Tuberculosis CONTROL *in Manitoba* 1957

Issued May, 1958

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

BRANDON SANATORIUM
Brandon

CLEARWATER LAKE SANATORIUM
The Pas

Co-operating with

St. Boniface Sanatorium
and Other Agencies

Report for the Year
1957

WINNIPEG, MANITOBA

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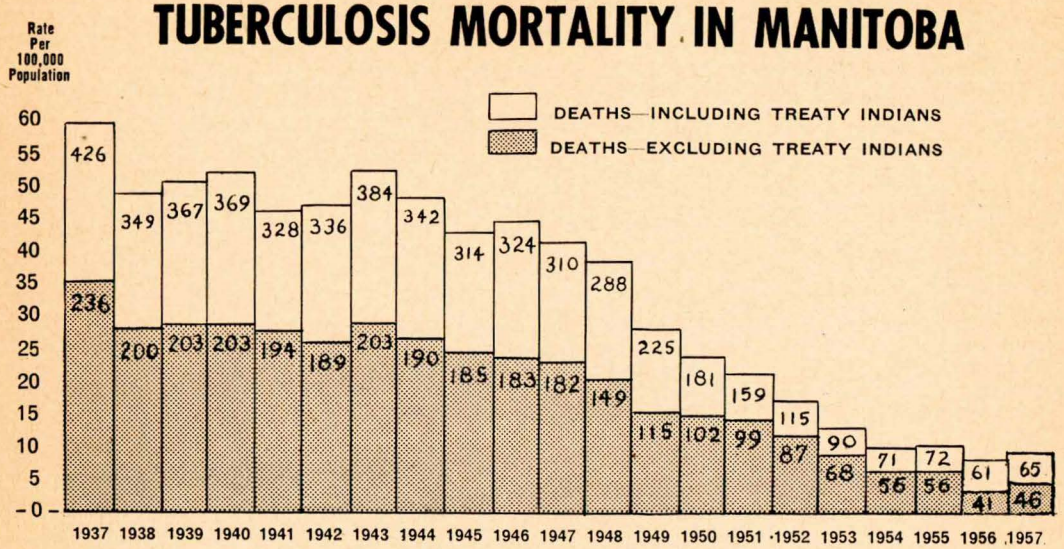
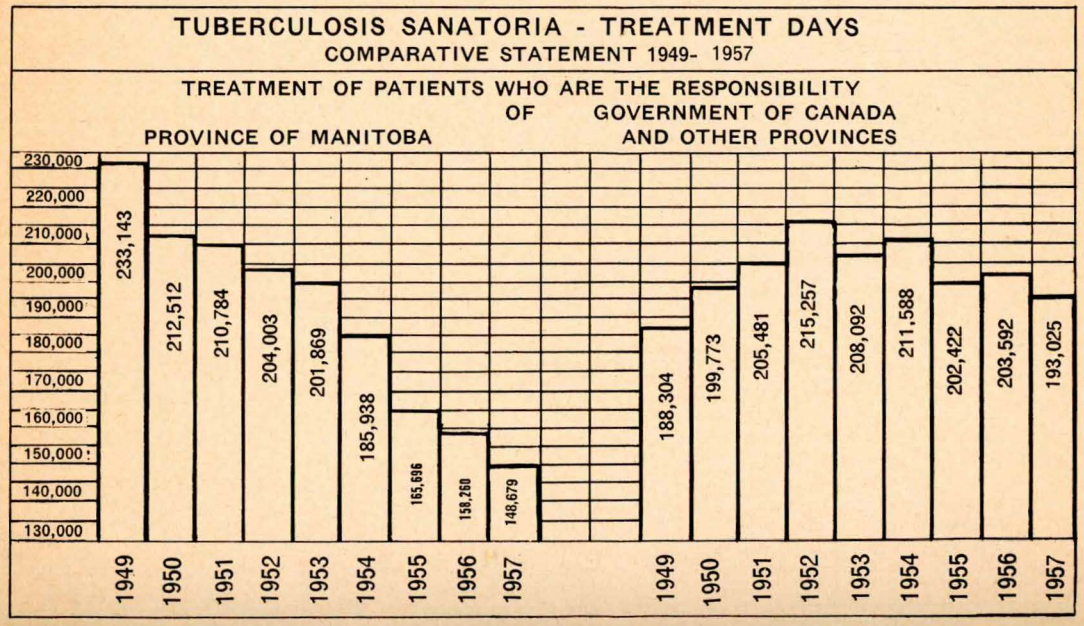
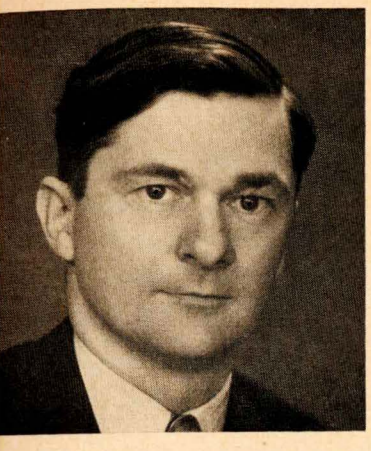
TUBERCULOSIS MORTALITY IN MANITOBA



SEE STATISTICAL TABLE ON PAGE 16

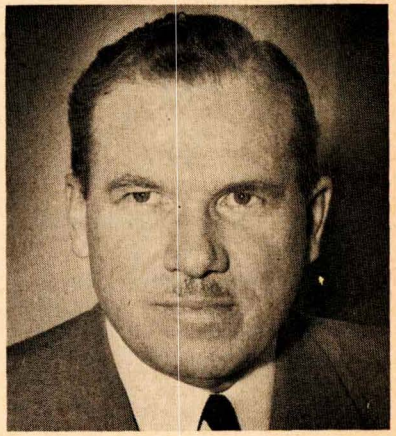
	1947	1957
CASES under supervision in Manitoba	5,503	4,620
EXAMINATIONS	275,812	3299,51
NEW CASES diagnosed Active	1,073	357
Inactive	613	182
	1,686	539
DEATHS	310	65





HON. R. W. BEND

Minister of Health and Public Welfare
Manitoba.



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

Deputy Minister.

HE Annual Reports of the Sanatorium Board of Manitoba present a continuing record of chievement throughout the years of which every resident of our Province can be proud. he work of the various divisions recorded in this volume indicate further progress during ie past year in all phases of the program. This can be measured by certain milestones of hich the following are noteworthy:

The total treatment days of patients in Sanatoria for which the Province is responsible was reduced by nearly 10,000, and is now only 63% of that just eight years ago.

New cases diagnosed show a reduction of 10% from 1956. Eighty-four municipalities in Manitoba were without a single new case in the past year and 57 municipalities have a clear record for the past three years.

The death rate is only 1/7 of the rate only twenty years ago; and

One additional Sanatorium was closed during the past year.

But, in spite of these accomplishments, tuberculosis is still a formidable public health roblem. It is a sobering thought to reflect that there are still over 900 patients in our sanaria, that 30% of new cases diagnosed are in the far advanced stage when discovered, and iat the disease is affecting a larger proportion of our elderly citizens than ever before. For iese reasons the program of prevention and case finding which has been so ably supported by oluntary contributions must be maintained and intensified.

I welcome this opportunity of once again expressing my appreciation of the work of the inatorium Board which, as always, has been so ably supported by their efficient staff. Their mprehensive program commends itself to the support of every citizen in our Province.

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 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. A. BEDARD MR. D. F. ROSE MR. A. T. HAINSWORTH
Representing St. Boniface Sanatorium	DR. A. C. SINCLAIR
Representing City of Winnipeg	MR. J. R. MCINNES

Elected Members

DR. J. D. ADAMSON
MR. R. L. BAILEY
MR. R. H. G. BONNYCASTLE
MR. F. BOOTHROYD
MR. G. COLLINS
MR. J. N. CONNACHER
MR. H. T. DECATUR
MR. STANLEY M. JONES
MR. A. E. LONGSTAFFE
MR. G. E. MAYNE
MR. J. R. MCMILLAN
DR. A. F. MENZIES*
DR. ROSS MITCHELL
MR. E. B. PITBLADO, Q.C.
MR. S. PRICE RATTRAY
MR. J. W. SPEIRS
MR. WM. WHYTE

Executive Director and Secretary-Treasurer

T. A. J. CUNNINGS

Auditors

RIDDELL, STEAD, GRAHAM AND HUTCHINSON

ST. BONIFACE SANATORIUM

Advisory Board

Chairman	MR. JUSTICE A. MONNIN
Vice-Chairman	MR. E. CASS
Secretary	REV. SR. E. CHOQUETTE, R.N.
MR. E. BOLE	MR. G. P. JESSOP
MR. R. MISENER	MR. NOEL VADEBONCOEUR

*Deceased March 8, 1958.

