 Indians.)

During 1956 there were 67 tuberculosis deaths in Manitoba, compared to 72 in 1955. The rate per 100,000 population is a new low of 7.8. Of the 67 deaths, 45 were non-Indians and 22 were Indians, giving respective rates per 100,000 of 5.4 and 110. White deaths decreased 11 and Indians increased 6. The 67 deaths in 1956 compare with 324 just 10 years ago; the rate of 7.8 compares with 44.6 in 1946. Thirty-three of the 67 deaths (about half) occurred outside sanatoria; 21 in general hospitals, 7 in mental hospitals, and 5 at home. Ten of the deaths were due to heart failure or pneumonia but statistically attributed to tuberculosis because of back history or autopsy findings. Ten deaths were due to non-pulmonary tuberculosis, 3 of which were meningeal. Death was the first notification of tuberculosis in 12 of the 67 deaths and 8 of these were Indians.

SUMMARY

The death rate from tuberculosis for 1956 was the lowest ever recorded in Manitoba, 7.8 per 100,000 population.

The reduction in deaths is gratifying but there has not been a corresponding improvement in the overall tuberculosis problem; that is, new cases have decreased at a slower rate—in fact, in 1956 they increased by 16 per cent.

An aggressive case-finding program was continued, providing 325,724 chest X-rays by the Board's various agencies. There was more attempt to concentrate these efforts.

The number of patients in sanatoria at the end of the year was 999 (524 non-Indian and 475 Indian and Eskimo). The reduction for Province of Manitoba patient days was 4.4%.

An active and broadened rehabilitation service was carried out for all tuberculous patients. A new approach toward the rehabilitation of Indians is being developed.

It is evident that tuberculosis still causes a formidable public health, social and economic problem and that all methods of attack need to be sustained and intensified.

The remarkable reduction in deaths, of course, is gratifying but at the same time it must be appreciated that there has not been a corresponding reduction in the overall tuberculosis problem; that is, the new cases of the disease are decreasing at a much slower rate—in fact, in 1956 they increased.

New Diagnoses of Active Tuberculosis

Year	Whites Active T.B.	Indians Active T.B.
1940	438	147
1945	438	134
1950	364	239
1951	333	169
1952	368	182
1953	346	165
1954	301	136
1955	231	101
1956	268	108

New Cases

In evaluating and directing a tuberculosis control program the analysis of the new active cases is of more significance than the number of tuberculosis deaths. The intensity of the search for new cases has a bearing on the number found. Over the last 10 years the new cases have been reduced by half, during which time the population has also increased. In 1955, the decrease over the preceding year was 23% but in 1956 there was an increase among non-Indians of from 231 to 268, or 16%, and among Indians a slight increase of from 101 to 108. On analysis, however, this increase is not alarming; firstly, because it is a reflection of a more concentrated case-finding effort and, secondly, the type of cases that account for the increase are of a less serious nature, both as to cure and spread of infection. One-third of the increase was in primary infection disease in children and entirely accounted for by the outbreak in one school at Cranberry Portage, which originated from one case. Incidentally, they have all done well on treatment. Another feature of the new cases and accounting for the balance of the increase was the greater number of pleurisies in 1956—an increase from 18 to 39, all of which were non-infectious. It is also significant that of the new cases with lung involvement disease was less advanced; the minimal category increased by 10% and far advanced decreased by 25%.

Tuberculosis is a communicable disease so the most likely source for new cases is among those who have had known exposure to infection—that is, contacts. This has always been appreciated, especially concerning families, and during the past year we have been impressed especially with the importance of promptly tuberculin testing, X-raying and following groups, such as in schools, offices or plants where a new case develops. One man was responsible in 1956 for 8 new cases, 5 from one family and all now in sanatorium.

New Active Cases by Age Groups and Sex, 1956

	Whites		Indians	
	Male	Female	Male	Female
0- 9	24	23	23	17
10-19	24	22	12	11
20-29	27	19	9	7
30-39	20	13	6	10
40-49	16	11	4	1
50-59	10	8	....	2
60-69	13	7	1	....
70 and over	17	7	2	....
Age not stated	6	1	1	2
	157	111	58	50

A striking feature during recent years and rather difficult to explain is the preponderance of males developing tuberculosis, especially the older age groups. Of the 268 new cases, 157 (59%) were males and 111 (41%) females. Most of this male excess was in those over 50 years of age, which accounted for 23% of the new cases. There were 24 over the age of 70. Of the 268 new active cases among the non-Indians 14 were not known about until their death was reported. Tuberculosis is predominantly a disease affecting younger people but the importance of chest X-raying people over 50 is apparent and needs to be emphasized. An added reason is that in this age group lung cancer and cardiac conditions have their highest incidence.

The new cases among the Indians were divided about equally among the sexes. Over half were under 20 years of age, and less than 8% over 50. The number of Eskimos on treatment will appear later but they are not listed as new cases because most of them are diagnosed and reported as such before they reach Manitoba.

All the new cases discussed so far have been those with active disease because they are the most significant from an infectious and preventive point of view. In addition to the 268 new active cases for Whites and the 108 for Indians, there were 155 and 113, respectively, inactive cases reported for the first time. Although these latter cases do not need treatment they are potential spreaders of infection and require following.

Treatment Facilities

On December 31, 1954, there were 50 vacant sanatorium beds and by the end of 1955, with a reduction of another 29,000 treatment days, there were 100 vacancies. If this rate of decrease was maintained, alternate use of the beds or closing of another institution seemed imminent. However, with only 15 fewer patients on treatment compared to a year ago, there has been a levelling off, at least for the time being. During 1956, 1,267 patients were admitted, an increase of 142 compared to the previous year. The increase was accounted for by 71 more non-tuberculous admissions and 67 more re-admissions. The admission of new cases for Whites and Indians remained about the same.

Of the 300 pulmonary first admissions, 45% had minimal disease, 38% moderately advanced and 17% far advanced. The earlier extent of disease is a further improvement and the most favorable ever reported. An observation about admissions requiring explanation is that 358 out of 973, or 36%, were re-admissions, which is an increase. As might be expected, 35% of the pulmonary re-admissions had far advanced disease, compared to 17% in this class for first admissions. Analyses in the past have not yielded specific reasons but rather a combination of factors responsible for the high re-admission rate, and for 1957 another study approach is instituted.

	Bed Capacity		Bed Occupancy as at December 31st						
	1956		1951	1952	1953	1954	1955	1956	
Manitoba Sanatorium	280		242	244	228	244	224	223	
Central Tuberculosis Clinic	53		45	29	44	44	45	48	
Municipal Hospitals	—		121	97	82	—	—	—	
St. Boniface Sanatorium	285		267	276	272	276	264	253	
		618	675	646	626	564	533		524
Dynevor Indian Hospital	55		45	38	51	50	53	52	
Clearwater Lake Sanatorium	190		159	163	187	196	185	185	
Brandon Sanatorium	256		258	259	251	254	243	238	
		501	462	460	489	500	481		475
Total		1,119							999

Admissions and Discharges

FIRST ADMISSIONS (TUBERCULOUS)

Primary pulmonary	13%
Minimal pulmonary	30%
Moderately advanced pulmonary	25%
Far advanced pulmonary	12%
Pleurisy	10%
Non-pulmonary	10%

A great many of the re-admissions are not genuine relapses but patients who have returned with a condition that turned out to be non-tuberculous. Also patients overstaying leave become re-admissions. It was predicted and evident in the earlier years of chemotherapy and resectional surgery that relapses were decidedly fewer, but these life-saving and dramatic measures may be less lasting than first thought. The initial improvement and health restoring effect of the drugs has definitely minimized and undermined long established principles of the cure. Enduring indoctrination of these principles and the fact that tuberculosis requires long-term treatment and careful post-sanatorium management and follow-up, has become more difficult to impress upon the patient.

Of the 817 tuberculous treatment cases discharged from all sanatoria, disease was classified as follows:

Inactive	24.0%
Arrested	44.9%
Active improved	23.1%
Active unimproved	3.3%
Dead	4.7%

The average duration of sanatorium treatment for all tuberculous patients was 436 days, compared to 511 days in 1955, which, as pointed out, is responsible for a slight decrease in total patient days, in spite of more admissions. With the exception of the Central Tuberculosis Clinic, the length of treatment is fairly uniform for all the sanatoria.

Treatment

There has been no particular change in treatment methods during the past year. Rest nd all that is included in sanatorium regime is the essence of a successful cure. The intensity f rest has been modified and, as mentioned earlier, is more difficult to enforce. The drugs— treptomycin, INH and PAS—given in various combinations are still the three of primary mportance, although other anti-tuberculosis drugs are of value in selected cases. It has ecome generally accepted that INH is slightly superior to streptomycin, and in 1956 this as reflected by an increased amount of INH used.

Resectional surgery has a predominant role in treatment, although fewer of the small esidual lesions are being resected. Manitoba Sanatorium has, I think justifiably, taken a old approach surgically with the salvage type of case. Results and risks are not comparable ith the average but many otherwise doomed to death or permanent hospitalization can eturn home with safety.

Of all tuberculosis discharges, 23.8% had some form of major chest surgery, which is igher than for other provinces. Actually, at Manitoba Sanatorium it was 44%. However, t must be kept in mind that surgical cases were transferred to Ninette from Brandon Sanaorium and Clearwater Lake Sanatorium during the last half of the year.

Chemotherapy for patients out of sanatorium is not encouraged but is permitted for hose who have completed their prescribed period in sanatorium and still can be benefited y continuing with the drugs. Ninety-one out-patients were given anti-tuberculosis drugs t the Central Clinic during 1956. As far as can be determined very few are being treated ith drugs by private physicians at home who have not had sanatorium treatment.

Of a total of 986 tuberculous patients discharged from the sanatoria, 78, or 8%, left gainst medical advice, which was the same percentage as for 1955. Our problem in this espect is not as great as in most provinces, the national percentage being 27.5 in 1955.

There has been an increase in the number of non-tuberculous conditions (mainly pulnonary) treated in the sanatoria. These cases comprised 23% of the total discharges, compared with 19% the year before. Their average duration of treatment was 76 days. Although hese non-tuberculous patients accounted for 23% of the discharges, their treatment days ere only 5% of the total.

At the year end there were only 18 patients at home known to have tubercle bacilli in putum or other secretions. Most are under supervision. This is satisfactory considering he 4,600 patients on record in the Central Registry and our provincial population of 850,000. Every attempt is made, by commitment if necessary, to hospitalize anyone who may be a preader of infection.

Rehabilitation

Rehabilitation of the tuberculous patient is essential to complete the objective of treatent. Inactivity usually for many months is necessary for physical recovery, but otherwise an have detrimental effects. Limitation of future activities and adjustment or change of ccupation may be necessary to ensure continued health. A planned service for this imortant phase of the management of tuberculous patients (1,000) is carried out by the Reabilitation Division of the Sanatorium Board, and following the same principles as laid own in 1942 when this program was established. The fundamental factors are vocational ounselling, vocational training and guidance, and assistance in placement. During recent ears there have been more patients with little experience in the basic educational subjects, o academic teaching has wider application. This is not the place for details and I refer you o the attached report of the Director of Rehabilitation. It is very interesting and the extent nd scope of the opportunities afforded and their fulfillment is impressive.

The Sanatorium Board's Rehabilitation structure is in complete co-ordination with the verall Provincial Rehabilitation program and the Board is appreciative of the helpful retionship.

An interesting development in Manitoba is the establishment of a new approach to the habilitation of Indians and Eskimos. It is difficult for these people to maintain a livelihood ven in good health, through lack of opportunity in their native environment. Social adstment and acceptance elsewhere has been a handicap. A Rehabilitation Officer for Indians nd Eskimos was appointed on November 1, 1956. The new plan is based on selecting suitable ndidates from the sanatoria, bringing them into boarding homes in Winnipeg under the pervision of housemothers, where they will be introduced properly to urban life. They can ntinue their studies under guidance of a welfare teacher, attend technical training classes training on-the-job, and we trust eventually will be absorbed into the "White" community.

It is hoped that old prejudices may be destroyed. This program is sponsored and financed by the Indian and Northern Health Services, Dept. of National Health, and the Indian affairs Branch, Department of Citizenship and Immigration and other Governmental Departments are involved.

The Central Tuberculosis Registry

Miss Elsie J. Wilson, Tuberculosis Consultant in Public Health Nursing and Director of the Central Tuberculosis Registry since it was established in 1937, retired in 1956. Through Miss Wilson's leadership and profound appreciation of the basic principles of tuberculosis control, a recording system has been developed that has received national and international recognition. For her outstanding and devoted contribution to tuberculosis control in Manitoba and Canada, she was awarded in 1956 an honourary life membership in the Canadian Tuberculosis Association.

Information about 4,610 tuberculous patients was on file in the Registry on December 31, 1956, which includes 1,178 Treaty Indians and 282 Eskimos. Records of all sanatorium patients and their contacts are readily available in the Registry, and all discharged patients for five years after being classified as arrested. Details are also recorded about surveys, clinics, new cases and deaths, all of which is very essential in formulating and carrying out an effective program. Miss Janet M. Smith, who has had wide experience in Public Health Nursing, has ably replaced Miss Wilson and I wish to thank all the Registry Staff for their assistance and fine cooperation.

Appreciation

I sincerely thank the Chairman of the Sanatorium Board, Chairmen of all Committees and Members for their advice and direction throughout the year. Correlation of medical and non-medical administration is essential and I appreciate the cooperation and help of the Executive Director. The fine work by the Medical Superintendents, department heads and staff of all tuberculosis institutions is evident, and I wish to acknowledge their able service. I deeply appreciate the cooperation 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.