MEDICAL STAFF

As at December 31, 1957

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)

edical Superintendent..... DR. D. L. SCOTT
ysician..... DR. P. P. MARI

MANITOBA SANATORIUM

edical Superintendent and Chief Surgeon..... DR. A. L. PAINE
ssistant Medical Superintendent and Assistant Surgeon..... DR. W. ZAJCEW
ysicians..... DR. B. KRASINS, DR. J. SIMON

BRANDON SANATORIUM

edical Superintendent and Surgeon..... DR. A. H. POVAH
ysicians..... DR. G. COGHLIN*, DR. W. SHAHARIW, DR. L. J. GREGORY

CLEARWATER LAKE SANATORIUM

edical Superintendent..... DR. S. L. CAREY
ysician..... DR. A. P. CHORNOMORETZ

St. Boniface Sanatorium

edical Director and Thoracic Surgeon..... DR. A. C. SINCLAIR
ssistant Medical Director..... DR. V. J. HAGEN
nior Physician..... DR. F. KOZIN
esidents..... DR. E. SCHMIDT, DR. L. TOTH

cting Medical Superintendent from July 1, 1957.

MEDICAL CONSULTANTS

As at December 31, 1957

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)
Ear, Eye, Nose and Throat..... (Brandon and Ninette) R. O. MCDIARMID, M.D.
Pathology..... (Brandon and Ninette) A. P. LAPKO, 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. E. L. ROSS
DR. S. L. CAREY	DR. DOUGALD MCINTYRE	DR. D. L. SCOTT
DR. J. DOUPE	DR. A. F. MENZIES*	DR. A. C. SINCLAIR
DR. M. R. ELLIOTT	DR. ROSS MITCHELL	DR. W. J. WOOD
DR. COLIN FERGUSON	DR. A. L. PAINE	

*Deceased March 8, 1958.

NON-MEDICAL SENIOR STAFF

As at December 31, 1957

	SUPERINTENDENTS OF NURSES	BUSINESS OFFICERS	CHIEF ENGINEERS
...um Board ...nitoba	.....	John Mack (*Chief Accountant*) Edward Dubinsky (*Administrative Asst.*)	.....
...ent ...Tuberculosis	Mrs. P. Torgerson, R.N.	F. A. Day (*Acct.*)	.....
...a Sanatorium	Miss D. Ellis, R.N. Miss D. Moggey (*Instructor of Nursing Education*)	N. Kilburg (*Business Manager*) W. Bradford (*Accountant*) W. B. Stewart (*Purchasing Agent*)	G. Stinson
...Sanatorium	Mrs. I A. Cruikshank, R.N.	G. R. Gowing (*Business Manager*) R. B. Scott (*Accountant*)	R. N. Newman
...er Lake ...rium	Miss T. Reilley, R.N.	C. C. Christianson (*Business Manager*) T. W. Rudachyk (*Accountant*)	E. H. Hermanson

St. Boniface Sanatorium

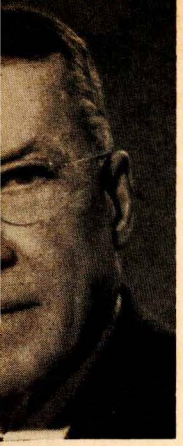
SUPERIOR.....Rev. Sr. Cecile Maurice, R.N.
1ST ASSISTANT.....Rev. Sr. Eugenie Choquette, R.N.
2ND ASSISTANT.....Rev. Sr. A. Winter, R.N.
CHAPLAIN.....Msgr. C. Paille

	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*)	L. Beaupre
...tion	**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*)
...s	**Central Tuberculosis Registry**	Miss Janet Smith, R.N. (*Supervisor*)	.....

NON-MEDICAL SENIOR STAFF

As at December 31, 1957

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. Wm. C. Amos, R.T.	H. Daneleyko, R.T. J. M. Scott, R.T.	..... Miss G. Manchester Miss G. Motheral Mrs. V Hastings Miss M. Newmark (*Occup'l Therapist*)	Miss E. L. McGarrol (*Sec. to Med. Supt.*) Miss G. M. Wheatley (*Sec. to Med. Supt.*) Mrs. A. Drader (*Food Supervisor*) F. J. Rodwell (*Laundry Foreman*)
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.	Miss M. Maxwell, R.T.	T. Daigle Miss C. Wiebe Miss E. D'Arcis (*Occup'l Therapist*)	Mrs. L. Hoksbergen (*Sec. to Med. Supt.*) R. B. Lock (*Laundry Foreman*)
Rev. Sr. R. Duret, R.N. (*Lab. and X-ray Supervisor*)	Rev. Sr. E. Choquette, R.N. (*Pharmacist and O.R. Supervisor*)	Mrs. Y. Rickard Miss J. Pokrant (*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*) O. D. Buhler, R.T. H. J. Schurath, R.T.	.....	.....	Miss G. H. Bowman (*Secretary*)
	.....	.....	Mrs. D. Clark (*Secretary*)
.....	.....	.....	Miss Gladys McGarrol (*Senior Statistical Clerk*)



M WHYTE

REPORT OF THE CHAIRMAN

For the Year Ended December 31st, 1957

THIS is the forty-seventh annual meeting of the Sanatorium Board of Manitoba and I have much pleasure in welcoming you all to it.

Two weeks ago today a meeting of the Board was held, at which comprehensive reports were presented 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, which with the reports to be presented today, give an impressive summary of the services carried on at each of the institutions in the treatment of tuberculosis patients and the prevention of the pread of the disease by early discovery and otherwise. These reports will appear in the rinted annual report and a study of them will impress you with the magnitude and scope of ne tuberculosis control program.

The Board

The present Board consists of three Honorary Life members and twenty-eight active nembers of whom seventeen are elected members and eleven statutory members, all conributing their services on a voluntary basis. Last year the Board lost a valued friend in the erson of Dr. F. W. Jackson who passed away in Winnipeg. He was an active member of ne Board prior to his moving to Ottawa and of great assistance to it there. A further loss as sustained a few weeks ago when Dr. A. F. Menzies, of Morden, passed away. He had een a valued member of the Board since 1946. Another valued friend and associate the oard lost last year was Mr. Justice Beaubien. Although not a member of the Board he as very close to it as Chairman of the Advisory Board of St. Boniface Sanatorium and his ound advice on all matters pertaining to the tuberculosis program was highly appreciated. Ve mourn the loss of these three outstanding men.

There were thirty-two meetings of the Board or its Committees in 1957. Mr. J. W. peirs is Chairman of the Administration and Finance Committee, Mr. J. N. Connacher of ne Brandon Sanatorium Committee, and Mr. R. H. G. Bonnycastle of the Clearwater Lake anatorium Committee. Dynevor Indian Hospital, of which Committee Mr. A. E. Longstaffe as Chairman, was closed last year as its bed capacity of fifty was no longer required. The taff was transferred elsewhere and the remaining patients to Brandon Sanatorium. Dr. ead, the Medical Superintendent, retired.

Finance

The Executive Director, Mr. Cunnings, will report in detail regarding the Board's financial osition. It remains only to remark here that there was a further reduction during the year treatment days both with respect to patients for which the Province of Manitoba is reponsible, and Treaty Indians, Eskimos and patients from other provinces, which indicates ontinued progress in the tuberculosis control program. The reduced number of patient ays, however, creates a higher per diem treatment rate but, considering the increased cost most items that make up the operating expenses, the over-all picture is not unfavorable.

The sale of Christmas Seals during the year amounted to $165,298.07 which exceeded the nount realized in any previous year. It, with the funds received from the Associated anadian Travellers at Winnipeg and Brandon representing the proceeds of their Search for alent competitions in conjunction with Radio Stations CJOB at Winnipeg, and CKX at randon, provided almost the entire cost of the preventive services. We are very grateful them for this continued outstanding support of this work.

Special gifts and bequests are made from time to time by interested persons, to provide ecial needs for patients and other things for which no provision is otherwise made. All ch donations over $500.00 appear on a permanent Memorial Page in the annual report. hey are all very gratefully acknowledged by the Board.

Substantial assistance to the tuberculosis program is provided by the National Health rants, and the Board is most appreciative of this support by the Minister and officers of the epartment of National Health and Welfare.

Appreciation

The Report, prepared by Dr. Ross, the Medical Director, gives in a most comprehensive way the medical program to control and reduce, and it is hoped some day to eradicate tuberculosis. Unfortunately, a few weeks ago, Dr. Ross suffered a heart condition as a result of high blood pressure and is not able to be with us today and present his report. It will be read by Dr. Scott. The Board appreciates Dr. Ross' leadership and direction of the important medical part of the tuberculosis program and best wishes are extended to him for an early and complete recovery.

Another important report to be presented is that of Mr. Cunnings, the Executive Director and Secretary-Treasurer of the Board. The appreciation of the Board is extended to him for the efficient way he conducts the operations of the Board and handles his numerous duties.

Again I say that the Chairman's duties are made comparatively light by the assistance of Mr. Speirs, the Vice-Chairman of the Board and by the Chairman of the various Committees and the members of the Board, for which I am very grateful to them.

To Mr. Bend, the Minister of Health and Public Welfare, and his colleagues and Dr. Elliott, his Deputy Minister, the appreciation of the Board is extended for their continued confidence and co-operation. Also, to the Municipal Officials throughout the province and to the officers of the associated sanatoria and general hospitals for their generous assistance in the tuberculosis control program.

Sincere thanks are extended to the Medical Superintendents and their assistants and to the officers and staffs of the institutions operated by the Board, for the efficient manner in which they perform their duties and the care of the patients and the management of their institutions which contributed materially to the successful operations for the year.

Retirement

At a recent meeting I gave notice that I would be retiring as Chairman, and as a member of the Board, following this Annual Meeting.

It has been my pleasure to have been a member of the Board for nineteen years, and Chairman for the past four years. I have been well rewarded for what little I have been able to contribute to its operations by the progress it has made in the work assigned to it, and the close fellowship I have had with all the members of the Board and others, which I have fully enjoyed.

The reason for my retirement is the desire and the necessity to have the honor and responsibility in younger hands. This is the fate that comes to us all with advancing years.

My term as a member of the Board and as its Chairman for the past four years are filled with most pleasant memories. I have always had the fullest support and co-operation from the members of the Board, the Executive, the Medical and other members of the staffs of the various sanatoria, for which I desire to extend to them all at this time my most sincere thanks.

To the Sanatorium Board and to all those associated with it, I extend my best wishes for continued success in the tuberculosis control program.

Respectfully submitted,

WILLIAM WHYTE,
Chairman of the Board.

Help Fight TB

Buy Christmas Seals

UNNINGS

REPORT OF THE EXECUTIVE DIRECTOR

For the Year Ended December 31st, 1957

I AM pleased to present the following report on the administration of the Board's operations for the year 1957.

Assets and Liabilities

At December 31st, 1957, assets carried 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 as fixed assets in our books of account, totalled $2,404,232, an increase of $196,398 during the year. Liabilities, not including reserves, totalled $545,592, an increase of $49,318 as compared to 1956.

At the year end bank loans totalled $161,364. Of this amount $15,500 is the balance n a special loan for renovation and improvement of the laundry at Ninette. The remainder presents operating advances for Manitoba Sanatorium, Central Tuberculosis Clinic, Clear- ater Lake Sanatorium, Dynevor Indian Hospital and the Board's general account. The undry loan is being reduced at a rate of $750 per month. Balance of the loans are on a rrent and fluctuating basis, and are required pending the receipt of treatment account ayments.

All the treatment institutions and the preventive services are operating on a satisfactory come basis. Audited statements for Manitoba Sanatorium, Central Tuberculosis Clinic nd Special Funds will be tabled today. The three Indian hospitals are operated on the basis the government fiscal year and audited statements will be prepared as at March 31st.

With the reduced demand for treatment facilities, we were able to consolidate operations some extent by discontinuing treatment of patients at Dynevor Indian Hospital on October 3rd, 1957. Patients not ready for discharge were transferred to Brandon Sanatorium. Staff ho were prepared to move were transferred to equal or better positions elsewhere. Food ocks, medical supplies and other operating inventory items were transferred and charged other hospitals—mainly Brandon Sanatorium. A caretaker has been retained at Dynevor maintain and protect the property pending decision as to its final disposition.

Working capital for Manitoba Sanatorium and Central Tuberculosis Clinic showed an crease of $6,574 for the year. Endowment Fund No. 1 was increased $5,140 during 1957. ndowment Fund No. 2 had an increase in capital of $35,926.

Capital Expenditures

During 1957 the major expenditures of a capital nature were as follows:

learwater Lake Sanatorium

New staff apartment building (completed February, 1958)	$38,206

anitoba Sanatorium

New power house roof and other renovation	11,971
New class room—rehabilitation	1,388

Rates and Income for Treatment

During 1957 the Province of Manitoba treatment rate was fixed at $5.80 per patient day. ate for Treaty Indians at Dynevor Indian Hospital was $5.00 per day and at Brandon and earwater has ranged from $5.00 to $7.00.

Treatment days for patients who are the responsibility of the Province of Manitoba were duced by 9,581 as compared to 1956, to a total of 148,679 days. It is noteworthy that this just 63% of the treatment days for provincial patients in the peak year of 1949.

Treatment days for Treaty Indians, Eskimos, patients from other provinces and others talled 193,025 in 1957, a reduction of 10,567 as compared to the previous year. Tuberculosis eatment days in all categories in the province were reduced by 20,148 to 341,704 days. his results in a further substantial saving in treatment cost and correspondingly an income duction of about $120,000 for the treatment hospitals.

Treatment Costs

Per diem treatment costs continued to rise in 1957, due mainly to lowered occupancy and higher salary scales.

TREND OF PER DIEM COSTS—1957

Brandon Sanatorium—increase 49c per patient day to $5.79.
Central Tuberculosis Clinic—increase 66c per patient day to $8.53.
Clearwater Lake Sanatorium—increase 91c per patient day to $6.46.
Manitoba Sanatorium—increase 85c per patient day to $7.21.

The per diem costs shown are gross figures, with income from staff quarters, cafeteria, etc., shown on our statements as revenue. The rate shown for Clearwater Lake does not include the cost of special construction, which although not capitalized, is not actually a part of current hospital operating expense.

Comparative Expense

The total operating expenditures for treatment, preventive and rehabilitation services directly operated by the Board amounted to $1,865,029 in 1957.

In the food services the number of meals served to patients numbered 742,645, a decrease of 64,226 from 1956. Sales in the staff cafeterias totalled $44,641. Raw food costs decreased $6,418 to $241,028.

Total expenditure for fuel and heating services at $66,275 was increased $5,342 over 1956. Gross laundry cost at $58,284 increased $3,214 as compared to the previous year. In our laundries at Ninette and Clearwater Lake 1,468,096 pieces were processed, a reduction of 2½% in volume.

In the Diesel Electric Plant at Clearwater Lake Sanatorium output increased 56,750 to 958,100 K.W.H. Production cost was 3.8c per K.W.H., the same as the previous year. Power was supplied for the airport and for the construction of the large Indian School as well as providing for hospital needs.

Preventive and Rehabilitation Services

The direct expenditure on preventive services in 1957 was $182,779, almost the same as in 1956. This includes:

Chest X-ray Surveys (Community and Industrial, Indian Clinics and Travelling Clinics)	$ 99,707
Chest X-rays for Patients Admitted to General Hospitals	80,778
B.C.G. Vaccinations	2,294
	$182,779

The number of X-ray examinations at community and industrial surveys (Mobile Units 1, 2 and 3 only) in 1957 decreased 25,980 to 154,689, a decrease of 14%. Cost per film taken (not including the cost of reading and reporting) increased 9c to 55c per examination. Expenditure per new active case of tuberculosis found on community and industrial surveys was $2,602 as compared to $2,300 last year. However, the survey expenditure per abnormal film for any cause was only $41. This compares to $33 in 1956.

Expenditure on rehabilitation services in 1957 amounted to $36,613.

Salaries, supplies and travel	$22,528
Fees for courses and allowances to Rehabilitants	6,969
Indian Rehabilitation service	7,448
	$36,945
Less proportion of fees paid by Rehabilitants	332
	$36,613

Effective January 1st, 1957, at the suggestion of the Old Age Assistance Branch, a special arrangement was entered into with the authorities under which Old Age Assistance payments for patients in the 65-70 age group are made to the Board as trustees. An allowance of $10 per month for incidentals is paid to the patients in sanatorium, and the balance is accumulated in a trust account. These trust funds are used for special welfare needs of the patient while in hospital, or to assist him on discharge. It is a very helpful arrangement, and 15 patients have received benefits during the year. Formerly Old Age Assistance payments, which are on a means test basis, were discontinued entirely when the recipient was admitted to sanatorium.

Inventories

As at December 31st, 1957, supplies on hand, including commissary stores, engineering nd maintenance supplies, fuel, diesel fuel oil, bunker fuel oil, drugs, and miscellaneous supplies, otalled $138,306, an increase of $7,011 over the year previous. All inventories are valued t cost and all materials are in current demand.

National Health Grants

The appropriation available for the fiscal year 1957-58 under the National Health Grants o assist in tuberculosis control in Manitoba is $227,211. Expenditures are subject to approval f acceptable projects.

Expenditures in the calendar year 1957 were:

Streptomycin and Other Antibiotics	$ 22,084
Post-Sanatorium Pneumothorax	75
Assistance to Rehabilitation Division	16,447
X-raying of Admissions to General Hospitals	80,778
Assistance to Sanatorium Board of Manitoba	14,487
Extension of Industrial and Other Chest X-ray Surveys	9,502
Assistance to St. Boniface Sanatorium	15,285
Extension of Manitoba Travelling Clinic Services	3,174
Assistance to Manitoba Sanatorium	39,729
Extension to B.C.G. Vaccination Program	2,294
Short Course Training	486
Post Graduate Training	1,500
	$205,841

We are grateful for the favorable consideration given by both Provincial and Federal fficials to projects put forward by the Board. As is evident from the figures given above, hese grants have contributed in a most valuable way to the development of the tuberculosis ontrol program in this province.