Respectfully submitted,

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

STATEMENT OF TREATMENT DAYS—TUBERCULOSIS SANATORIA—1956

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	—	—	—	—	—	1,515	1,515
Central Tuberculosis Clinic	31	152	39	4,729	4,622	2,703	12,276
Clearwater Lake Sanatorium	—	—	—	—	695	9,439	10,134
Manitoba Sanatorium	2,271	1,940	—	16,375	27,699	11,086	59,371
St. Boniface Sanatorium	209	897	2,663	28,851	29,041	13,303	74,964
	2,511	2,989	2,702	49,955	62,057	38,046	158,260

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	—	87,719	—	—	—	—	87,719
Central Tuberculosis Clinic	701	815	—	52	1	184	1,753
Clearwater Lake Sanatorium	—	55,280	—	—	—	366	55,646
Dynevor Indian Hospital	—	17,097	—	—	—	—	17,097
Manitoba Sanatorium	5,649	14,653	14	129	288	2,713	23,446
St. Boniface Sanatorium	3,851	8,908	427	—	—	4,745	17,931
	10,201	184,472	441	181	289	8,008	203,592

TOTAL TREATMENT DAYS—1956

Province of Manitoba, Cities, Municipalities and Unorganized Territory	158,260
Government of Canada, Yukon Territory and Other Provinces	203,592
	361,852

Preventive Services
Headquarters
Central Tuberculosis Clinic

Prevention

PREVENTIVE SERVICES

From the Report of the Medical Director

Preventing tuberculosis means preventing people from becoming infected with the tubercle acillus. The search for new cases and their sources of infection is constant. To control nd eradicate tuberculosis it is essential that chest clinics and free chest X-rays be readily vailable. It is evident by the following table that a considerable proportion of the population being X-rayed yearly by various agencies. New approaches are constantly being explored. urther comments on the case-finding program will be made under appropriate headings.

Examinations by Clinics, Hospitals, and Surveys

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
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
1956	9,339	5,093	99,232	212,060	325,724
Grand Total, 1944 to 1956					3,199,123

Chest X-ray Surveys

During 1956, 212,060 chest films were taken on surveys; 197,231 non-Indians, 14,081 ndians, and 748 Eskimos. This total includes surveys of industries and business firms in Winnipeg but not general hospital admissions. Among the White people X-rayed one in pproximately 5,000 was found with active pulmonary tuberculosis, and among the Indians ne in 750. Surveys were more productive in 1956 than in 1955. Each municipality is urveyed every two to four years and the distribution of new cases is an important factor in etermining their frequency. There are 155 municipalities in Manitoba, apart from Winnipeg, nd in 1956 no new active cases were reported in 79, and 57% of these did not have a case n 1955 either. There were 42 municipalities with only one case each.

There is much discussion here and elsewhere about the decreasing number of tuberculosis ases found in relationship to the number X-rayed and the cost. Community and Industrial urveys we believe are still of importance in the search for tuberculosis and are the only means f reaching a large segment of the population. Their value should not be based entirely on uberculosis found as they afford wide health educational opportunity. Also of significance the number of non-tuberculous chest conditions that are drawn to attention for the first time.

The objective in a community survey is to X-ray everyone and the usual comment is—why not make it compulsory? The main reason is that enforcement would be a problem. Public meetings and organizational activities precede the survey by a few weeks, and through educational and community effort every attempt is made to get a full attendance. In 1956 surveys were held in 59 municipalities at 343 operational sites, and 204 public meetings were held. Apart from urban areas, attendance averaged 70%, an increase of 4.2% over the previous survey in the same municipalities. In most provinces children are not included and we are considering dropping those of pre-school age because of their freedom from tuberculosis.

Tuberculosis records are more complete now than ever before in all provinces and it is evident that some segments of the population have a higher than average incidence and warrant special case-finding attention. Such groups are general hospital admissions, which will be reported on later, people of older age, contacts, industrial workers, prisoners, alcoholics, and others in lower economic and social strata. In 1956 a special drive was made to screen food handlers and restaurant workers, 6,404 being X-rayed, 4,568 in Winnipeg and 1,936 outside Winnipeg. Fortunately, the tuberculosis found was not significant, which is contrary to findings in Toronto. Jail inmates are X-rayed periodically and the occasional case discovered, and we have considered putting an X-ray unit in Headingly Jail. Winnipeg Police Court cases are now being routinely X-rayed, at least for a trial run. The Salvation Army Hostel was surveyed in March, 1956, and one active case found. A thousand were X-rayed by the Board in nursing homes in Winnipeg and 744 in Old Folks' Homes.

Travelling Clinics

The first attempt to get out and look for tuberculosis was by Travelling Clinics in 1926—that is, 30 years ago. I remember the first clinic, which was held at Portage la Prairie in almost a shed-like building for infectious cases behind the hospital. Fifty-eight people were examined. X-ray equipment and cost limited those examined to persons most likely to have active tuberculosis, such as family contacts, ex-sanatorium patients and those suspected of the disease by their family doctor. This policy for travelling clinics has been maintained throughout the years and has been a fruitful source of new cases. During the past 10 years miniature films have made possible the X-raying of communities on a mass scale.

In 1956, 86 travelling clinics were held at 49 centres, examining 5,093 people and finding 19 with new active disease. This is one in 268 examined. About the same number of old cases were found to have re-activated disease, which is also important in controlling spread of infection.

The travelling clinics have been encroached upon by other X-ray programs, such as community surveys and general hospital admissions, so the number has been gradually reduced, with concentration on the higher incidence areas and the larger population centres.

Stationary Clinics

These are the out-patient clinics of each sanatorium and the Central Tuberculosis Clinic, which provide service for their surrounding areas and follow-up examinations of their ex-patients. During 1956 these clinics made 9,339 examinations, 5,955 of them at the Central Clinic, and were responsible for diagnosing half of the new active cases reported in the province. The importance of these clinics, especially the Central Clinic, as a source for new cases is obvious. Apart from contacts, all patients are referred by doctors so high positive findings can be expected.

Tuberculosis Control in the City of Winnipeg

The Sanatorium Board and the Winnipeg Health Department are closely associated in the program against tuberculosis in Winnipeg. The Public Health Nursing Service supervises patients after discharge from sanatorium, especially concerning follow-up examinations and the periodic X-raying of contacts. The Board organized and carried out the technical and medical work in X-raying 46,529 persons in industries and schools in Winnipeg in 1956. The Board also assists in the operation of an X-ray unit at the City Hall, which X-rayed another 11,893. Mass surveys are not conducted as in rural Manitoba because with the X-raying of people in industry and business, schools, general hospital admissions and other special groups, the annual coverage amounts to a third of Winnipeg's population.

General Hospital Admission X-ray Program

Reference has been made to concentrating the search for tuberculosis where we know it more likely to be found. This applies to the considerable proportion (15%) of the population dmitted during the year to general hospitals. This program, which is financed by Dominion overnment Health Grant, was initiated in 1949 and now includes 68 hospitals in Manitoba, hich admitted 117,280 patients in 1956. Of these, 79,941 had routine chest films, which is a ercentage of 68.1. There are several reasons why all patients may not be X-rayed, such as xtreme illness, emergencies and repeat admissions. Each hospital submits a quarterly eport, which is carefully reviewed, and we are in close touch with the rural hospitals through eading of their films, which are sent to the Central Tuberculosis Clinic. Out-patients are eferred to these hospitals by their doctor or an agency of the Board, which provides a con-enient diagnostic service with cost no barrier. In 1956 there were 11,587 X-rayed as out-atients.

Number of in-patients X-rayed	79,941
Number of out-patients X-rayed	11,587
Number of hospital staff X-rayed	7,704
Total	99,232

As a matter of interest the following six metropolitan hospitals admitted 57% of the total umber entering all the 68 general hospitals. These six hospitals took 62% of all admission lms and averaged 74% of the patients admitted.

Hospital	Admissions	X-rayed	Percentage
Concordia	3,317	2,589	78.
Grace	8,262	7,292	88.2
Misericordia	11,240	8,660	77.
St. Boniface	19,405	11,916	61.4
Victoria	4,905	3,790	77.2
Winnipeg General	15,058	11,191	74.3
Winnipeg General (Maternity)	4,428	3,902	89.4
	66,615	49,340	74.0

X-ray Findings on Hospital Admissions

1. Of the 79,941 admissions 90, or *one in 888* had apparently active tuberculosis.
2. 466, or *one in 171*, had tuberculosis that was considered inactive.
3. 169, or *one in 473*, had probable tuberculosis of doubtful activity.
4. 330, or *one in 242*, were considered tuberculosis suspects.
5. Taking into account all the above, 1,055, or *one in 75*, had evidence of present, past or suspected tuberculosis.
6. Of the 11,587 out-patients 16, or *one in 724*, had apparently active tuberculosis, o*ne in 18* had X-ray evidence of non-tuberculous chest disease, and *one in 14* 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 among patients admitted there were 4,221 (*one in 19*) non-tuberculous chest conditions found and 4,448 (*one in 18*) with cardiac abnormalities.

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

The Board is deeply appreciative of the interest and cooperation of the Manitoba hospitals n this project, which extends a very worthwhile health service into every community.

Vaccination with B.C.G.

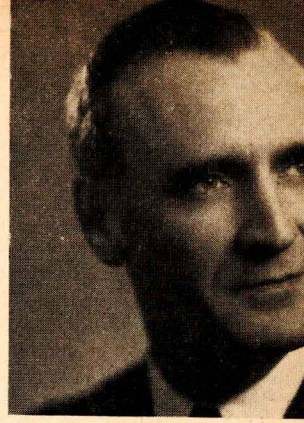
In Manitoba vaccination with B.C.G. has been applied on a limited scale. It does rovide some degree of protection against tuberculosis. The best protection, however, is to void infection with the tubercle bacillus, and it has been thought that mass vaccination ould encroach upon other phases of the preventive program. B.C.G. vaccination, therefore, as been confined to persons who may not be able to avoid infection, such as those listed elow. Excluding Indians, there were 887 vaccinated in 1956, a slight increase over 1955.

B.C.G. VACCINATIONS—1956

Contacts	210	
Medical Students	81	
Student Nurses (General Hospitals)	363	
Student Nurses (Mental Hospitals)	51	
Student Nurses (Practical)	39	
Nurses' Assistants	55	
Sanatorium Staff	61	
Mental Hospital Staff	16	
Others	11	887
By Indian and Northern Health Services		1,304
Total		2,191

Report of the Medical Superintendent Central Tuberculosis Clinic and Preventive Services

Central Tuberculosis Clinic



DR. D. L. SCOTT

There were 7,958 visits to the Central Clinic, 5,737 of these being for examination. Of this number 132 were found to be new discoveries of tuberculosis. In addition, eleven cases were found by X-ray readings or other means, making a total of 143 new cases. After full investigation 123 of these were considered to have active disease and in need of treatment—roughly, one new case for every 49 people examined.

Classification of the examinations and new discoveries are given in the statistical report. The latter are divided into age groups and it will be noted that there were thirteen cases under five years of age, and eight cases aged seventy or over. Sixty-eight of the new cases had disease of the respiratory tract, 25% being far advanced, 41.18% moderately advanced and 33.82% minimal in extent.

Treatment—There were 481 admissions to the ward and 476 discharges, almost a one-hundred per cent turnover, and treatment days numbered 14,028, an increase of 247 over 1955. A breakdown of the admissions shows that of the 481 admitted, 340 were for known tuberculosis, 136 of which were bacillary, 115 had non-tuberculous conditions, and 26, after being fully investigated, were found to have no disease. The age classification of these admissions is listed.

To briefly comment on the 476 discharges—160 were discharged on medical advice, presumably fit to carry on at home or not requiring treatment; 10 left against medical advice, but six were later readmitted to continue their treatment, three we felt satisfied were situated so as not to be a danger to others, and one is under observation by the City Health Department; there were 10 deaths, five of which were due to tuberculosis; 48 were allowed to return home and continue their antimicrobial treatment as out-patients; 213 were in need of prolonged treatment and were transferred to sanatoria for this purpose; and 34 were transferred to general hospitals for treatment of non-tuberculous conditions. The average duration of treatment was 29 days. Many of the patients admitted had complications of a tuberculous or non-tuberculous nature.

As one notes the increase in usage of antimicrobial treatments for both in-patients and out-patients, it is evident that more and more reliance is being placed on drug treatment to

Mobile Unit No. 1 joined in the Travellers Day Parade at the Brandon Exhibition. At an X-ray Unit set up in one of the Exhibition Buildings, hundreds of persons were given free chest X-ray examinations during a 5-day period.

:p patients non-bacillary and eventually to cure them. This trend is world-wide. Ninety- out-patients received chemotherapy at the Central Clinic during 1956. There was a al of 228 special examinations and treatments carried out in our operating room in con- tion with the treatment of patients.

Laboratory—Examinations done in the laboratory have been increasing each year and tests and procedures increase they become more complex. Altogether, 17,056 procedures re used, including sputum examinations numbering 2,404, urinalyses 1,391, blood examina- ns 4,239, tuberculin tests 7,480, and 691 B.C.G. vaccinations.

X-ray Department—In the X-ray Department 5,811 films were made, 5,701 of these ng chest films of various kinds. A variety of bone, kidney and other films are required at ies, and during the year 110 of these were made.

Teaching—Teaching and lectures to medical students and student nurses is carried on oughout the year. Our own staff were given five lectures on tuberculosis, meant to be in nature of a "refresher course".

Preventive Services

Travelling Clinics—The Medical Director will report fully on the provincial preventive npaign and its trends. Here I will simply point out that there were 86 clinics held in 49 itres and a total of 5,093 people examined. There were twenty-nine new discoveries of erculosis, eighteen of these being active cases.

Surveys—The mass survey statistics include Whites, Indians and Eskimos, and a total 212,060 films were made. There were 48 new active cases reported.