Insurance

Fire insurance, with cover for supplemental perils, is carried on buildings and equipment t Ninette and the Central Tuberculosis Clinic in the amount of $1,285,000. Values are eviewed annually with our brokers. In accordance with government policy no fire insurance s carried on buildings and equipment at Brandon, Clearwater Lake, or Dynevor. Motor ehicle insurance covers public liability and property damage up to $100,000, collision on the asis of $100 deductible, and the usual fire and theft. (Fire, theft and collision cover is not arried on vehicles at Brandon, Clearwater Lake and Dynevor.)

The all-risks insurance on mobile X-ray and related equipment was reviewed and through evision of values and re-assessment of the risk a substantial reduction in premium was chieved. Public liability, professional liability and employer's liability insurance is carried. Comprehensive dishonesty, theft and forgery insurance covers $2,500 on every employee, ith special cover on responsible officials. Liability for accident to steam pressure vessels, ncluding steam boilers, is carried on equipment at Ninette and Winnipeg.

Personnel

At December 31, 1957, the staff of the Sanatorium Board numbered 482, a reduction of 9 as compared to a year earlier. The closing of Dynevor Indian Hospital accounted for 6 of this decrease. On the whole, staff turnover has been greatly reduced and with minor xceptions necessary replacements have been made without difficulty.

To assist girls who wish to train as nurses, but who may not be able to finance their needs or the three-year training period, the Board has established three bursaries, of $400 each, ayable at intervals throughout the course. One student accepted for the bursary is now n training at the Winnipeg General Hospital. The Manitoba Association of Registered Nurses is cooperating in making these bursaries known, and they will refer for consideration ny applicants who might qualify for this assistance.

At the year end there were 372 persons participating in our Group Insurance, a reduction f 16 during the year. They are insured for $626,500 of life insurance and $8,117.50 weekly ccident and sickness indemnity; 358 members were covered for surgical expense up to $250 or any one operation; and 131 members had surgical cover in a like amount on their de-endents. Payment for anaesthetic fees is also covered. The constancy of the rate of claim

is noteworthy: in 1955 and 1956 the number of claims was identical, including one death claim; and in 1957 there were just two fewer claims, including one death claim. Payment to employees, their surgeons, or their beneficiaries increased by $2,185 to a total of $11,984 for the year.

Funds on deposit in the Board's Retirement Annuity Plan totalled $210,402 as at July 31st, 1957, the anniversary of the contract. This is an increase of $25,113 during the year.

Employees who were members of the Retirement Annuity Plan and who retired or left the service during the year ended July 31st, 1957, received either cash refunds or paid-up personal annuities to a total present value of $8,794.

Appreciation

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

Respectfully submitted,

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

STATEMENT OF TREATMENT DAYS—TUBERCULOSIS SANATORIA—1957

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	40	—	—	70	85	712	907
Central Tuberculosis Clinic	2	163	304	4,250	3,220	2,648	10,587
Clearwater Lake Sanatorium	—	—	—	—	856	5,837	6,693
Dynevor Indian Hospital	—	—	—	284	—	—	284
Manitoba Sanatorium	1,842	1,168	2	14,330	27,310	11,136	55,788
St. Boniface Sanatorium	91	979	1,966	28,033	31,050	12,301	74,420
	1,975	2,310	2,272	46,967	62,521	32,634	148,679

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 and Other	Reciprocal Agreements with Other Provinces	Total
Brandon Sanatorium	–	85,548	—	—	—	—	85,548
Central Tuberculosis Clinic	1,043	1,228	153	234	12	122	2,792
Clearwater Lake Sanatorium	—	54,121	—	—	—	6	54,127
Dynevor Indian Hospital	—	11,033	—	—	—	—	11,033
Manitoba Sanatorium	3,325	16,456	86	674	77	1,741	22,359
St. Boniface Sanatorium	4,039	6,794	460	113	—	5,760	17,166
	8,407	175,180	699	1,021	89	7,629	193,025

TOTAL TREATMENT DAYS—1957

Province of Manitoba, Cities, Municipalities and Unorganized Territory	148,679
Government of Canada, Yukon Territory and Other Provinces	193,025
	341,704

ROSS

REPORT OF THE MEDICAL DIRECTOR

IT IS my privilege to present the Annual Report on the Medical Services of the Sanatorium Board for the year 1957. At the outset I will say that satisfactory progress has continued. Compared to ten years ago the improvement is marked, although the reduction of new cases and deaths has levelled off during the past two years. The basic principles concerning prevention have not altered greatly except for changes in emphasis in keeping with current trends. Treatment has made great advances.

The Board operates Manitoba Sanatorium, Ninette, and the Central Tuberculosis Clinic in Winnipeg; also Brandon Sanatorium, Brandon, and Clearwater Lake Sanatorium, The Pas, for Indian and Northern Health Services, Department of National Health and Welfare. Reference will be made later to the closing in October, 1957, of Dynevor Indian Hospital, Selkirk. The Sisters of Charity own St. Boniface anatorium and operate it in cooperation with the Board. These institutions provide 1,000 eds and in 1957 gave 341,704 days of treatment, a reduction of 20,148, or 5.5%, compared to 956. The Sanatorium Board is also responsible for the Tuberculosis Prevention Program nd in 1957 provided 307,487 free chest X-rays. The Board's educational, vocational and ehabilitation service for Sanatorium patients was maintained, and indeed expanded.

Tuberculosis Deaths

Year	Whites and Indians Combined: Rate per 100,000	Whites and Indians Combined: Total Deaths	Whites: Rate per 100,000	Whites: Total Deaths	Indians: Rate per 100,000	Indians: Total Deaths
1935	60.8	432	38.6	269	1,258	163
1940	50.3	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
1955	8.5	72	6.8	56	80.0	16
1956	7.2	61	4.9	41	100	20
1957	7.5	65	5.4	46	90.4	19

(The figures for 1957 are tentative and based on the estimated population for Manitoba of 860,000, which includes 21,000 Indians.)

SUMMARY

1. The death rate is 5.4 per 100,000 population for non-Indians, 90.4 for Indians, with an overall rate of 7.5. The number dying of tuberculosis in 1957 was 65. This is only half that of five years ago and there has been little change in the past two years.

2. A striking feature is that 65% of those dying were over the age of fifty and 39% of all tuberculosis deaths were in persons over seventy in the ratio of five males to one female.

3. There were 239 new cases in 1957 among the non-Indians, a decrease of 10% compared with 1956.

4. The Board's various agencies provided 307,487 chest X-ray examinations. Case-finding activities are being further concentrated among higher tuberculosis incidence segments of the population, and conversely less so among those with little tuberculosis, such as children under fifteen.

5. There were 940 patients in Sanatoria on December 31, 1957, a decrease of 59 compared to the same date a year before. The drop in treatment days has been steady, in 1957 being 6% for Province of Manitoba patients.

6. An active Rehabilitation program is in operation for both White and Indian patients, with a new and more aggressive approach for the latter.

7. Tuberculosis is still a formidable public health, social and economic problem. Progress in control continues but victory is far from complete and all methods of attack must be vigorously maintained.

In 1935, 430 people died of tuberculosis in Manitoba. By 1945 deaths were reduced to 314 and in 1950 to 181. From then on the decrease was even more dramatic. In 1957 only 65 people in Manitoba died of this disease. It will be noted, however, that during the past three years the downward trend has been levelling off. An analysis of the age at death presents striking features and a reversal compared with 15 or 20 years ago. Of the 46 non-Indian deaths, only four occurred under the age of thirty. In the age period between 30 and 50 there were 13 deaths, 10 of these being female patients. Twenty-nine (65%) of those dying were over the age of fifty. Thirty-nine per cent of all deaths were in persons over seventy, with a preponderance of males to females of 5 to 1 in this older age group. Only two deaths (sudden) occurred at home. In contrast, Indians died at a much younger age, 14 of the 19 deaths occurring under the age of thirty. Only one Indian death occurred at home and 20 years ago practically all of the 160 annual deaths were on the reserves among their families. Herein lies the main reason for the great reduction of tuberculosis among the Indians in the short period of one generation.

New Diagnoses of Active Tuberculosis

Year	Whites Active T.B.	Indians Active T.B.
1940	438	147
1945	438	134
1950	364	239
1955	231	101
1956	268	108
1957	239	118

New Cases

The danger of dying of tuberulosis has been greatly reduced but the chance of developing the disease has not been correspondingly decreased. Reviewing the foregoing table for non-Indians you will note a decided drop in the new active cases but, as with the deaths, there has been less change during the past three years. The significant features of the new cases that can be drawn to attention are, a decrease of 29, or 10%, compared with 1956; pulmonary disease has reached a far advanced stage in 30%; there were more males than females—137 to 102; half of the cases were between the ages of 20 and 40 and, although there were 60 under 19 years of age and 62 over 50 years, only 19 out of these 122 among the young and the old were discovered by mass survey or hospital admission films. The circumstances related to the new cases constitute the basis for planning control measures. A prompt effort is made to discover the source of infection and to examine all contacts.