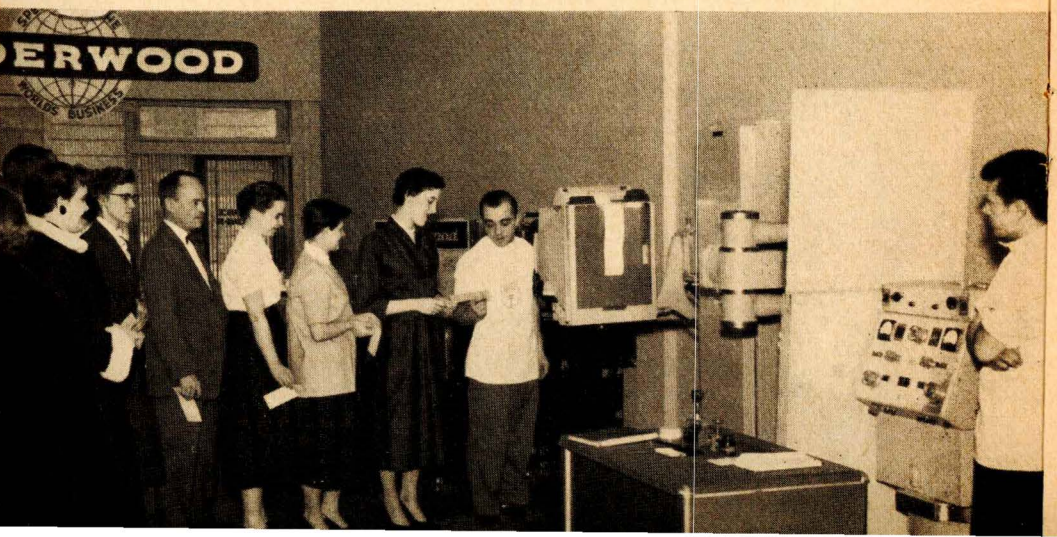
Hospital Admission Program—In the hospital admission program fifty-three hospitals t in 26,883 films and 28 were reported as showing tuberculosis, probably active.

In conclusion, I wish to thank the Chairman and all the Members of the Board for their dly and appreciative attitude. My thanks are also due to my confreres, both here and the other institutions managed by the Board, and those in St. Boniface Sanatorium. We also appreciative of our cordial relationship with the general hospitals throughout the vinces.

Respectfully submitted,

D. L. SCOTT, M.D.
Medical Superintendent.

During 1956 free chest X-ray examinations were given to 36,463 employees of 1,184 business and industrial firms in Greater Winnipeg. Space for the surveys was contributed by interested employers, at which all employees from firms in the immediate vicinity attended for X-ray. Pictured is the survey at Underwood Ltd. in the Canada Building.



CITY OF WINNIPEG

Tuberculosis Control 1956

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 12 deaths in Winnipeg due to tuberculosis. This corresponds to a death rate of 4.7 per 100,000 population and is the lowest death rate ever recorded in Winnipeg. The following table illustrates the gradual but steady decline in the death rate since 1930.

Year	Number of Deaths	Rate per 100,000 Population
1930	106	51.
1940	52	23.
1950	21	8.8
1954	17	7.
1955	17	7.
1956	12	4.7

Hospitalization—There was a monthly average of 147 patients hospitalized in the various sanatoria during the year of 1956. This is a substantial reduction in the monthly average of patients hospitalized during 1952 (214 patients), in 1953 (199 patients), in 1954 (191 patients) and 1955 (166 patients). The monthly average number of patients in the various Sanatoria were:

Ninette	59
St. Boniface Sanatorium	75
Central Tuberculosis Clinic	13
Total	147

X-ray Surveys—During 1956 the chest X-ray survey program continued to expand. The mobile 70 mm. machine previously purchased by the Sanatorium Board of Manitoba and loaned with staff to the,City Health Department, the stationary 4 x 5 X-ray Unit at the City Hall and two other 70 mm. machines (provided by the Sanatorium Board for use during the survey of all school children) were all utilized in X-raying a total of 58,422 individuals.

Industrial Surveys

One thousand, one hundred and eighty-four (1,184) office, business and industrial concerns were provided with an opportunity for their employees to have a chest X-ray at one or other of the 76 sites where the X-ray machines were set up. Ninety-seven point four per cent (97.4%) of the employees of these business concerns attended for an X-ray.

Mobile Units

No. of Operational Sites	76		
No. of Industries X-rayed	1,184		
Average Attendance	97.4%		
No. of Industrial X-rays Taken		36,463	
No. of School Children X-rayed		8,821	
No. of Private School Children X-rayed		1,245	
Total 70 mm. X-rays			46,529

Unit at City Hall

No. of Survey, Contact, and Patients X-rayed	7,348	
No. of Pre-employment X-rays	545	
Total 4 x 5 X-rays		11,893
Total		58,422

Active Cases of Pulmonary Tuberculosis Discovered Annually

Year	By all means	By City Health Surveys	% of Total found by City Health Surveys
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%
1956	49	9	18.3%

There was a ratio of one new case discovered for every 6,491 individuals X-rayed. Once in the progress that is being made in eradicating this disease is evident. In 1950, out of ry 2,042 individuals X-rayed one new unsuspected case of tuberculosis was discovered npared to one out of every 6,491 individuals X-rayed in 1956.

Active Cases of Pulmonary TB Discovered Annually by Surveys

Year	Number of X-rays	Total Active Cases	Active Cases Rate per 1,000 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
1956	58,422	9	.1 or 1 every 6,491 X-rays

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

Source of Active Cases Discovered by the Health Department

Surveys (Industrial and at City Hall)	5
Pre-employment	1
Referred by Private Physician	1
Individuals	2
Total	9

There were 1,134 individuals referred to the City Hall by private physicians for chest ays and that 1 new active case was discovered among this group or 1 case for every 1,134 sician referrals X-rayed. These referrals were in the main for pre-natal chest X-rays, tine chest X-rays in conjunction with a physical examination or suspect lung pathology. s interesting to speculate on the reason why 5 of the 9 new cases discovered during the r were discovered by the X-ray Unit at City Hall among 11,893 X-rays, while only 4 cases were discovered by the Mobile Units in a total of 36,463 X-rays.

tive Cases Discovered Through X-rays Taken on Surveys and at City Hall by Age Group

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
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
1956	2	22	6	67	1	11	–	–	9

Tuberculosis discovered on Surveys continues to be found among those individuals who in the most productive years of their lives. Seven cases, or 78%, of the 9 new cases were covered in the 20 to 60 age group.

The extent of disease on discovery for the 9 new cases found was:

Extent	No. of Cases 1955	No. of Cases 1956
Minimal	3	6
Moderately Advanced	7	2
Far Advanced	1	1

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

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

Treatment

MANITOBA SANATORIUM

DR. A. L. PAINE

ON the whole Manitoba Sanatorium had a good year in 1956, highlights of which were as follows: In the physical plant some very fine staff housing units were built; water supply lines were extensively renewed; a new softening plant was installed and a pay staff cafeteria established. In the matter of staff, further stability took place with no significant shortages, except occasionally of graduate nurses. Treatment continued active with many patients referred for surgery and over 50% of all admissions coming to operation. A physiotherapy department was added to our armamenterium. Diagnostic problems tended to increase and an unusual number were admitted from the out-patient department for further study.

Manitoba Sanatorium is fully accredited by the Joint Commission on accreditation of Hospitals.

Patients

Treatment days totalled 82,817, as compared to 85,249 in 1955. Patient composition varied little from last year as regards sex, race and age. Thus at year's end males out-numbered females by 143 to 78, or nearly two to one. Also two-thirds of patients were white and one-third of Indian blood, either Metis or Treaty. The trend towards older age incidence continued, 35 patients, mostly men, being aged 50 or over. Department of Veterans Affairs patients declined from 19 to 10.

Admissions and Discharges

Of 387 admissions 187 were for review or diagnosis and 200 for treatment of tuberculosis. In those admitted for treatment of pulmonary tuberculosis 36% had new disease, 38% came to continue treatment after periods elsewhere and 26% had suffered relapse. Of the relapse group only 2 had had previous resection surgery, 22 had undergone some form of collapse therapy. However, follow-up on resection surgery is as yet too short for fair comparison. Advanced disease is still common in new discoveries, 60% of this class having more than minimal involvement.

Non-pulmonary tuberculosis increased over last year by 30 to 18, the increment being mainly in pleurisy and kidney cases.

Of the 386 discharges 182 had been in for short periods for review or for diagnosis and investigation. The remaining 204 were discharges from treatment of tuberculosis and of these 81% completed treatment, 7% transferred to other hospitals, 8% left against advice and 4% died. Only one patient was discharged home with positive sputum, including those leaving against advice. This patient has since been re-admitted. Average duration of treatment was 395 days.

Diagnosis and Investigation

In the out-patient department 1,252 persons were examined; there were 13 discoveries of tuberculosis and 400 old patients were reviewed. This year 2% of our total treatment days was used on investigation, diagnosis and incidental treatment of conditions ultimately proven non-tuberculous. These included 2 patients with bronchogenic carcinoma, one with fibrosarcoma of the pleura and another with Hodgkins disease; amongst other more common conditions were cystic lung disease, lung abscess, lipoid pneumonia, pneumonitis, empyema and spontaneous pneumothorax.

Treatment

Rest is still basic treatment for tuberculosis, along with chemotherapy. Whenever possible a combination of two drugs is used, preferably streptomycin and PAS However, INH appears to be better tolerated than either of these drugs, and this year, for the first time, our use of INH has exceeded that of streptomycin. In resistant cases some use is made of viomycin and seromycin; the latter has proven unusually toxic. Streptohydrozide is frequently effective where streptomycin and INH given together fail.

There has been little change in our surgical thinking in the last year. Resection is used tensively, but extraperiosteal packs are favored in poor risks, especially in older patients th low cardio-respiratory reserve due to emphysema and other causes. As regards resection, wer patients require pneumonectomy with an increasing number having multiple resection; e commonest operation is still wedge resection to remove residual disease and prevent lapse after prolonged chemotherapy.

A modification of the old Schede operation was used in five patients with empyemata here resection and decortication did not seem feasible. The outlook for final cure in these ses seems good.

No patient was treated with pneumothorax during the year and only one with pneumo-ritoneum.

Major chest operations for the year totalled 122, of which 84 were some form of pulmonary section. Volume of work remained approximately the same as last year, but with some crease in resection and increase in packs. There were three deaths associated with surgery. ne was from cardiac arrest during pneumonectomy. Another occurred immediately after rib resection for empyema in a badly debilitated patient with pericarditis. The third death as two months after resection complicated by empyema in a salvage case and was due to xemia and chronic respiratory failure.

A complete list of major and minor procedures is tabulated on page 47.

A department of physiotherapy was established in June, 1956 and has added greatly to r treatment facilities. To date 88 of our patients received treatment.

X-ray and Laboratory Departments

Both Departments have maintained a high standard of work throughout the year. Total ms taken by the X-ray Department increased slightly over last year, due to more out-tient examinations. This department also does electrocardiographs and clinical photog-phy.

The Laboratory reports some changes in the incidence of various tests; increases are ted in urinalysis, examinations of gastric contents for tubercle bacilli, antibiotic sensitivity sts, cross-matching of blood, tuberculin tests and sedimentation cell counts; chief decrease as in sputum examinations. During the year some special work has been done in the isolation d identification of fungi.

See page 49 for Laboratory and X-ray Statistics.

Education

The Rehabilitation Division continues to do excellent work in academic and vocational aining and occupational therapy. These services increase in importance as general educa-nal standards in patients become lower.

This year we again have an instructress for the affiliate course in nursing. Thirty under-aduate nurses spent four weeks at the Sanatorium receiving a full course of lectures and rd instruction. Nurses attendants also received excellent classroom as well as ward training.

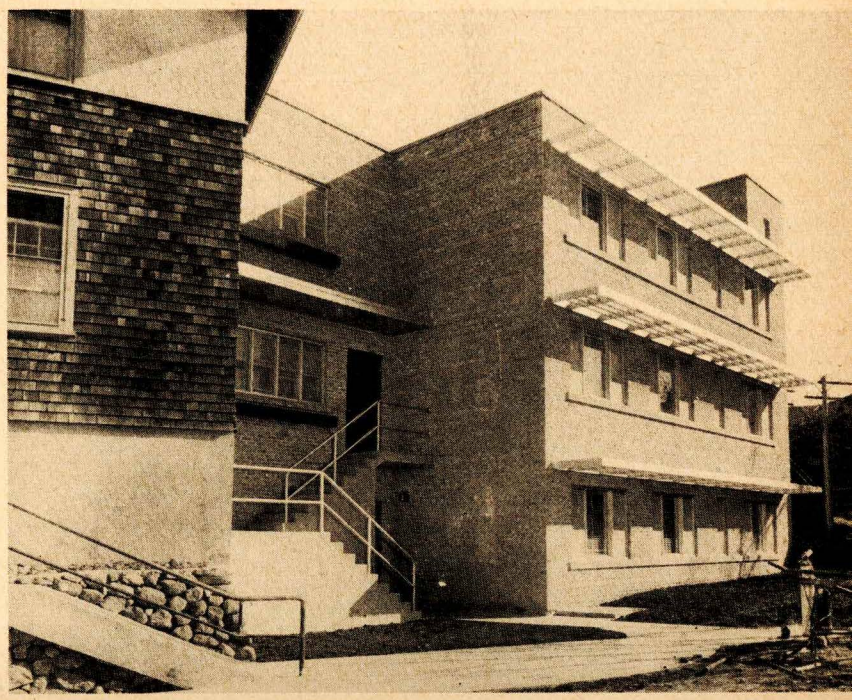
Appreciation

Hospital care involves a great many departments, all necessary to the proper functioning an institution. Each staff member makes his or her contribution to the total treatment ort. General standards of work has been excellent and I would like to take this opportunity thank all staff members for good work and loyal support during the year. To the Chairman the Board, the Chairman of the Administration and Finance Committee, the Executive rector and all members of the Sanatorium Board deep appreciation is expressed for very le guidance and a great deal of unselfish work on our behalf. I am grateful to the Medical rector of the Sanatorium Board, the Superintendents of the various tuberculosis institutions d the Department of Health for much help and co-operation throughout the year.