New Active Cases by Age Groups and Sex, 1957

	Whites: Male	Whites: Female	Indians: Male	Indians: Female
0- 9	21	21	18	19
10-19	8	10	11	13
20-29	30	27	17	18
30-39	12	21	3	3
40-49	13	10	1	3
50-59	14	4	2	2
60-69	16	2	2	1
70 and over	20	6	3	1
Age not stated	3	1	—	1
	137	102	57	61

Treatment Facilities

	Bed Capacity (February, 1958)		Bed Occupancy (December 31st) 1952	1953	1954	1955	1956	1957	
Manitoba Sanatorium	250		244	228	244	224	223	212	
Central Tuberculosis Clinic	53		29	44	44	45	48	38	
Municipal Hospitals	—		97	82	—	—	—	—	
St. Boniface Sanatorium	284		276	272	276	264	253	250	
		587	646	626	564	533	524		500
Dynevor Indian Hospital	—		38	51	50	53	52	—	
Clearwater Lake Sanatorium	187		163	187	196	185	185	192	
Brandon Sanatorium	227		259	251	254	243	238	248	
		414	460	489	500	481	475		440
Total		1,001							940

On December 31, 1957, there were 940 patients in sanatoria, a decrease of 59 compared December 31, 1956. There are some non-treaty people in the Indian Sanatoria and a mber of Treaty Indians in the non-Indian institutions, but wherever they were the number treatment at the end of the year was 940—438 non-Indian, 298 Indian, and 204 Eskimo.

The number of beds available for treatment has been decreased by 118, from 1,119 to 001, and the present bed capacity is listed above. There are three main causes for this— obsolete building for present day treatment at Manitoba Sanatorium is being demolished. his is East Pavilion, one of the original frame buildings constructed in 1910 and containing beds. Dynevor Indian Hospital with 55 beds has been closed. A wing at Brandon anatorium, which contained 29 beds, is closed for treatment purposes and being converted to a rehabilitation evaluation and social adjustment unit. Reduction in the beds in over-owded wards is also necessary. Other factors necessitate revision of older planned treatment ccommodation, such as the earlier ambulation of patients resulting from present day treat-ent, and the greater number of elderly patients. Even with the reduction in beds at ecember 31, 1957, there were 61 vacancies.

Admissions and Discharges

The number of tuberculous patients admitted to sanatorium in 1957 was 878, compared 973 in 1956. Of the first admissions with pulmonary disease I was concerned to find that 3 per cent had far advanced disease, which is a decided increase over the previous year.

Of the 796 tuberculous patients discharged from all sanatoria, disease was classified as llows:

Inactive	21.3%
Arrested	52.8%
Active improved	16.2%
Active unimproved	2.5%
Dead	7.2%

The average length of sanatorium treatment for all discharged tuberculous patients ith the exception of those from the Central Tuberculosis Clinic, was 567 days (about 19 onths), which is a little longer than last year. Forty-four, or 7.2%, of the non-Indian atients and 12, or 4.5%, of the Indians were discharged from sanatorium against medical dvice. This is a good record and partly accounts for the longer average treatment in 1957. f the 56 (Whites and Indians) leaving sanatorium against medical advice, only 15 were fectious and 11 of them have since returned. Of the 4 others, one has left Canada and e other three are under supervision. At the year end there were only 12 patients in the hole province at home known to have tubercle bacilli in sputum or other secretions. If y are not under supervision and if thought to be spreaders of infection, every attempt is ade to hospitalize them, if necessary by commitment.

Treatment

There has been no particular change in treatment methods. The dramatic effect of e anti-tuberculosis drugs on symptoms, and the surgery also, has made rest seem less neces-ry. Although patients generally are allowed more activity, we still believe rest and a sana-rium routine generally are important in attaining maximum and permanent cure. The ngth of drug treatment is 18 to 24 or more months, but many do not need to remain in natorium just for the continuation of drugs. Of the 468 tuberculous discharges (non-dians) 139 (29.6%) continued on chemotherapy at home.

Resectional surgery continues to have an important role in treatment, which is shown by e fact that 20% of all discharges had some form of major chest surgery. Elsewhere is more complete table of the type and extent of treatment measures carried out during the ar according to all the institutions. The larger volume of surgery at Manitoba Sanatorium ll be noted, which is mainly because Brandon and Clearwater Lake patients requiring chest rgery during the last half of the year were transferred to Ninette.

Rehabilitation

It was not so many years ago that rehabilitation programs generally for handicapped rsons received wide public and official recognition and support. Teaching, study and the velopment of special interests have always been fostered in our Manitoba Sanatoria, and in 42 the Sanatorium Board became impressed with the need for an organized program in this spect and established a Rehabilitation Division. For the past 15 years many hundreds of rsons who have developed tuberculosis have been able to turn misfortune into new and often tter opportunities.

The return of the patient to self support and a useful and satisfying place in the com-unity is the main object of treatment. In activity for many months usually is necessary r physical recovery, but otherwise can have detrimental effects. Adjustment or change of cupation may be necessary to ensure continued health. During recent years the number of patients have increased who have little knowledge of the basic educational subjects, so academic teaching has wide application. Occupational therapy also has an important part in the program, mainly in a diversional way. The fundamental factors in rehabilitation are vocational counselling, vocational training, including post-sanatorium training in technical school, assistance in job placement and follow-up. Each sanatorium has a teaching staff to carry out this work and I refer you to the complete and interesting report of the Director of this Division. The Board's rehabilitation structure is coordinated with an overall Provincial Rehabilitation program and this helpful relationship is deeply appreciated.

For the Indians and Eskimos the sanatoria have had excellent teaching and handicraft programs and many of you have seen their interesting art and handicraft work. Worthwhile as this has been, it was not fundamentally vocational. A year ago it was reported that a new approach to rehabilition had been established. It is difficult for these people to maintain a livelihood at home through lack of jobs, and elsewhere their acceptance and social maladjustment, as well as limited training, has been a handicap. The new plan consisted in bringing suitable candidates into boarding homes in Winnipeg, from where they were introduced to urban life under supervision and direction. Studies were continued and appropriate technical training provided. Employment has been found for 21 Indians and 8 others are still on technical training courses. In the light of experience this program now has been somewhat modified.

It was possible to vacate a wing at Brandon Sanatorium, which will be used as a rehabilitation unit, utilizing the facilities of the Sanatorium where possible but otherwise distinct from the Sanatorium. The unit will house sixteen students, ten male and six female, and a Rehabilitation Supervisor. It will also provide space for classroom and recreational activities. The purpose of the Brandon program is to evaluate the capabilities and needs of the prospective rehabilitant, provide social training and a better understanding of occupational responsibility. A vocational goal will be established as early as possible and, if other factors are favorable, specific training in a technical school or training on the job will be arranged. The program will be under the direction of the Rehabilitation Officer with an Advisory Committee responsible for policy decisions. Please refer to the more detailed report of the Rehabilitation Officer.

The Central Tuberculosis Registry

The Central Tuberculosis Registry is a division of the Department of Health but located in the Central Tuberculosis Clinic. It carries out the absolutely essential function of recording and analyzing medical and social data pertaining to all phases of the prevention and treatment of tuberculosis. The whole system is practical, efficient and economical, so much so that the details of its operation have been published and distributed by the International Union Against Tuberculosis as a pattern for other countries in the World. The success of any system depends greatly on its operating staff, which has pleasantly given unfailing, prompt and able service.

Information about 4,620 tuberculous patients was on file in the Registry on December 31, 1957, which includes 1,241 Treaty Indians and Eskimos. Records of all sanatorium patients and their contacts are readily available in the Registry, and data on all discharged patients is kept for five years after they are 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.

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 institutions is evident, and I wish them to know that I do appreciate their able and devoted service. I realize and acknowledge the cooperation and assistance of the Provincial Department of Health and Municipal Health Agencies, and also the contribution 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.

Preventive Services
Headquarters
Central Tuberculosis Clinic

Prevention

PREVENTIVE SERVICES

From the Report of the Medical Director

The insidious nature of tuberculosis, the absence of symptoms in its early stages, and he fact that an infectious state can be reached without warning or suspicion are the main easons why absolute control and eradication is difficult and prolonged, especially as there no specific immunization agent as with many other infectious diseases. The discovery nd isolation of sources of infection is of primary importance and not only requires searching fforts among segments of the population with a greater known prevalence of tuberculosis. ut the periodic X-raying of all people. It is evident by the following table that the Sanarium Board has carried out a vigorous X-ray program by its various agencies over a number f years. Some changes in policy have been put into effect and will be discussed later.

Examinations by Clinics, Hospitals, and Surveys

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
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
1957	9,559	3,690	103,485	190,753	307,487
	99,925	47,481	662,850	2,165,348	2,975,604

Chest X-ray Surveys

During 1957, 190,753 chest films were taken on surveys, 175,220 non-Indian people, 4,838 Indians and 695 Eskimos. This is a reduction in the total of approximately 22,000 ompared to 1956. Among the non-Indians, 1 in 2,100 X-rayed was found with either active r inactive pulmonary tuberculosis and one in 5,300 with active disease. This method of nding cases is not very productive but even one person with unknown tuberculosis can do a reat deal of harm, and each of the one in 2,100 with inactive disease are potentially dangerous nd require follow-up examinations. Among the 14,838 Indians surveyed, 11, or one in ,350, were found to have active disease. Original surveys of Indians not so many years go found one out of every 35 examined in need of Sanatorium treatment.