Respectfully submitted,

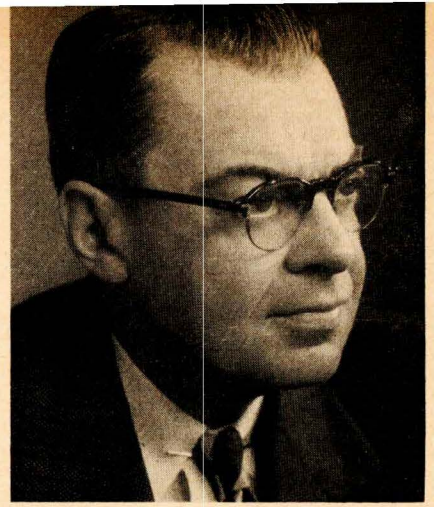
A. L. PAINE, M.D.
Medical Superintendent.

Manitoba Sanatorium

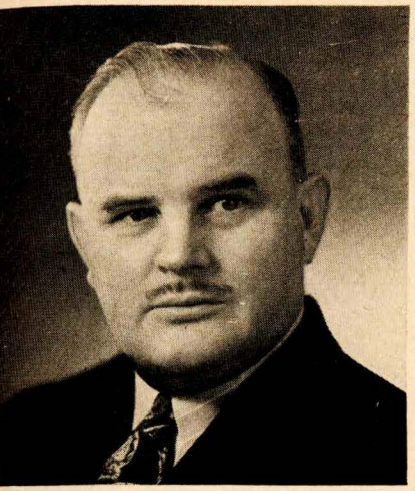


An addition to the Nurses' Home at Manitoba Sanatorium was completed in 1954 to provide very comfortable accommodation for professional nursing staff.

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
1956 Annual Report of the
SANATORIUM BOARD OF MANITOBA

Once again it is a pleasure for me to commend the Sanatorium Board of Manitoba on a year of solid achievement. Thanks largely to its increasingly effective programs of prevention, diagnosis and treatment, further encouraging progress has been made during 1956 in reducing the toll taken by tuberculosis among the citizens of this province. Indeed, as this Report indicates, the death rate from this disease last year was the lowest ever recorded in Manitoba's history.

As Minister of National Health and Welfare, I am happy to acknowledge the excellent co-operation which the Board has continued to accord the Department's Indian Health Services. In this connection one of the most significant developments in Manitoba's tuberculosis control program during the past year has been the initiation of a completely new approach to the rehabilitation of Indians and Eskimos. Worked out by officials of the two senior levels of Government, this important project should do much to help members of our native population re-adjust to normal living after their release from sanatoria.

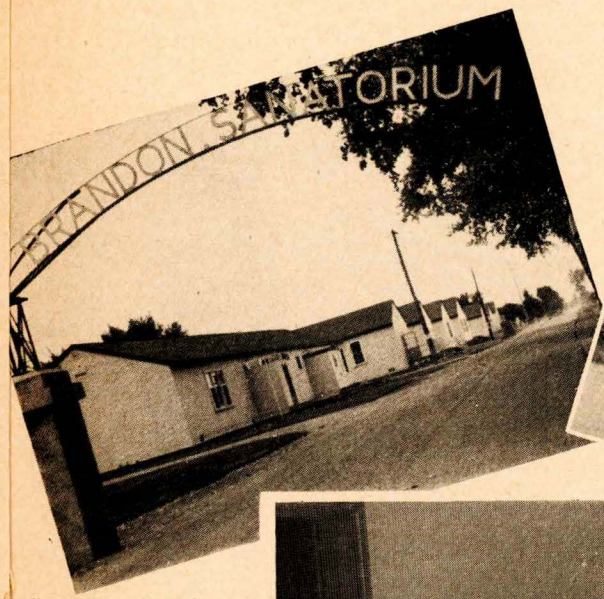
While the care of tuberculosis patients in sanatoria—other than Indians and Eskimos—has long been accepted as a provincial responsibility, the Federal Government has provided substantial assistance under the National Health Program to Manitoba and to the other provinces of Canada to help them improve their facilities and services in the field of tuberculosis control. Among other things, these federal funds have been used for Manitoba's province-wide hospital admission X-ray program, which during 1956 reached more than 90,000 patients in 68 hospitals throughout the province.

Federal support is an important factor in Manitoba's tuberculosis control program but, as I have said, the main responsibility rests with the province itself. I am confident that in the coming year the Sanatorium Board of Manitoba can look forward to ever increasing success in its efforts to eliminate tuberculosis as a major threat to the health and well-being of the people of the province.

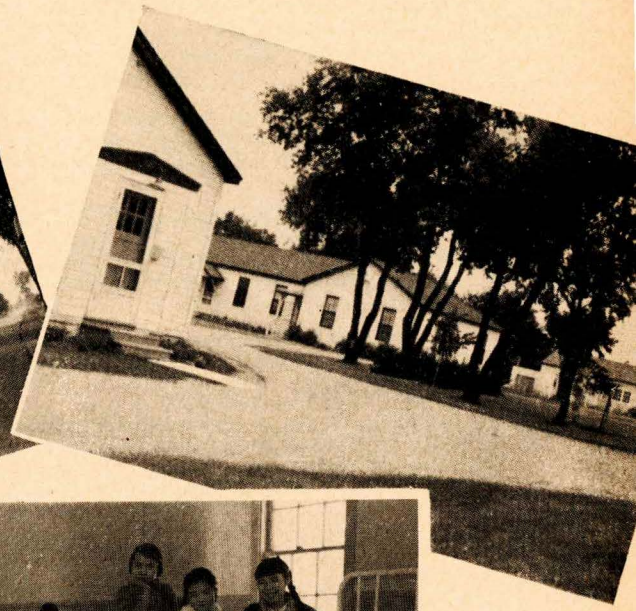
Care of Indian Patients

From the Report of the Medical Director

The Sanatoria and the Regional Superintendent of Indian and Northern Health Services have reported on the tuberculosis control program among Indians and appended are detailed statistics, so I will only refer to a few features. To truly appreciate what has been accomplished one needs to have in mind the picture of 10 or 15 years ago. As recently as in the year 1948, 149 Indians died of tuberculosis and 535 new active cases were reported. In 1956, there were 22 deaths and 110 new cases. Improved nutrition and better health and health services generally, have contributed to the improvement but the marked reduction in tuberculosis is primarily due to an intensive campaign of case-finding, and the provision of adequate beds for isolation and treatment. During the past few years this program has been extended to the Eskimos. On December 31, 1956, there were 295 Treaty Indians and 208 Eskimos in Sanatorium. This total of 503 is slightly less than the year before, the Indians decreasing by 53 and the Eskimos increasing by 34. Over 15,000 Indians and Eskimos were X-rayed on surveys and clinics and this survey program has been in effect for some years. Indian and Northern Health Services organizes the surveys and the Sanatorium Board provides the technical and medical service. Organization, transportation and operation is unique. The partnership and the fine working relationship of the Sanatorium Board and Indian and Northern Health Services has made possible this extensive and effective program of prevention and treatment.



Above: Tenth St. entrance to Brandon Sanatorium.



Above: Shade trees the spacious lawns Brandon Sanatoriu

A group of Indian children on treatment for tuberculosis

W. J. WOOD

Report of the Regional Superintendent
INDIAN HEALTH SERVICES

OUR smug certainty that our toboganning death and new case rates for tuberculosis would continue the descent that started many years ago, has received a bump that retards our objective which is that of equality with non-Indians. Our death rate of 110 per 100,000 in 1956 is almost back to that of 1953 (114), while the new case rate (514) also shows an upsurge. Indian tuberculosis deaths are 20 times that of whites in Manitoba and new cases are 16 times the white rate.

There are several factors that may explain this difference: the low economic status of Indians, remoteness from medical attention, lack of health education, overcrowding in poor houses, epidemics of other communicable diseases and poor nutrition. If we could double the income of Indians, the tuberculosis rate would probably be cut in half.

The picture is not so dark when we examine the admissions for tuberculosis and the total treatment days. In 1953 there were 739 Indian admissions. In 1956, there were 535. However, Eskimo admissions increased from 28 to 146. Treatment days for Indians decreased from 192,631 in 1953, to 114,237; a saving of 78,394 days. If we include Eskimos, there is still a decrease of 22,000 days treatment in 3 years.

In 1956 we X-rayed 14,177 Indians, or 67% of the population. The new active cases found on these surveys numbered 35, or 1 in 405 X-rayed. This fully warrants continuation of yearly surveys and greater efforts to include those that have not been done.

Beds in sanatoria for natives number 500. The average daily occupancy was 460. There is ample room for future cases. If we could remove boarders, non-tuberculous cases, Eskimos awaiting transportation home and newborns, there would be about 100 beds in excess of present needs.

A start has been made in rehabilitation of native ex-tuberculosis cases by academic and practical teaching in special homes in Winnipeg. This is an excellent project in view of the fate of many ex-sanatorium patients, particularly those who have had surgery. The majority seem to have developed the attitude that they are disabled and that the country owes them a living.

The status of tuberculosis among Eskimos is exemplified by a survey we made in the E3 area. This includes, Chesterfield Inlet, Repulse Bay and Southampton Island.

Out of a total of 157 families:—

50 families had 1 case of tuberculosis
18 families had 2 cases of tuberculosis
6 families had 3 cases of tuberculosis
2 families had 4 cases of tuberculosis
1 family had 7 cases of tuberculosis

77 families had one or more cases of tuberculosis

There were thus, 119 cases of tuberculosis discovered in the past 4 years in a population of 686, or a case rate of 173 per 1,000 or 17.3%.

Tuberculosis is still in the epidemic stage in the Arctic. There are still about 35% that we have not X-rayed so we can anticipate little decrease in need for beds for Eskimos, whereas Indian cases are steadily decreasing.

On behalf of the Department of National Health and Welfare, Indian and Northern Health Services, I take much pleasure in extending to you our thanks for the splendid help you have given us in our efforts to eliminate tuberculosis from our native population. Our thanks are also extended to the Central Tuberculosis Registry for their efficient work in recording and making available to us data on both Indians and Eskimos.

Respectfully submitted,

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

DYNEVOR INDIAN HOSPITAL

DR. W. W. READ

DYNEVOR Indian Hospital has completed its eighteenth year of operation by the Sanatorium Board of Manitoba and its ninety-fourth year as a hospital or institution devoted to the welfare of Indians. Dynevor has a bed capacity for 55 patients, although at times this number has been exceeded. During 1956, 72 patients were admitted and 73 discharged, which includes two deaths. Treatment days totalled 17,097, a decrease of 707 compared to 1955, due to a lower occupancy during the summer months. On pages 46-49 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.

Treatment measures are of a conservative nature, being mainly that of the usual sanatorium regime and chemotherapy. About one-third of the patients are children with primary pulmonary or glandular lesions. Another third are chronic, more or less maximum benefit cases, many of them elderly who cannot manage at home with safety to themselves or their families. Special laboratory and X-ray investigational procedures are carried out at the Central Tuberculosis Clinic and patients requiring chest surgery are transferred to Brandon Sanatorium.

One school teacher teaches academic subjects and gives handicraft instruction. Stimulation and closer supervision of this work is now provided by the recent appointment of a rehabilitation officer for Indians and Eskimos.

Patients were well entertained during the year and the donation of two television sets added greatly to their contentment. Religious services are held every Sunday. A tape recording machine was donated and it is planned through this medium to give the Indians and Eskimos religious services and messages in their native language.

A number of improvements in the hospital were carried out during the year, including redecorating of the second floor and renovating two bathrooms. The grounds were well maintained and never more attractive. The garden was a valuable source of fresh vegetables.

Staff was uniform most of the year, there being very few changes, and I wish to pay tribute to them for the harmonious and devoted spirit in which they have carried out their work during the year.

In conclusion, I would like to thank the Dynevor Chairman, Mr. Longstaffe, and his committee for their kindly help and advice during the year. I would also like to express my appreciation for the assistance of Dr. Ross, Dr. Scott and Mr. Cunnings and his staff. To Dr. Wood, the Indian agents, doctors and nurses of the Indian and Northern Health Services, and to our associated superintendents in allied institutions I extend my sincere thanks for assistance during the year. We received valued help for Eskimos from the Hudson's Bay Company and its Factors in Baffin Island, Southampton Island and Northern Quebec, which is deeply appreciated.

Respectfully submitted.

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

Dynevor Indian Hospital

H. POVAH

BRANDON SANATORIUM

IT is our pleasure to present the Tenth Annual Report from Brandon Sanatorium, a 256 bed hospital devoted to the treatment of tuberculosis among Treaty Indians and Eskimos from Manitoba, Northwestern Ontario, the Central and Eastern Arctic regions.

The total bed occupancy was slightly below that of 1955. Total patient days in 1956 were 89, 234; 90, 350 in 1955.

Case Finding

During the year there were a total of 1,084 out-patients examined (1,006 white patients and 78 Indian patients). Nine new active cases of tuberculosis were discovered. A survey of teachers, the R.C.M.P. and the Salvation Army's Eventide Home was carried out.

A complete survey of patients and staff of the Brandon Hospital for Mental Diseases was done in June and the X-rays were read by our Medical Staff. Out of 1,630 patients four new cases and 27 reactivated cases of tuberculosis were discovered. Nineteen of these were bacillary. Dr. Margaret Atkinson, formerly of Ninette, has taken on the planning of the tuberculosis program within the hospital and is getting it well organized.