Until the past few years rural municipalities have had surveys every two years but the intervals have been gradually extended to three or more years, depending on the incidence of new cases. There are actually 57 of the 155 municipalities in Manitoba that have not had a new case in three years, and in 1957, 84 were entirely free of new cases. With the extremely low finding of tuberculosis among pre-school children, and for other reasons also, this group was excluded from surveys in 1957, which accounted for an 11 per cent drop in attendance for the same areas compared to their last survey. Apart from the finding of new cases of tuberculosis and other chest conditions, X-ray surveys have considerable health educational value and no doubt promote support of the Board's preventive program. During 1957 in the course of organizing surveys, 192 public meetings were held with leading citizens in 55 municipalities; industrial surveys in the Winnipeg area operated at 96 locations, providing X-rays for the staff members of 1,126 industries or films and with an average personnel attendance of 96%.

Now about future policy. In 1957 one-quarter of the new cases (60) were under 20 years of age, yet only six of the 60 were discovered by surveys. The reason is that surveys are held only periodically and that the new cases among this younger age group come to light because of examination as tuberculosis contacts or they are referred by their doctor. They are not being found by the occasional survey. This is also the experience elsewhere in Canada. On the recommendation of the Medical Advisory Committee, and with the approval of the Board, the survey policy has been further modified for 1958 to exclude the routine X-raying of children, aged 15 years and under. Insofar as possible X-rays will be substituted by a program for tuberculin testing the last two high school grades and X-raying only the reactors, which will be from five to 7 per cent. The older age group is still a problem. Their attendance at surveys is stressed but most who do break down with tuberculosis do so acutely, and dependence for diagnosis rests mainly upon the private physician.

Racial and geographic incidence of tuberculosis have a pronounced bearing on survey policy—for example, the Duck Bay and Camperville areas have had intensive case-finding service, including tuberculin testing and B.C.G. vaccination. The lower economic and social segments of our population have also had special attention, such as the routine X-raying of 1,012 receiving welfare allowance from the City of Winnipeg, one new case being discovered. Also in 1957 an X-ray unit was installed at Headingly Gaol, which routinely X-rays all prisoners. Of 1,188 X-rayed from July to the end of 1957, 13 had inactive disease, 11 known before, and one new active case was found. Alcoholics and drug addicts are a bad group, not only as to incidence but also management. Diabetic and asthmatic patients have a higher than average incidence. Knowledgeable effort is exerted to identify and control these hard-core residues of infection and they are now the main reason for a slowing down in progress. On a cost basis alone, mass surveys themselves may be questionable, yet the overall X-ray program should include all classes from a health and educational point of view, and in promoting the cooperation and support of the public at large.

Travelling Chest Clinics

This type of clinic has a different function than the surveys. It provides a consultation service, large X-ray films, and a doctor for most clinics. The general population is not X-rayed and examinations are confined to suspects referred by their doctors, those who have had contact with tuberculosis and for follow-up reviews of ex-sanatorium and known cases.

In 1957, 66 travelling clinics were held at 38 centres, examining 3,690 people. Nineteen new cases of tuberculosis were discovered but only four with active disease. Contact examinations numbered 1,657 and 392 old tuberculous cases were advised. The total number examined by these clinics was reduced last year by 28%. This is due to encroachment by other X-ray facilities, especially the general hospital admission X-ray program, enabling out-patient referrals. Travelling Clinics have a place in the overall program.

Stationary Clinics

These are the out-patient clinics of each sanatorium and the Central Tuberculosis Clinic, and their value is evident by the fact that they were responsible for finalizing the diagnosis in 42% of all the new active cases reported in the province. I say "finalize" because for many, action was initiated by the private physician whose front line role in the whole campaign is of tremendous importance. During 1957 stationary clinics made 9,559 examinations, 5,719 of them at the Central Clinic, which was a slight increase over the previous year.

General Hospital Admission X-ray Program

Reference has been made to concentrating the search for tuberculosis where we know it is more likely to be found. This applies to the considerable proportion of the population admitted to general hospitals. This program, which is financed by Dominion Government Health Grant, was initiated in 1949 and now includes 70 hospitals in Manitoba, which admitted

24,718 patients in 1957. Of these, 82,037 had routine chest films, which is a percentage f 65.8. There are several reasons why all patients may not be X-rayed, such as extreme lness, emergencies and repeat admissions. Each hospital submits a quarterly report and e are in close touch with the rural hospitals through reading of their films, as they are sent o the Central Tuberculosis Clinic. Many hospitals do exceptionally well in getting a high ercentage of their admissions X-rayed. Others need to be urged to take a more active nterest in this program, which is not only of case-finding value but staff attending patients an be protected from unsuspected infection. Out-patients are referred to these hospitals by heir doctor or an agency of the Board, which provides a convenient diagnostic and follow-up ervice. In 1957 there were 13,002 X-rayed as out-patients.

Number of Hospitals 70	1956	1957
Number of in-patients X-rayed	79,941	82,037
Number of out-patients X-rayed	11,587	13,002
Number of hospital staff X-rayed	7,704	8,446
	99,232	103,485

It has been pointed out that chest X-ray surveys reveal very few significant findings in hildren aged 15 years and under. Our experience is the same with the general hospital dmission X-ray program. Therefore, the policy of the Board now is to exclude this younger ge group from admission chest films except for special reasons and in hospitals serving com- nunities which have a higher than average incidence of tuberculosis.

X-ray Findings

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

1. Of the 82,037 admissions X-rayed 76, or *one in 1,065*, had apparently active tuberculosis.
2. 494, or *one in 162*, had tuberculosis that was considered inactive.
3. 149, or *one in 550*, had probable tuberculosis of doubtful activity.
4. 373, or *one in 220*, were considered tuberculosis suspects.
5. Taking into account all the above, 1,092, or *one in 75*, had evidence of present, past or suspected tuberculosis.
6. Of the 13,002 out-patients 16, or *one in 1,300*, had apparently active tuberculosis.
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 X-rayed on admission, 3,936 (*one in 21*) had non-tuberculosis chest conditions, and 4,085 (*one in 20*) had cardiac abnormalities.

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.

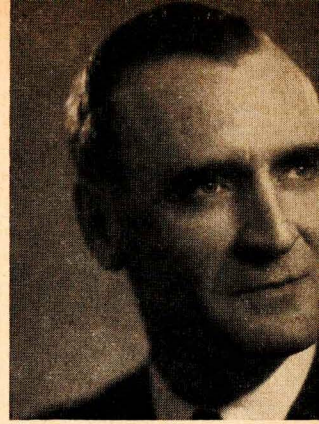
Vaccination with B.C.G.

There is scientific and statistical evidence that this vaccine does provide some degree f protection against tuberculosis. Although we have used it on a limited scale for twenty ears in Manitoba, B.C.G. has been slow in receiving universal acceptance, notably in the Jnited States and Britain. However, an upward surge of vaccination in the United Kingdom as resulted from favorable reports from the British Research Council. For many years a arge vaccination program has been carried out in Quebec and recently in Newfoundland, ut the other provinces have been much the same as Manitoba, i.e., vaccinating only those who may not be able to avoid infection, such as those listed below. In 1957, in Manitoba, ,788 persons were vaccinated, 1,766 among the Indians. This is an increase of 597 compared o 1956. At Camperville and Duck Bay the infection rate among 299 school children was 2%, which is about six times greater than in most other communities. We therefore vac- inated 166 who had negative tuberculin tests. With an extention of tuberculin testing here will no doubt be some increase in vaccinations.

B.C.G. VACCINATIONS—1957

Contacts	405	
Medical Students	24	
Student Nurses (General Hospitals)	381	
Student Nurses (Mental Hospitals)	26	
Student Nurses (Practical)	39	
Nurses' Assistants	47	
Sanatorium Staff	72	
Laboratory Technicians	24	
Others	4	1,022
By Indian and Northern Health Services		1,766
Total		2,788

Report of the Medical Superintendent Central Tuberculosis Clinic and Preventive Services



DR. D. L. SCOTT

Central Tuberculosis Clinic

DURING 1957 there were 7,788 visits to the Central Clinic, of which 5,591 were for examination. Of this total there were 135 new discoveries of tuberculosis. There were also 21 new cases found by other means, making a total of 156 new discoveries at the Central Clinic.

Admissions and discharges to and from the ward upstairs did not vary in number a great deal but there were about 700 fewer treatment days than in 1956. One must remember that 478 admissions to the ward does not mean 478 cases of tuberculosis. Many of these are patients suspected of tuberculosis but proven later to have other conditions.

Becoming more noticeable in late years is the number of older people discovered with disease—29 over sixty years of age in 1957, compared to 20 in 1956. The reason for this is not clear but we do know that they require a good deal more nursing care than younger and stronger patients.