Admissions

There were 229 admissions during 1956, an increase of 31 over 1955. Of this total 56 or 24.4% were new cases of tuberculosis. Pulmonary tuberculosis admissions numbered 151. Of this number 49 or 31.8% were new cases, 29 or 19.3% were readmissions, 65 or 43.6% were transfers and 8 or 5.3% were admitted for review or diagnosis.

In 1956 there were 72 Eskimos admitted as compared with 28 in 1955. Of these, 51 had tuberculosis. This would certainly indicate the efficiency of the northern surveys in so far as the discovery of new active cases goes.

Tuberculosis still seems to affect chiefly the younger age groups in the areas from which we draw our patients. There were 65.07% in the age groups 10 to 40 years and 18.7% in the age group 40 to 75.

Of the 151 admitted with Pulmonary Tuberculosis, 121 or 80.1% were non-bacillary and 30 or 19.9% were proven bacillary by smear or culture. Of the total, 138 or 91.3% were active and 13 or 8.7% were inactive. As regards extent of disease, 77 or 50.9% were minimal, 43 or 28.6% were moderately advanced and 20 or 13.2% were far advanced. There were 10 cases of pleurisy with effusion (6.6%) and 1 case of primary infection (0.7%). Thus there were 14 more cases with minimal disease than the combined number of moderately advanced and far advanced cases (77 as compared with 63). Five years ago the ratio was thirteen minimal cases to fifty moderately or far advanced.

There were 16 cases of non-pulmonary tuberculosis. Eight or 50% of these were cases of osseous tuberculosis, 4 cervical lymphadenitis and 4 tuberculous meningitis.

There were 62 admissions for non-tuberculous disease, i.e. 27% of the total admissions. Over half (56.4%) had pulmonary disease and almost half of these had bronchiectasis. In 13 (20.9%) there was no evidence of disease.

Discharges

There was a total of 234 patients discharged during 1956. The type of separation was as follows:

On Medical Advice	167	(71.4%)
Against Medical Advice	10	(4.3%)
Deaths	8	(3.4%)
Disciplinary	5	(2.1%)
Transfer	44	(18.8%)

All of the 10 patients who were discharged with positive sputum were transferred to other sanatoria to continue treatment.

One hundred and forty-nine were discharged with a diagnosis of Pulmonary Tuberculosis. Of these 94 or 62.5% were classified as "Inactive", 9 or 6.1% as "Arrested", 38 or 25.7% as "Active Improved", 3 or 2.3% as "Active Unimproved" and 5 or 3.4% were "Deceased".

As noted above, there were 8 deaths and 5 of these died of Pulmonary Tuberculosis. Of the remaining three, one died of Tuberculous Meningitis and 2 died of non-tuberculous disease. That is to say, there were 6 (2.5%) deaths due to tuberculosis and 2 (0.8%) due to non-tuberculous disease.

Treatment of discharged patients whose treatment was completed was as follows:

Pulmonary Resection	51
Pneumoperitoneum	2
Bed Rest and Chemotherapy	50

The average duration of treatment of all discharges was 374.94 days. This is a decrease of 23.13 days as compared with 1955. Five years ago the average duration of treatment was 720.64 days.

There was no essential change in the treatment program during 1956.

In our hospital there appears to have been some change in the type of disease coming to surgery. Definite circumscribed solid lesions are becoming less frequent. On the other hand there is an increasing incidence of bronchial damage and bronchiectasis. We believe that, in the absence of cavitary disease, bronchiectasis is a frequent cause of relapse.

Because the extent of bronchiectatic disease is not evident on the ordinary PA X-ray film, 64 bronchograms were done during the year to plan the resections required. Of the 60 thoracotomies, 45 were done for tuberculosis and in 17 or 37.7%, a bronchiectatic component was diagnosed pre-operatively and 36 or 80% of the pathological specimens showed evidence of bronchiectasis microscopically.

Details of operative procedures carried out during the year will be found on page 47.

Complications in the 60 open chest operations were as follows:

Bronchial leak with small air pocket (All successfully treated with intercostal catheter drainage and suction)	5
Bronchopleural fistula (Successfully treated with thoracoplasty)	1
Wound infection (severe pyodermia pre-op.)	1

Post-operative Complication Rate 9.9%.

There was 1 post-operative death due to acute pulmonary edema giving an immediate post-operative mortality rate of 1.6%.

X-ray Department

Mr. Hugh Gibson, R.T., and his department, continue to produce work of the highest caliber. Sectional radiography of the chest is still an invaluable diagnostic procedure. 539 planigrams were made during the year.

Mr. Gibson also directs the department of clinical photography, producing during the year 446 35 mm. slides, and 100 feet of 16 mm. movie film to record pathological specimens and results of treatment.

Mr. Gibson is the 1956-1957 President of the Manitoba Association of X-ray Technicians.

Laboratory

Miss Laura Delamater, R.T., also directs a highly specialized department giving an invaluable service to the hospital and community.

A total of 14,216 laboratory procedures were carried out during the year. Culturing of tuberculous and non-tuberculous organisms for drug sensitivity tests consume an increasing amount of time and energy. Approximately 3,654 cultures were made during the year. Included in their work were 114 electrocardiograms and 208 pulmonary function studies.

Building and Maintenance

Renovation and redecoration under the direction of Mr. R. Newman have kept the buildgs in an excellent state of repair. The only major change during the year was a complete ange in the layout of the kitchen.

Staff

Staff were reduced by 5,000 hours over the previous year, through the able direction of r. G. R. Gowing, Business Manager and Mrs. I. A. C. Cruikshank, Superintendent of Nurses.

Education and Rehabilitation

We are most enthusiastic over the establishment of a Department of Rehabilitation for dians and Eskimos for this area under the directorship of Mr. Edward Locke. Ex-patients ready are showing they have the ability; one as a School Teacher for the past three years, graduate of Normal School; another employed by Eatons in Radio and Television and hers taking training in Hairdressing, Secretarial and Watch Repair work, etc.

In the hospital three teachers teach the 111 patients enrolled in academic work, and he Occupational Therapist with a part-time assistant guide the 127 doing occupational erapy.

In Memorium

We remember with deep regret the sudden death of Dr. Alexander Gibson, Orthopaedic onsultant, March 30, 1956. The appointment of Dr. Robert Tucker as his successor was very wise and popular choice.

Education

The Medical Staff attended all four meetings of Manitoba Chest group held during the ar. Brandon Sanatorium was pleased to be host to one of these meetings on June 2, 1956.

A course of Lectures on Respiratory Diseases was prepared for presentation to the underaduate nurses of the Brandon General Hospital and to the Nursing Staff of Brandon Sanarium.

The Medical Superintendent completed the first year of required post graduate training ecember 31, 1956. A break of four months, March-July 1, 1956, was spent in Brandon to ean up the accumulated surgery. He is most appreciative of the opportunity afforded him.

Miscellaneous

Receipts from the Annual Tea, March 21, 1956, were $1,050.00. Four television sets ve been purchased for the patients.

Brandon Sanatorium is fully accredited by the Joint Commission on Accreditation of ospitals.

Appreciation

We wish to record our sincere appreciation of the contributions of our many friends to e administration of the hospital and to the care of the patients, especially our consultants, e Chairman of the Board, the Chairman of the Brandon Committee, the Executive Director d the Medical Director and the Indian Health Services.

To these and many others we are deeply grateful.

Resptecfully submitted,

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

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

CLEARWATER LAKE SANATORIUM

DR. S. L. CAREY

THE close of 1956, saw the completion of the 12th year of operation at Clearwater Lake Sanatorium.

At this point it might prove interesting to briefly consider the tremendous changes that have transpired not only within the Institution itself, but in the ever-widening field of Preventive Medicine which now encompasses within its service the vast areas of Northern Manitoba and the North West Territories.

Clearwater Lake Sanatorium opened in 1945 and had 78 beds for the treatment of tuberculous Indians. A preventive program was merely a probability. With its growth the patient population was naturally drawn from an enormous area, so that the Institution had to be modified considerably in order to house the present 192 patients. New wings were added, laboratory facilities were expanded, and the X-ray Department completely remodelled to accommodate the increased volume of work, with new diagnostic services such as planigraphy, etc., being incorporated at the same time. A larger darkroom with stainless steel tanks was constructed and is therefore capable of handling the 16,000 or more X-rays that arrive annually, for processing and reading.

The physical plant had to be modernized to keep abreast of the other changes.

Staff increased in number, duplicating itself over a twelve year period until the present peak of 105 was reached. Accommodation became a major problem and resulted in a new wing being added to the Girls' Quarters, and each year saw new homes erected around the Sanatorium, until today ten such homes exist on power, heat, and sewage lines. This building program was climaxed in 1955 by the construction of a large four suite apartment block.

Recreational facilities were provided taking the form of Curling, Tennis, Volley Ball, and naturally a Community Club was formed.

A definite sign of progress made its appearance in the changing landscaping picture. It should be realized that there is no sub-soil at Clearwater, merely a gravel base, and that improvement of the grounds would indeed take a full twelve summers. Today there are lawns in front of the Hospital and homes, with attractive flower beds.

Over the course of the years the Sanatorium has dealt with the tuberculosis problems of the Treaty, and Non-Treaty Indian population of Northern Manitoba, and the recent development of mass radiological surveys among the Eskimo, has resulted in the admission of patients from the Central and Eastern Arctic, and even from the Northern tip of the Province of Quebec.

Clearwater Lake Sanatorium is fully accredited by the Joint Commission on Accreditation of Hospitals.

Admissions

Despite the fact that during 1956, only 220 patients were admitted, patient days numbered 65,780, representing an increase of 3,330 over 1955.

Of all admissions, 41.8% were Eskimo, 38.6% were Tready Indian, and 19.6% Non-Treaty and White. Over 40% were children below the age of 14 years, whereas those over the age of 40, constituted only 17%, of all admissions.

New cases numbered 146, (66.4% of all admissions), but upon further analysis, only 116 were found to be suffering from active tuberculosis.

Thirty-five patients were admitted for full investigation and diagnosis, but were discharged within a 31 day period, as no evidence of active disease could be elicited.

New Discoveries

The distribution of disease classification among the 146 new cases, is of interest.

Of the 113, with pulmonary tuberculosis, 31 were minimal in extent, (5 bacillary), and, 23, were diagnosed as moderately advanced or worse, (12 bacillary).

Active cases of primary tuberculosis numbered 40, an unusually high figure which will be elaborated upon later in this report.

A type of admission relatively uncommon in the past two or three years, once again made appearance, in the form of pleurisy with effusion. Nine such cases were admitted for eatment.

Re-Admissions

There was a percentage re-admission rate of 13.59 during 1956, an apparent increase over e previous year, but, after further investigation of the pulmonary and non-pulmonary berculosis cases, only 27, or 12.3%, of all admissions, were proven to be active.

The extent of disease in the cases of pulmonary tuberculosis that were re-admitted was follows:

Minimal Non-bacillary	11
Moderately Advanced (4 Bacillary)	8
Far Advanced Bacillary	1

Discharges

Of the 220 patients discharged, those completing Sanatorium treatment numbered 121, 55%, those transferred elsewhere numbered 59, and patients leaving Against Advice formed e small group of 4. In all four instances the disease had markedly improved and sputum as negative.

Of the 7 deceased, death occurred in 4 adults within the 50-76 year age group, and was all cases, attributed to far advanced pulmonary tuberculosis. In two children aged 9 and 2 spectively, tuberculous meningitis was the causative factor, and the final death was due to ematurity.

Two other cases of meningitis, successfully treated with triple therapy (i.e. SM. INH. d PAS) during the year, were transferred elsewhere to continue treatment.

Non-tuberculous disease existed in 16 of those discharged, and it is a point of interest, at in 3 children, X-rays of the chest demonstrated solitary cysts, which were thought to present infestation by the parasite Taenia Ecchinococcus, the cause of Hydatid Disease. rgical removal of the cysts was advocated.

Average Days Treatment

The average stay in days, during 1956, was 241.5, compared to 242.8, in the previous year.

The actual treatment days for all forms of tuberculosis was 369.2, which is actually a duction of 70 days per patient, over 1955.

Eskimos

Eskimos admitted during the year numbered 85, and classification of disease in the 58 lmonary cases is given below.

PRIMARY		MINIMAL		MODERATELY ADVANCED		FAR ADVANCED	
Bac.	N.B.	Bac.	N.B.	Bac.	N.B.	Bac.	N.B.
1 :	14	3 :	20	9 :	6	3 :	2

It is significant to note that the majority were suffering from Primary and Minimal berculosis, but it should not be overlooked that the 12 open, far advanced cases, because of se living, have probably infected many of their neighbours.

Among the remaining group of 27 admissions, 8 showed evidence of non-tuberculosis ease (pneumonia, broncho-pneumonia, pulmonary sepsis, etc.), 5 were admitted with berculosis later proved to be inactive, and three showed no evidence of disease at all.

Eskimo re-admissions to the Sanatorium numbered 7, but two manifested a different form tuberculosis than the type for which they had previously received treatment. Of the nainder, 3 proved to be suffering from non-tuberculous disease and were discharged.

All Eskimos in Sanatorium were immunized with D.P.T. (Diphtheria, Pertussis and tanus), and received Salk vaccine.

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

Preventive Services

Travelling Clinics originating at Clearwater Lake Sanatorium, are conducted at regular intervals at The Pas, Flin Flon and Swan River, and periodically the Hudson Bay Line and Churchill are included in the area under survey.

The periodical occurrence of isolated local outbreaks of tuberculosis has grown into a fairly large problem with far reaching responsibilities. Such an outbreak occurred in Cranberry Portage, a small Northern Manitoba community, during March, 1956. This small townsite, originally with a population of between 250 and 400 persons, had been X-rayed 5 times over a twelve year period by the Sanatorium Board of Manitoba. A construction boom led to a ballooning of the population to over 1,000 persons and naturally many transients arrived in the community.