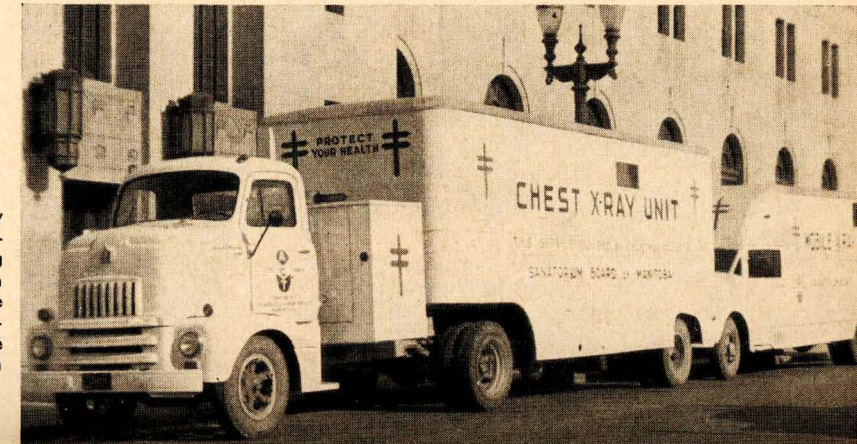
Of the 156 new discoveries there were 135 with active disease in need of treatment. Ninety-three of these had pulmonary tuberculosis, which we consider to be the most infectious type of disease; in other words, they are the "spreaders" of infection.

During the year 490 patients were discharged, only four of these against advice. Discharges to other tuberculosis institutions numbered 234, and there were 26 discharges to general hospitals. I should like here to remark that much of our time and effort is spent referring and directing patients found to be non-tuberculous back to their doctors and to other institutions.

The chemotherapy administered to out-patients continues to be an important facet of our patients' care. We do our best to retain patients in institutions who are still clinically active, and those attending for out-patient treatment have pretty well arrested their disease.

Clinical Laboratory—Total procedures are down due to fewer tuberculin tests being done than in 1956, when a tuberculin survey was held in St. Boniface. Other procedures have remained about the same. There was an increase of more than 100 B.C.G. vaccinations. Our laboratory prepares dilutions of Old Tuberculin for testing and last year mailed to doctors, hospitals and health units 8,510 c.c.'s.

X-ray Department—Here a variety of films are made and processed, the emphasis, of course, being on chest films. There were about 300 fewer chest films made.



The mobile X-ray units are parked outside the Winnipeg Civic Auditorium on the occasion of the final Search for Talent Concert of the Associated Canadian Travellers.

Preventive Services

During 1957 there were twenty fewer travelling clinics held, thirty-eight centres being visited. Examinations numbered 3,549 Whites and 141 Indians. Nineteen new cases were found but only four of these were proven to be active.

Hospital Admission Program—In the hospital admission X-ray program we received films from 56 hospitals and there were 31,329 X-rays sent to us. Twenty-two of these were considered to have disease regarded as probably active. That is one case for every 1,424 films. In the Central Clinic one new active case turned up for ever 41.4 examinations made.

Surveys—Surveys are fully reviewed elsewhere and I think it is sufficient for me to mention only that the three survey units and the unit at Headingly Gaol altogether made 153,853 X-ray films, which were processed and read here.

Following the termination of another busy year I would like to thank all the members of the staff who contributed to the program. On behalf of the staff and myself, I would like to thank the Medical Director and the Executive Director for their help and advice. The staff of the Central Registry are always at our service and have been of immeasurable help.

The members of the Board, and especially the committee members, have, as usual, been kind, patient and interested.

Respectfully submitted,

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

Miss Elizabeth Harrison is the first student nurse to benefit by the bursaries sponsored by the Sanatorium Board of Manitoba to assist young ladies who wish to make a career in nursing.

CITY OF WINNIPEG

TUBERCULOSIS CONTROL 1957

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 22 deaths in Winnipeg due to tuberculosis. This corresponds to a death rate of 8.7 per 100,000 population. This is almost double the rate for 1956 and the highest since 1952.

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
1957	22	8.7

Hospitalization—There was a monthly average of 139 patients hospitalized in the various Sanatoria during the year 1957. This is a substantial reduction in the monthly average of patients hospitalized during 1953 (199 patients), in 1954 (191 patients), in 1955 (166 patients) and 1956 (147 patients). The monthly average number of patients in the various Sanatoria were:

Ninette	50
St. Boniface Sanatorium	77
Central Tuberculosis Clinic	12
Total	139

X-ray Surveys—During 1957 the chest X-ray survey programme continued to expand. The mobile 70 mm. machine previously purchased by the Manitoba Sanatorium Board and loaned with staff to the City Health Department, the stationary 4x5 X-ray Unit at the City Hall and two other 70 mm. machines (provided by the Manitoba Sanatorium Board for use during the survey of all school children) were all utilized in X-raying a total of 61,064 individuals.

All recipients of public welfare assistance received an X-ray at the City Hall Unit this year as this low income group is considered more susceptable to tuberculosis and many would not be screened in industrial surveys. One new active case was found in this group of 1,012 X-rays.

Industrial Surveys

One thousand two hundred and twenty-six (1,126) 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 96 sites where the X-ray machines were set up. Ninety-six per cent (96%) of the employees of these business concerns attended for an X-ray.

Mobile Units

No. of operational sites	96	
No. of industries X-rayed	1,126	
Average Attendance	96%	
No. of industrial X-rays taken		38,200
No. of school children X-rayed		6,480
No. of private school children X-rayed		925
Total 70 mm. X-rays		45,605

Unit at City Hall

No. of survey, contact and patients X-rayed		10,188
No. of pre-employment X-rays		5,271
Total 4 x 5 X-rays		15,459
TOTAL X-RAYS TAKEN DURING 1957		61,064

Eight new cases of pulmonary tuberculosis were discovered during the year which is 13.1% of the total number of new active pulmonary cases discovered by all agencies such as private physicians, Sanatoria, hospitals, private and public clinics.

Active Cases of Pulmonary Tuberculosis Discovered Annually

Year	By all means	By City Health Surveys	% of Total found by City Health Surveys
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%
1957	61	8	13.1%

There was a ratio of one new case discovered for every 7,633 individuals X-rayed. Once gain the progress that is being made in eradicating this disease is evident in the following able, which shows that in 1951, out of every 2,107 individuals X-rayed one new unsuspected ase of tuberculosis was discovered compared to one out of every 7,633 individuals X-rayed n 1957.

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
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
1957	61,064	8	.1 or 1 every 7,633 X-rays

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

The table below shows the source of active cases discovered by the Health Department. t should be noted that there were 1,035 individuals referred to the City Hall by private hysicians for chest X-rays and that one new active case was discovered among this group r one case for every 1,035 physician referrals X-rayed. These referrals were in the main for re-natal chest X-rays, routine chest X-rays in conjunction with a physical examination or uspect lung pathology. It is interesting to speculate on the reason why three of the new ight new cases discovered during the year were discovered by the X-ray Unit at the City Hall among 15,459 X-rays, while only five new cases were discovered by the Mobile Units n a total of 45,605 X-rays.

Source of Active Cases Discovered by the Health Department

Surveys (Industrial and at City Hall)	6
Referred by Private Physician	1
Individuals	1
Total	8

As will be seen in the following table, tuberculosis discovered on Surveys continues to e found among those individuals who are in the most productive years of their lives. All f the eight new cases were discovered in the 20 to 60 age group.

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

Year	0-19 Yrs. No.	%	20-39 Yrs. No.	%	40-59 Yrs. No.	%	60 Yrs. No.	%	Total Cases
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
1957	–	–	6	75	2	25	–	–	8

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

Extent	No. of Cases 1956	1957
Minimal	6	3
Moderately Advanced	2	3
Far Advanced	1	2

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

J. B. MORISON, M.D.,
Deputy Medical Health Officer.

Treatment

DR. A. L. PAINE

MANITOBA SANATORIUM

IN 1957 Manitoba Sanatorium completed its 48th year of operation. Speaking generally, there has been no radical deviation from the trends of the past few years but certain points are worthy of note. No new building took place and one old patients' building, in bad repair, was closed with demolition in mind. This reduction of bed capacity from 278 to 250 was made possible by some gradual decline in patient population. Upkeep of buildings continues to be good, but the need for repair is constant; this year the larger projects were a new roof on the power house; some redecoration of main building staff quarters, including new tile floors, remodelling of doctors' offices and laying new tile in East I corridor, plus repainting and some addition and alterations to sterilizing room space and equipment in the operating room unit.

Staff conditions continued to improve, the supply being good in all departments with less turn-over than previously. This year we have an adequate number of graduate nurses for the first time since the war.

Patients

There were 78,069 patient days, a drop of 4,748 since 1956. Average length of stay in Sanatorium was one year and two months. Patient population on December 31st was 212. The trend towards older age groups continued; women patients showed some increase but were still out-numbered by men, 81 to 131. Patients of native blood (Indians, Eskimos, Metis) increased and now make up 45% of the population; of these the combined Indian and Eskimo population was twice that of the Metis.