It was discovered that a school child had developed tuberculosis, and an immediate X-ray survey of the area was organized. As a result, 9 other cases emerged, showing radiological evidence of the disease, and were promptly admitted to Clearwater Lake Sanatorium so that treatment could be instituted. To date, 5 of these children, all from the same classroom, have been returned home with their disease in an arrested phase.

Five visits were made during the past year, and a total of 1,095 films were taken of the pupils and contacts. On the initial visit all pupils were tuberculin tested, and of those that had been within the immediate area of contact, 37% demonstrated positive reactions.

The negative reactors have been retested several times since and there has been no indication that any new cases have developed, but nevertheless, in accordance with Sanatorium Board policy, a close check will be kept on the community and school for at least two years.

Isolated cases occurred in three other schools in Northern Manitoba, and the same intensive control program was followed in each instance.

Medical Departments

X-ray Department—The volume of work in this Department was unusually large. titutional films numbered less than the year before, which was partly accounted for by the t that fewer planigraphic studies were made, but on the other hand, clinic work was greater nagnitude than ever before.

In addition to the 31 Treaty Indian Clinics, at which 9,679 were X-rayed, 30 White nics were undertaken and were attended by 3,334 persons.

An unprecedented high of 18,795 X-rays were prepared and reported upon during the r. (Included in this figure are the Hospital admission films taken at St. Anthony's Hospital The Pas, and films referred in for reading from other Northern Hospitals.)

An X-ray apprentice has been allotted to the Institution and the training received is y diversified.

Laboratory—In addition to the routine work in the Laboratory, this Department lertook the Diphtheria immunization program among the Indians and Eskimos, which luded Schick testing. Far more intensive sputa examinations were carried out than viously.

As a result, 10,744 procedures were performed, the largest figure yet recorded.

Academic Teaching and Occupational Therapy

Under the direction of two teachers, a very satisfactory program was instituted and a cial effort was made to teach the adult Eskimo to speak and read English. Lessons supple- nted by educational films, were given every day to a large group of pupils.

The scope of the Occupational Therapy Department has extended, and emphasis has n placed upon wood and soap stone carving for the male, and embroidery and bead work the female. All work is of excellent quality, with some of the Eskimos showing remarkable itude. The only major difficulty appears to be in the procurement of sufficient quantities oap stone.

Events of Special Interest

On April 5th, 1956, Clearwater Lake Sanatorium was honoured by a visit from the vernor-General of Canada, His Excellency the Rt. Hon. Vincent Massey and entourage. Excellency made himself acquainted with every patient within the Institution and later ressed the pleasure that he had derived from the visit.

In August, 1956, the Institution acted as host to the Premier of Manitoba, the Hon. uglas Campbell, several Cabinet Ministers, and Members of the Legislature. A full tour s made of the Hospital and the visit terminated with a buffet luncheon.

Through the generosity of the local radio station in Flin Flon, many hours throughout year are allocated to the transmitting of messages to the friends and relatives of the ients.

The Eskimo has his messages tape-recorded, and contact is established with his kith l kin through the medium of the "Northern Messenger" broadcasts, a program which ginates in the studios of the Canadian Broadcasting Corporation, and continues throughout winter.

Appreciation

We wish to express our appreciation to the Chairman of the Board, the Chairman of arwater Lake Sanatorium Committee, the Members of the Sanatorium Board and the ecutive Director for their interest and constant guidance.

The assistance and advice of the Medical Director has been of great value.

To those within the Indian Health Services, and to our fellow Superintendents, we extend pecial word of thanks for a continued spirit of friendship and cooperation.

Respectfully submitted,

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

ST. BONIFACE SANATORIUM

DR. A. C. SINCLAIR

THE following is a medical report for 1956, the twenty-fifth year of operation of this Sanatorium, in which there were 93,115 treatment days, as compared to 98,484 last year and 88,994 in 1946, the last of the War years.

The Sanatorium has a bed capacity of 282-232 adults and 50 children. These beds were occupied at 90.3% of possible. During the summer months there were as many as 50 empty beds. At other times there was actually a little over-crowding and a waiting list.

Admissions

A total of 234 patients were admitted for treatment: the majority received treatment for tuberculosis of the respiratory system, about 10% came because of bone and joint tuberculosis, the remainder for disease in other regions of the body. Two individuals were admitted for review examination and 4 were born in the Sanatorium and were discharged shortly after birth as healthy. Further information can be found in the statistical report on page 48.

Extent of Disease

Two hundred and one patients had pulmonary disease: of these 20.9% were classified as minimal, 37.8% moderately advanced and 36.3% as far advanced. From these figures it is seen that there is still room for improvement.

The average length of treatment by diagnosis is shown in the following table:

	1956	1955	1954
Pleurisy with Effusion	270 days	235 days	230 days
Pulmonary Tuberculosis, Minimal	293 days	356 days	364 days
Pulmonary Tuberculosis, Moderately Advanced	351 days	495 days	441 days
Pulmonary Tuberculosis, Far Advanced	418 days	445 days	529 days
Average for All Discharges	405 days	449 days	448 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.

Discharges

Two hundred and forty-five patients were discharged, as compared to 231 in 1955. The reason for discharge was as follows:

	1956	1955	1954
Treatment Completed	68.9%	72.7%	66.3%
Transferred to Other Institutions	2.9%	5.6%	8.4%
Against Medical Advice	19.2%	11.2%	18.6%
Disciplinary Discharge	2.5%	.9%	1.2%
Deceased	6.5%	9.6%	5.5%

The cost of treatment is shown by the following figures taken directly from the Auditors' report:

	1956	Per Diem	1955	Per Diem	1954	Per Diem
Operating and Other Income	$483,079.50	$5.19	$502,501.31	$5.10	$471,605.94	$4.67
Operating Expenditure	$597,720.52	$6.42	$570,057.29	$5.79	$564,062.77	$5.58
Operating Deficit	$114,641.02	$1.23	$ 67,555.98	$0.69	$ 92,456.83	$0.91
Hospital Treatment Days	93,115		98,484		101,060	

The first point to be noted in comparing the 1956 figures with those for 1955 is that the treatment days show a decrease of 5,369. Although there was an average increase of nine cents in the per diem income for 1956, the total income is down by $19,421.81. The total net expenditure, on the other hand, shows an increase of $27,663.23 over 1955. The principal items which make up this expense increase are salaries and wages, professional care of patients, and plant maintenance. Following the opening of the Cafeteria in the Fall of 1955, there has been a material decrease in the amount of Employees' Board and Room.

The Sanatorium plant consists of the main building, Nurses' Residence, Men's Residence, Power House, Laundry, Garage, Carpenter and Paint Shop, Green Houses and Root Cellars. All these buildings are being maintained in excellent condition.

There is a need for replacement of some bed springs and mattresses in keeping with the icy of maintaining standards at a high level.

Rehabilitation and Occupational therapy have continued to expand in usefulness during past year. The following information, taken from an attached report, is submitted for ır information.

"Ninety-six students were enrolled in academic work and thirty-three were enrolled in ational courses. In the work shop one hundred and forty-nine patients acquired skill in od and plastic work."

The efforts of those in charge and the support given by the Sanatorium Board is duly ognized.

Approximately 10% of the patient population is comprised of Veterans of the second rld War, with a few even having seen service in the 1914-1918 conflict. The service rendered representatives from the Department of Veterans Affairs is greatly appreciated.

The twenty-fifth anniversary of the opening of St. Boniface Sanatorium was celebrated ing August by three days of festive events.

The first day of the celebration was begun by a Mass said by His Grace, Archbishop urice Baudoux, which was attended by members of the clergy and Sisters representing ny Orders.

In the evening of the first day a dinner was held for members of the Advisory Board, sulting and attending members of the Medical Staff, representatives from the Government l the Sanatorium Board, and old friends and honoured guests of the Sanatorium.

August 22nd was given over to a reception for former patients. This event was held side on the lawn. The weather could not have been better and a good time was had by all.

On the third day the employees enjoyed a picnic supper beneath the trees on the banks he Red River. This event was presided over by His Grace, Archbishop Baudoux. During early evening a presentation of medals was made to members of the Staff for long and hful service.

This three day event was considered a huge success and much credit goes to Reverend er Superior and her assistants.

The writer wishes to express sincere appreciation to the Superintendents and Staff of all titutions interested in the eradication of tuberculosis in this Province. Their hearty stance 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 ers, associate members of the Medical Staff and all the rest of the Sanatorium personnel o have served well and faithfully during the year 1956.

Respectfully submitted,

A. C. SINCLAIR, M.D.,
Medical Director.

St. Boniface Sanatorium, Main Entrance.

Re-Employment

Report of the REHABILITATION DIVISION

MISS MARGARET C. BUSC

AN organized rehabilitation programme was established in Manitoba in 1942, and the essential principles of vocational counselling, vocational training, and placement guidance and assistance laid down then, and which are characteristic of a programme of rehabilitation for tuberculous patients, have been followed in the intervening years.

Vocational Counselling

This first step in a rehabilitation programme, assists a patient to realize, or perhaps to discover his own potentialities. Considered direction is given to aid the patient choose wisely among the various occupational goals and training programmes offered. New skills can be learned, or old ones reviewed, and this extra knowledge may help to offset any physical handicap and enhance future employability.

An inventory of a patient's assets, such as his education, manual skills, aptitudes, interests, job experience, and of his liabilities which may include his lack of general education, little work experience, a physical disability and no preferred interests—is made by the Director of Rehabilitation shortly after the admission of a patient into a sanatorium. Various tests, such as Achievement, General Intelligence, Preference and Interest are administered whenever necessary to procure a complete picture of the patient's possibilities. It is most important that the ultimate occupation will prove suitable to the patient's mental and physical capacities.

For this purpose the Director's office carried out 440 hospital interviews, and 134 office interviews during 1956. A total of 107 reports were sent to the Central Registry Office and 32 referrals were made to the National Employment Service.

Vocational Training

The second fundamental factor of a Rehabilitation programme, namely vocational training is an integral and important part of the in-sanatorium programme, and is carried over in many instances to post-sanatorium training. In 1956, 108 patients studied a variety of courses, such as Bookkeeping, Typewriting, Business English, Trade Mathematics, Shorthand. Most of these are procured through the generous cooperation of the Technical Branch of the Department of Education, in Manitoba, and some through the Correspondence Branch of the Department of Education in British Columbia, such as Commercial Art and Forestry, or Watchmaking from Toronto.

Schedule "R," a Provincial-Federal agreement, has made it possible for 17 students to register at the Manitoba Technical Institute; one student at the University of Manitoba, in the Faculty of Science, and one at the Winnipeg Normal School.

Another lad who completed his Grade X while in St. Boniface Sanatorium, is serving his apprenticeship in an Electrical Construction Course, through the Department of Labor.

There are presently 6 ex-sanatorium patients in various faculties at the University of Manitoba.

An excellent staff of instructors in each sanatoria help to prepare students for post-sanatorium training, by teaching a variety of in-sanatorium pre-vocational courses in general educational subjects, and the simpler vocational courses. The Correspondence Branch of the Department of Education have been most cooperative as usual.

From January 1, 1955 to December 31, 1956 the enrollments were as follows:

	Manitoba San.	St. Boniface	Total
Academic (Grade I to XII)	213	96	309
Vocational Courses	75	33	108
			417

Manitoba Sanatorium

Manitoba Sanatorium, because of a larger staff, has been able to serve a larger group—a otal of 288 students. Here there were several staff changes during the year.

Miss Gertrude Manchester was appointed Supervisor of the Rehabilitation Division in May 1956, and is doing creditable work. Miss Gladys Motheral, an experienced, capable eacher, replaced Mrs. Fred Mostowy, who resigned; and Miss Elizabeth White has been mployed as a part-time instructor since October. A study room just completed, will doubtless prove of great value to this division.

Mrs. C. Venables has given excellent service in the Occupational Therapy department, nd with the help of capable Miss Mitzi Newmark they have served 318 patients during the ear, teaching some new crafts, and keeping a well-stocked Craft Shop. This department nder the sponsorship of the Rehabilitation Division, held a successful Silver Tea Display n June.

The Homemaking Instructor, Miss A. Kleissen resigned from this department on July 1, ut from January until her departure she had served 89 patients, giving practical sewing nstruction, and a foods course.

It is hoped that this position will be filled early in 1957.

St. Boniface Sanatorium

One instructor guided a total of 114 adults in their in-sanatorium training programmes. 8 of these were engaged in prevocational training, as their low grades in general education id not permit enrollment in vocational courses.

The resignation of Mrs. Leggitt as instructor was received with regret in August. She as replaced by Miss Marie Fortin, who is doing very good work.

To help stimulate more interest in Vocational courses, an instructor in Pitman's Short- and, Miss Hazel Restall, holds a weekly 2 hour class, and 5 students are presently deriving enefits from this course.

The Department of Veteran's Affairs supplies courses in a variety of subjects to 15 ex- ervice men.

Mr. Vermette has had another successful year in the workshop, and has helped 75 patients cquire new skills in wood and plastic work.

Miss A. Hargreave has capably handled the Occupational Therapy department, and as served 227 adults and children.

Brandon Sanatorium

There was one change in the Brandon Staff this year with Miss W. Bromley being ppointed, following Miss P. Williams' resignation.

Mrs. V. Davidson reports that 218 patients were served in the Occupational Therapy Department, and a fine display of articles made by them was seen at the Institution's Annual Spring Tea.

Clearwater Lake Sanatorium

The Rehabilitation staff has been increased at Clearwater with the appointment of Mr. F. Grusz, in August to the academic division, where Miss A. Marion is teaching also.

Mrs. Grusz, the new Occupational Therapist, also began her duties in August, and has tirred up new interests in this department.

Dynevor Indian Hospital

Mrs. E. V. Pruden has again supervised the rehabilitation division at Dynevor.

Placement Guidance and Assistance

An ever increasing number of patients, because of recent developments in the medical reatment of the tuberculous, are able to return to former employment without assistance,

and are therefore not registered for follow-up service. For the same reason, a wider range of approved trades can now be recommended to the unskilled laborer. During the year 134 office interviews were given to offer assistance in job-placement, and at the end of the year only 3 ex-patients were known to us who did not have suitable employment.

We are very appreciative of the assistance given by the Special Placements Branch of the National Employment Service.

The Messenger of Health

The Messenger has continued its policy of bringing to the patients and staff the latest developments in the field of treatment and rehabilitation.

Appreciation

Our very sincere thanks and appreciation are extended to the many people who have so generously cooperated with the work of the Rehabilitation Division this past year. Special mention is made of Mr. W. Boyd, Provincial Coordinator of Rehabilitation Services, Mr. J. A. Carmichael, Supervisor of the Central Rehabilitation Agency, and Mr. B. F. Addy, Principal of The Manitoba Technical Institute.

Respectfully submitted,

MISS MARGARET C. BUSCH,
Director of Rehabilitation Services.

Manitoba Technical Institute makes an invaluable contribution to technical education in the Province. Under the Rehabilitation Service, 17 ex-patients received training here in a wide variety of courses to prepare them for suitable employment.

cords . . .

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as: Indians		Eskimos	
	1955	1956	1955	1956	1955	1956
Patients on File, Dec. 31	3,292	3,150	1,256	1,178	229	282
Primary type	7	13	9	13	4	2
Re-infection type	3,285	3,137	1,247	1,165	225	280
New Cases diagnosed in Manitoba January 1—December 31	429	423	165	221		
Primary	24	36	19	24		
Re-infection	405	387	146	197		
Of these, New Active Cases—Classified	231	268	101	108		
Primary type	24	36	19	24		
Minimal	62	71	35	35		
Moderately advanced	53	58	10	11		
Far advanced	34	25	8	6		
Pulmonary tuberculosis, extent not stated	4	5	2	3		
Tuberculous pleurisy	18	39	8	12		
Non-pulmonary tuberculosis	36	34	19	17		
New Diagnoses admitted to Sanatoria	181	208	74	80		

ATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
INATIONS at all clinics and surveys			
nuary 1—December 31, 1956	211,283	14,461	748
onary Clinics	9,027	312	—
elling Clinics	5,025	68	—
eys	197,231	14,081	748
CASES of tuberculosis diag. at Clinics and Surveys	296	136	
onary Clinics	165	19	
elling Clinics	27	2	
eys	104	115	
se, new cases of Primary Infection type	32	10	
onary Clinics	19	2	
elling Clinics	11	1	
eys	2	7	
ases of Re-infection type	264	126	
onary Clinics	146	17	
elling Clinics	16	1	
eys	102	108	
ACTS EXAMINED at clinics	5,583	65	
onary Clinics	3,468	44	
elling Clinics	2,115	21	
UBERCULOUS PATIENTS REVIEWED	4,600	924	
onary Clinics	3,345	127	
elling Clinics	505	9	
eys	750	788	
othorax treatments given at all onary clinics	621	—	

INSTITUTIONAL STATISTICS

	Whites		Reported as: Indians		Eskimos	
	1955	1956	1955	1956	1955	1956
PATIENTS IN SANATORIA as at December 31	492	496	348	295	174	208
PATIENTS ADMITTED TO SANATORIA January 1 to December 31	700	804	262	308	163	155
Of these, the number found to be tuberculous	583	660	197	218	122	95
FIRST ADMISSIONS	258	248	111	116	116	79
Primary type	17	30	15	11	30	14
Re-infection type						
Minimal	74	60	39	48	43	28
Moderately advanced	68	67	17	25	23	20
Far advanced	45	35	17	5	14	12
Tuberculous pleurisy	24	32	5	11	4	2
Non-pulmonary tuberculosis	30	24	18	16	2	3
RE-ADMISSIONS	207	249	78	93	6	16
Primary type	1	3	—	—	1	—
Re-infection type						
Minimal	36	35	26	38	1	10
Moderately advanced	62	82	25	31	2	—
Far advanced	82	90	18	13	—	3
Tuberculous pleurisy	3	8	—	1	—	1
Non-pulmonary tuberculosis	23	31	9	10	2	2
PATIENTS ADMITTED FOR REVIEW	118	163	8	9	—	—
TUBERCULOUS PATIENTS TRANSFERRED	217	197	137	100	16	31
PATIENTS DISCHARGED FROM SANATORIA January 1 to December 31	737	807	366	355	82	126
TUBERCULOUS PATIENTS DISCHARGED	610	661	295	265	44	60
Discharged after review	117	162	8	7	—	—
Discharged with inactive tuberculosis	57	53	107	109	18	34
Discharged with arrested tuberculosis	273	256	107	94	15	17
Discharged with active improved tuberculosis	107	145	56	36	9	8
Discharged with active unimproved tuberculosis	28	20	3	7	1	—
Discharged dead	28	25	14	12	1	1
NUMBER DISCHARGED AGAINST MEDICAL ADVICE	58	65	12	13	—	—

TREATMENT OF DISCHARGED PATIENTS

	Manitoba Sanatorium	St. Boniface Sanatorium	Central Tuberculosis Clinic	Dynevor Indian Hospital	Brandon Sanatorium	Clearwater Lake Sanatorium
TREATMENTS						
Streptomycin (patients)	153	217	57	25	118	73
P.A.S. (patients)	144	153	39	26	118	72
I.N.H. (patients)	94	180	55	13	81	52
Streptohydrozide (patients)	3	—	—	—	—	—
Seromycin (patients)	2	—	—	—	—	—
Viomycin (patients)	5	—	—	—	—	—
Thoracoplasty	10	5	—	—	5	—
Lobectomy	10	28	—	—	19	—
Pneumonectomy	1	3	—	—	5	—
Resection (wedge and segmental)	54	9	—	—	28	—
Cavernostomy	1	1	—	—	1	—
Plombage	9	—	—	—	—	—
Decortication	3	1	—	—	—	—
Schede	2	—	—	—	—	—
Pneumothorax	3	2	—	—	—	—
Pneumoperitoneum	2	2	—	—	3	2
Pneumolysis	1	—	—	—	—	—
Excision sinus	1	—	—	—	1	—
Cauterization bronchial stump	1	—	—	—	—	—
Thoracotomy	1	—	—	—	—	—
Nephrectomy	—	1	—	—	1	—
Lymphadenectomy	—	—	—	—	1	—
Spinal fusion	—	1	—	—	3	—
Plaster casts	1	4	—	—	—	—
Spinal puncture	—	—	—	—	1	—
Laparotomy	—	1	—	—	—	—
Bronchoscopy (treatment)	2	1	—	—	—	1
Herniotomy	—	1	—	—	—	—
Appendectomy	—	1	—	—	—	—
Tonsillectomy	—	1	—	—	—	—
Plastic surgery	—	1	—	—	—	—
Thyroidectomy	—	1	—	—	—	—
Osteotomy	—	—	—	—	1	—
Confinements	—	4	—	—	8	2
Autopsies	3	4	5	—	4	2

cords . . . 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	40	92	146	43	35	289
Re-admissions	50	44	30	56	14	155
Transfers	93	83	2	118	23	25
To continue treatment	17	—	5	11	—	—
For diagnosis, review	187	10	35	2	—	12
Newborn	—	8	2	4	—	—
Total	387	237	220	234	72	481
Male	223	111	100	137	26	301
Female	164	126	120	97	46	180
Diagnosis on Admission						
Minimal	52	77	44	47	19	67
Moderately advanced	64	43	35	76	27	104
Far advanced	57	20	7	73	8	90
Miliary	—	—	—	1	—	1
Primary	3	1	44	1	2	22
Pleurisy with effusion	10	10	12	6	1	27
Non-pulmonary tuberculosis	14	16	15	26	8	29
Bacillary	85	30	32	110	6	136
Non-tuberculosis	27	62	17	7	6	141
DISCHARGES:						
Diagnosis	182	—	28	—	—	—
Treatment completed	174	175	121	169	52	208
Transfer	13	44	59	7	16	247
Against medical advice	17	15	4	53	5	11
Newborn	—	6	1	—	—	-
Total	386	240	213	229	73	466
Pulmonary Cases						
Inactive	12	94	4	6	5	32
Arrested	120	9	30	92	28	67
Active improved	40	38	73	83	16	24
Active unimproved	6	3	—	8	—	149
Total	178	144	107	189	49	272
Died	7	8	7	16	2	10
Bacillary	8	11	8	21	10	132
Non-bacillary	177	152	107	178	63	145
Pleural effusion	4	6	9	6	—	22
Non-pulmonary tuberculosis	23	14	16	21	8	25
Average days treatment (tuberculosis)	395	375	370	405	231	29
Out-patient exams	1252	1084	371	829	—	5955
Out-patient chemotherapy (patients)						91

LABORATORY AND X-RAY PROCEDURES

Laboratory

	Manitoba Sanatorium	Central Tuberculosis Clinic	St. Boniface Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium	Dynevor Indian Hospital
Blood	4,244	4,193	3,873	6,335	5,320	486
Blood Bank	722	—	—	416	—	—
Urine	1,975	1,579	1,669	1,664	1,059	480
Sputum	1,404	2,404	623	1,520	2,617	306
Gastrics	878	204	184	794	92	—
Lung Tissues (Smears and cultures	231	—	99	79	—	—
Sensitivity tests for: —anti TB drugs	304	—	—	574	13	—
—pyogenic organisms	217	—	—	205	—	—
Cultures (not listed elsewhere)	435	308	275	56	116	—
Smears (not listed elsewhere)	214	—	38	362	—	—
Biochemistry	93	46	48	272	3	—
Histopathology	134	—	21	—	—	—
Public Health	332	—	—	390	775	—
Lung capacity tests	440	—	—	406	—	—
Parasites	—	—	—	222	270	—
Fungi	114	—	—	—	—	—
Tuberculin tests	422	7,480	197	867	397	—
BMR tests	33	—	—	—	—	—
BCG—vaccination	66	691	35	84	32	—
Other Tests	93	151	142	647	50	—
	12,351	17,056	7,204	14,493	10,744	1,272

X-Ray

	Manitoba Sanatorium	Central Tuberculosis Clinic	St. Boniface Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium	Dynevor Indian Hospital
Chest Films	4,460	5,671	2,354	4,610	974	564
Planigraphic series	376	30	71	539	100	—
Bronchograms	24	—	—	65	14	—
Gastro-intestinal	39	—	32	30	4	—
Bone and Joint	162	88	115	284	28	—
Genito-Urinary	15	14	1	16	11	—
Head	34	8	—	13	4	—
Electrocardiograms	127	—	24	114	—	—
Clinical and pathological photography	113	—	—	446	—	—

BALANCE SHEET as at 31st DECEMBER, 1956

MANITOBA SANATORIUM, SPECIAL FUNDS AND CENTRAL TUBERCULOSIS CLINIC

ASSETS

	Manitoba Sanatorium	Central Tuberculosis Clinic	
on hand and in bank	$ 1,500.00	$ 200.00	$ 1,700.00
nts Receivable:			
eral account:			
reatment account	73,715.00	14,030.00	
ederal health grant	6,141.50	2,224.04	
pecial grant	4,282.00	19,134.50	
vincial Government:			
eciprocal accounts	5,389.50	178.50	
eral Government	14,252.90	1,852.00	
er	5,490.17	646.59	
	109,271.07	38,065.63	147,336.70
tories and Prepaid Expenses:			
plies on hand, per Schedule "I"	40,807.88	12,184.49	
paid expenses	3,456.03	374,56	
	44,263.91	12,559.05	56,822.96

, Buildings, Plant and Equipment:

	Cost	Depreciation Reserve	Book Value	
d and Improvements	$ 10,852.71	$ ——	$ 10,852.71	
ldings	816,590.31	530,243.12	286,347.19	
nt and machinery, heating, lighting, water and sewer	185,823.98	122,833.01	62,990.97	
niture	38,517.79	21,490.30	17,027.49	
ipment	126,498.91	85,524.14	40,974.77	
ndry equipment	43,962.19	16,720.16	27,242.03	
omobiles	5,110.16	1,547.40	3,562.76	
r track, etc	700.85	700.85	——	
e equipment	3,911.82	3,911.82	——	
e protection reservoir	12,304.27	5,167.72	7,136.55	
	1,244,272.99	788,138.52	456,134.47	
niture and equipment, Central Tuberculosis Clinic	10,125.41	3,260.95	6,864.46	462,998.93

ral Account:			
h in bank		$ 5,565.45	
vincial Government:			
reatment account	$195,020.00		
pecial grant	15,000.00	210,020.00	
eral health grant		22,867.03	
er		129.56	238,582.04
wment Fund No. 1:			
h in bank		2,844.28	
estments at par, Schedule "6"		95,955.00	
rued interest on investments		798.64	
uests, at nominal value		2.00	99,599.92
wment Fund No. 2:			
h on hand and in bank		88,527.78	
ounts receivable:			
Department of National Health and Welfare, Indian health services		3,181.50	
eneral account, Federal health grant		3,429.76	
ther		1,218.18	
estments at par, Schedule "6"		58,500.00	
rued interest on investments		449.50	
entories and prepaid expenses		1,879.27	
ed assets:			
ehicles and mobile units	28,941.81		
-ray and similar equipment	37,051.98		
urniture and other equipment	14,131.20		
	80,124.99		
ess: Reserve for depreciation	66,719.66	13,405.33	170,591.32
oyees' Emergency Fund No. 1:			
h in bank		19.90	
estments at par, Schedule "6"		15,500.00	
rued interest on investments		103.44	15,623.34
oyees' Emergency Fund No. 2:			
h in bank			456.09
			$1,193,711.30

Liabilities

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Bank of Montreal:			
Current account	$ 43,716.25	$ 23,042.85	
Demand loan	24,500.00	——	
	68,216.25	23,042.85	$ 91,259.10
Accounts Payable:			
Trade	18,114.77	3,403.05	
Other	4,663.65	2,785.40	
Accrued wages	11,275.46	4,158.67	
Accountable supplies	——	3,058.54	
	34,053.88	13,405.66	47,459.54
Patients' Store and Contingent Account, Schedule "3"	883.92		883.92
Capital Surplus, Schedule "7"	217,365.01		217,365.01
Surplus:			
Balance at 31st December, 1955	257,148.77	21,581.94	
Add: Contributed capital assets, Federal health grant	2,409.76		
Income adjustments, prior years	35.65		
Grant for 1955 operating deficit	2,007.23		
Grant from Endowment No. 1	29,252.00		
	290,853.41	21,581.94	
Deduct: Income adjustments, prior years		29.90	
Stores inventory adjustment	203.02		
Excess of expenditure over income, Exhibit "B"		311.41	
	203.02	341.31	
	290,650.39	21,240.63	311,891.02
General Account:			
Treatment account:			
Manitoba Sanatorium	$ 73,715.00		
Central Tuberculosis Clinic	14,030.00		
Others	107,275.00	$195,020.00	
Special Grant		31,931.50	
Federal health grant		11,630.54	238,582.04
Endowment Fund No. 1:			
Capital account, Exhibit "C"			99,599.92
Endowment Fund No. 2:			
Accounts payable		9,473.97	
Accrued wages		3,027.68	
Appropriation for glasses and dentures		29.00	
Capital account, Exhibit "C"		158,060.67	
			170,591.32
Employees' Emergency Fund No. 1:			
Capital account, Exhibit "C"			15,623.34
Employees' Emergency Fund No. 2:			
Capital account, Exhibit "C"			456.09
			$1,193,711.30

WILLIAM WHYTE
Chairman of the Board

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

The Chairman and Members,
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, 1956. Our examination was made in accordance with generally accepted auditing standards and accordingly 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, 1956, and the results of their operations 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 LeV. 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, Rev. Father Bernadette.

Entertainment

Winnipeg: Royal Canadian Horse Artillery Band; H. Nunnelley Concert Party; Canadian Legion Band; J. Kerr Wilson Male Voice Choir—**Brandon:** St. Paul's United—**Devil's Lake, N.D.:** Devil's Lake Band—**Manitou:** Manitou Band—**Winkler:** Winkler Choir.

Flowers

Carman: Strachans Seed House—**Ninette:** W. B. Stewart; Mrs. John Paskewitz—**Minto:** Canadian Legion—**Margaret:** Women's Auxiliary.

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; Brown and Rutherford; Mr. E. B. Frost; Jewish Child and Family Service; Ukrainian Catholic Women's League; Fellowship Club; Rev. W. H. Davis; Major G. W. Northwood; W. Bakum; Ukrainian Voice; Department of Veterans' Affairs; Hudson's Bay Co.; T. Eaton Company; Mr. J. W. Speirs; Miss F. Major; Hon. Ralph Maybank; Shea's Brewery; Zonta International of Winnipeg; First Church of Christ Scientists; Mr. Levi, Times Supply Company—**St. James:** The Canadian Legion of the B.E.S.L.

Altona: Lena Loewen—**Belmont:** Women's Missionary Society; Pelican Lake Women's Institute—**Brandon:** Busy Bee Society of Brandon Hills; Silver Cross Women of Canada; The Ladies Auxiliary, Canadian Legion; Mr. and Mrs. Johnson McPherson, R.R. No. 4; Mrs. H. Spratt, Patmore's Nursery; Great West Coal Company; T. Eaton Company; Ukrainian Catholic Women's League—**Glenboro:** Mrs. S. Arason for Grund Ladies' Aid—**Grand Marais:** Mr. W. Kowalchuk—**Holland:** United Church Women's Auxiliary—**Lowe Farm:** Mr. P. P. Rempel—**Margaret:** The Margaret Women's Auxiliary—**Medora:** Women's Institute—**Melita:** Peninsula Community Club—**Minnedosa:** Women's Institute—**Minto:** Brownie Pack—**Ninette:** Pelican Lake Women's Institute; Ninette Branch of B.E.S.L.—**Rock Lake:** Rock Lake Presbytery—**Pine Falls:** Miss Birdie Smith—**Selkirk:** Canadian Legion of B.E.S.L.—**Treherne:** United Church Women's Auxiliary—**Varsity View:** Ladies' Auxiliaries, Canadian Legion—**Virden:** Mrs. Brownlee (G. R.)—**Yukon Territory:** Southern Yukon Tuberculosis Association—**Vancouver, B.C.:** H. McConnell—**Ottawa, Ont.:** Mr. F. S. Spalding—**Lucknow, Ont.:** Mrs. Sadie Graham—**Toronto:** Patons and Baldwins Ltd.—**Wellwood, Ont.:** Mrs. Russ Arthur—**Tulsa 2, Oklahoma:** Mrs. Jack Russell.

BRANDON SANATORIUM

Clergy

Brandon: Canon B. O. Whitfield, St. Matthews Cathedral; Rev. A. Kerr, St. Matthews Cathedral; Rev. D. E. Noonan, St. George's Anglican Church; Rev. G. G. Morrison, St. Mary's Anglican Church; Rev. J. C. Cronin, St. Paul's United Church; Rev. J. Horricks, Knox United Church; Rev. J. A. Berridge, First Church United; Rev. J. B. Inglis, St. Andrews Presbyterian Church; Rev. R. A. Davidson, First Presbyterian Church; Rev. R. E. Glen, Southminster Presbyterian Church. **St. Norbert:** Father Robert Bernardin; **Birtle:** Father Poulette. **Kenora:** Father Rio.

Gifts

Brandon: Women's Auxiliary of St. Matthew's Church; Ladies of the Royal Purple; Duchess of Norfolk Chapter, I.O.D.E.; United Commercial Travellers; Ladies' Auxiliary to Associated Canadian Travellers; The Highway Social Club; C.G.I.T., First Baptist Church; Mr. W. C. Hughes and Company; Phipps Jewelers; Wades Store; Knowlton Shoe Store; Brandon Hills Mission Band; Mrs. McPhail; Mrs. J. E. Yates; Mrs. Iliene Howitt; Children of Room 3B Park School; Explorer Group of St. Paul's Church; Evening Auxiliary of St. Paul's United Church; Brandon Chamber of Commerce; Ladies of St. George's Church, Afternoon Branch of the Women's Auxiliary; Mrs. Harold Isakson; Manitoba Power Commission; Brandon First Pack Brownies; Knights of Columbus; Johnson's Hardware Company Limited; St. Mary's Church Brownies; Brandon Male Barber Shop Choir; Wolf Cubs of Brandon; Brandon Musicians Union; Salvation Army Band; The Crocus Chapter of Hi-Y Group; Brandon Indian Residential School; Southminster Presbyterian Church; Mrs. A. Bass.

Winnipeg: The T. Eaton Co. Ltd.; H. L. MacKinnon Co. Ltd.; Mr. A. E. Vickers—**Shilo:** Shilo Nursery School; Mrs. G. Hilton; The Apprentice Battery, R.C.A.; Protestant Ladies Guild of the Chapel of St. Barbara—**McIntosh, Ont.:** Indian Residential School—**Red Lake, Ont.:** Mrs. K. McDougall—**Rounthwaite:** Mr. and Mrs. R. Morrison—**Beresford:** Baby Band; The Beresford Mission Band; The Tyro Boys—**Notre Dame de Lourdes:** Mr. J. B. Deroche—**Napinka:** Napinka Explorer Group.

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. B. Ragg and Rev. Joseph McGillivary, Anglican Church; Lieutenant McIntyre, Salvation Army—**Flin Flon:** Ven. Archdeacon R. B. Horsefield.

Gifts

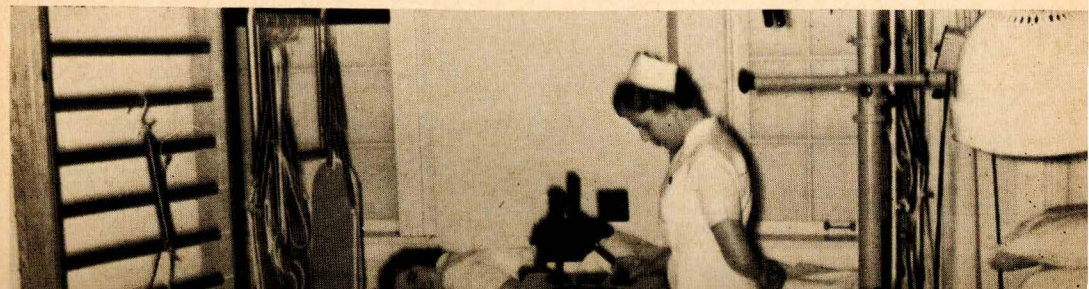
Winnipeg: The T. Eaton Co. Ltd., Mr. T. Miller, Public Relations Office; "The Mardiettes", King Memorial C.G.I.T.; "Ich Dien", Service Club, Mrs. N. Brook; Brian and John Malcolmson.

The Pas: B.P.O. Elks Lodge, M. Frechette, Grand Exalted Ruler; Sam's Groceteria; Mr. and Mrs. Arnold; Mr. Wm. Cox; Mr. Jack Graham; Mr. A. R. Hayes.

Flin Flon: CFAR Flin Flon, Mr. C. H. Witney, Manager; Burketts Stationary; Club News Agency, J. Myers and J. Marantz; Dave Sutherland; Mrs. M. Grindle.

Cranberry Portage: Mrs. R. Venables—**Durban:** Mrs. E. F. Chapman—**Lucknow, Ont.:** Mr. Donald Henderson—**Lynn Lake:** United Church—**Oberon:** Oberon Mission Band, Mrs. Neil McKenzie, Leader—**St. Lambert, Que.:** St. Andrew's Church, Rev. Gardiner C. Dalzell—**Swan River:** Sunday School by Post, St. Faith's.

A well-equipped physiotherapy department was established at Manitoba Sanatorium in 1956.



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: Sunday School, United Church; Sunday School, Lutheran Church; Selkirk Beverages; Mrs. A. Anderson and Children, Kindergarten; Gilhuly's Drug; Sid Sarbit; S.O.S. Store; Brown's Bakery; Kinsmen Club; Mr. Burt Van Blaricom; Employees, Town of Selkirk; Mrs. H. Young; Pupils, Miss Taylor's Room, Daerwood School; Canadian Lady Foresters; Young Missionary Band, Mrs. Dukenich, United Church; Business and Professional Club; Mrs. Hooker; Miss Wilkins; Mrs. Blair Gunter; The Brownie Pack, United Church.

Winnipeg: Sunday School, St. Johns Cathedral; Sunday School, St. Matthews Church; Employees' Benevolent Assoc., The T. Eaton Co. Ltd.; Mr. and Mrs. Charles E. Drewery; Mrs. Latremouille; East Kildonan Kiwanis, Curtis Hotel; Lord Wolseley School Pupils; Junior League; Miss J. MacKay, C.B.W.T.; Mr. A. E. Longstaffe; Mr. J. W. Speirs; Miss Margaret Lyle; Mrs. S. G. L. Horner; The Orchestra; Mr. B. J. White; Mr. Baldwin; Mrs. H. M. Taylor; Grant Memorial Baptist Church.

Toronto, Ont.: Miss Edith M. Read; Women's Missionary Society, Anglican Church—**Petersfield:** W.A. (Norwood) Anglican Church—**Lively, Ont.:** Girl Explorers, United Church; Mrs. W. A. Bond—**Alameda, Sask.:** Alameda Sunday School—**Bissett, Man.:** Women's Association, United Church—**Ocean Springs, Miss., U.S.A.:** Mrs. M. J. MacLeod—**Grand Marais:** Mrs. T. J. Powell—**Renfrew, Ont.:** C.G.I.T. Trinity, St. Andrews; Miss Wilson—**Berens River:** United Church Mission—**Lockport:** Mrs. Irene Hart—**Steinbach:** Steinbach Choir and Church.

Buy Christmas Seals

Help Fight TB

ASSOCIATED CANADIAN TRAVELLERS

THE Associated Canadian Travellers of Winnipeg and Brandon continued to support the tuberculosis preventive services in 1956. They held "Search for Talent Broadcasts" in many Manitoba towns and the Brandon club conducted a house to house canvass in Brandon in the fall.

Time for the broadcasts was again contributed by Radio Station CJOB in Winnipeg and CKX in Brandon.

During the year the Travellers turned over to the Board $13,850.

This makes a total of $265,024 contributed to the tuberculosis preventive fund through activities of the Associated Canadian Travellers since they began their assistance 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 and CKX. Their efforts merit the grateful thanks of the people of Manitoba.

This shows preparations in full swing for the 1956 Christmas Seal Sale in aid of the Tuberculosis Preventive Fund. Volunteers include members of the P.E.O. Sisterhood, the Associated Canadian Travellers and the Professional Engineers' Wives Association. Pictured above at work in the Christmas Seal Office of the Sanatorium Board are members of the A.C.T. Auxiliary (left to right) Mrs. S. B. Black, Mrs. H. G. Young, Mrs. G. Milne, Mrs. R. H. Boyd, Mrs. T. H. Clark and Mrs. E. Berringer. Issuing supplies is Miss Mary Gray, Supervisor of the Christmas Seal office.

April 5, 1956 was a memorable day at Clearwater Lake Sanatorium when His Excellency, the Hon. Vincent Massey and his entourage visited the hospital. Pictured during rounds on the Wards are (l. to r.) Dr. Ross, Mayor Ben Dembinsky of The Pas, Mr. Cunnings, His Excellency, and Dr. Carey.