Admissions and Discharges

Admissions totalled 372 of which 161 were for diagnosis or review and 211 for treatment of tuberculosis. Of those for diagnosis, 33 proved non-tuberculous; among the less common conditions found were fibrosarcoma of the pleura, osteogenic sarcoma of the rib, hydatid cyst and lipoid pneumonia. Of those for treatment of tuberculosis, 32% had new disease, 13% had suffered relapse and 55% came to continue treatment from elsewhere; of this latter group 66 were transfers from Indian sanatoria. The composition of the 67 new cases is perhaps a better index of epidemiological trends than the treatment group as a whole. Of these, 39% were over 50, three being over 80 and five over 70. Advanced infectious disease is still common in new discoveries, 64% being more than minimal and 78% bacillary. Eight patients were admitted with pleural effusion, five with primary tuberculosis. Non-pulmonary admissions included: adenitis, six; empyema, two; renal, two; hip, 1, and spine, one.

Total discharges were 387, of which 160 were in for review, diagnosis and investigation and 223 for treatment of tuberculosis. Of the latter group 71% completed treatment, 9% transferred to other institutions, 8% left against medical advice, 3% had disciplinary discharges and 10% died. Of those taking irregular discharge six were bacillary and all are again in hospital. There were 23 deaths as compared to eight last year. Of total deaths seven were over 70 years of age. Twelve deaths can be ascribed to tuberculosis, six were from other causes in tuberculous patients in the older age groups and five were in patients who proved to be non-tuberculous.

Out-Patients

There were 1,419 examinations made in the out-patient department. In all, 53 non-tuberculous conditions were diagnosed. Of the 404 with tuberculosis, six were new discoveries, the remainder being old patients back for review.

Treatment

Rest is still considered basic treatment. However, its strict application is no longer considered necessary except in the very ill. Relaxation of rest routines has been made possible by the protection of chemotherapy, but we have been unwilling to follow this to the point of early discharge with drugs at home. Patients are still kept in sanatoriums for extended periods of time averaging 10 months for minimal, 16 months for moderately advanced and 24 months for far advanced involvement. After a satisfactory length of stay in hospital

any white patients are given chemotherapy at home. Total length of prescribed drug eatment in sanatorium, plus at home, varies from 18 months to two years or over. In atients of native blood, chemotherapy at home is seldom considered possible. These patients end to be kept longer in Sanatorium. During the year 59 whites, but only two Metis and o Indians were discharged home on chemotherapy. Our routine chemotherapy in sanatorium streptomycin 1 gram twice weekly and P.A.S. 12 grams daily. In patients with intolerance drug-resistance I.N.H. 300 mgms daily may be substituted for one or other of the above. n acutely ill patients all three drugs are given, or streptohydrazide 1 gram daily. When ossible, I.N.H. is reserved for treatment at home after discharge. Viomycin has been found ore effective and better tolerated than pyrazinamide or seromycin in drug-resistant patients.

Indications for surgery have become somewhat more conservative in the last year. Even o, 52% of all patients discharged from treatment of pulmonary tuberculosis this year had ad some form of surgery. More white patients with residual minimal lesions are being eated conservatively, though resection is still favored to prevent relapse in those of Indian lood with similar pathology. Extraperiosteal pack, or thoracoplasty, is preferred to resection n poor risk patients, especially in older age groups. Some patients with extensive bilateral isease after prolonged chemotherapy are eventually left with bilateral cystic cavitation, mphysema and negative sputum. Although we have treated some of these patients in the ast with bilateral extraperiosteal pack, our present thinking is that they are best off without urgery. It seems likely that bronchiectatic changes complicating tuberculous pathology redisposes to relapse and is an indication for surgery. Resection is the operation of choice, ut pack, or thoracoplasty, may be effective where the risk is poor.

Major chest operations for the year totalled 97, of which 75 were some form of resection r thoracotomy. Fewer large resections have been indicated, there being only one pneu- onectomy and 11 lobectomies and the remainder of lesser extent. A complete list of major nd minor procedures is appended.

Modern treatment not only cures more patients, but affords greater protection to staff y rapid conversion of sputum in most instances. At year's end 80% of all patients were on-bacillary.

X-ray and Laboratory Departments

The calibre of work in both departments has been excellent. The X-ray department took ,050 X-ray films which is a slight decrease from 1956. Electrocardiographs were done on 3 patients and 96 color slides made of 69 resection specimens. New stainless steel tanks were nstalled in the dark-room and a bank of 20 new illuminators in the Conference Room.

Work in the laboratory has increased 4.9% since 1956 in terms of standard work units. ncreases are in gastric lavage, sputum concentrations and tuberculin testing; also urine ests for sugar due to an increase in diabetic patients. Plans are now almost complete for oing plasma protein estimations and carbon dioxide blood content. A new microscope as been recently purchased.

Statistics for both departments are tabulated on page 51.

Education and Study

The report of the Department of Rehabilitation appears elsewhere, but the great value f this work should be mentioned here. Standards of education, social conduct and general ehaviour have gradually become lower in most of our patient body. This department not nly gives academic and vocational training and occupational therapy, but also has a generally plifting influence.

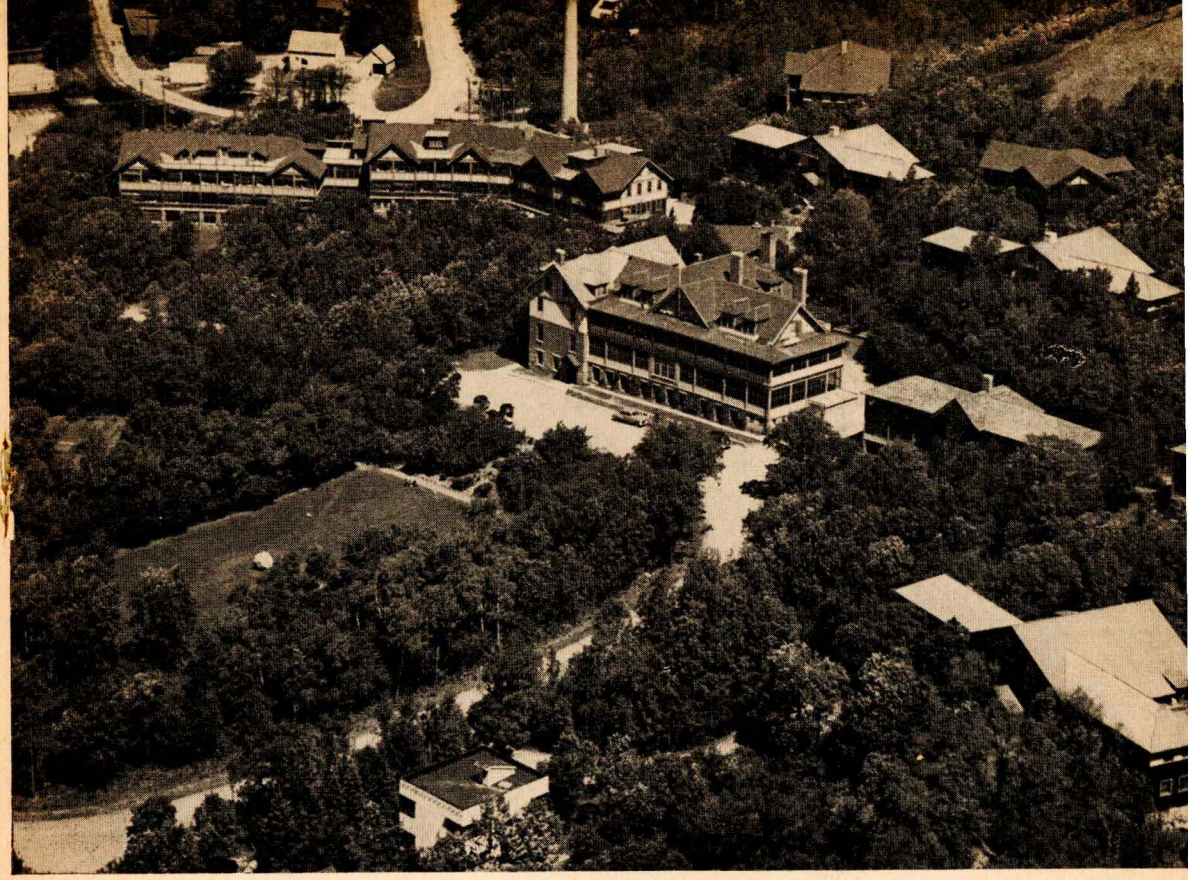
The instructress of nurses gave an excellent four weeks affiliate course in tuberculosis o 15 student nurses from the Brandon General Hospital. Medical and other staff assisted ith lectures. Nurses assistants are given a series of lectures as well as ward training.

The writer presented a paper on "Empyema in Pulmonary Tuberculosis" with Dr. W. ajcew as co-author at the Canadian Tuberculosis Association meeting in June last year.

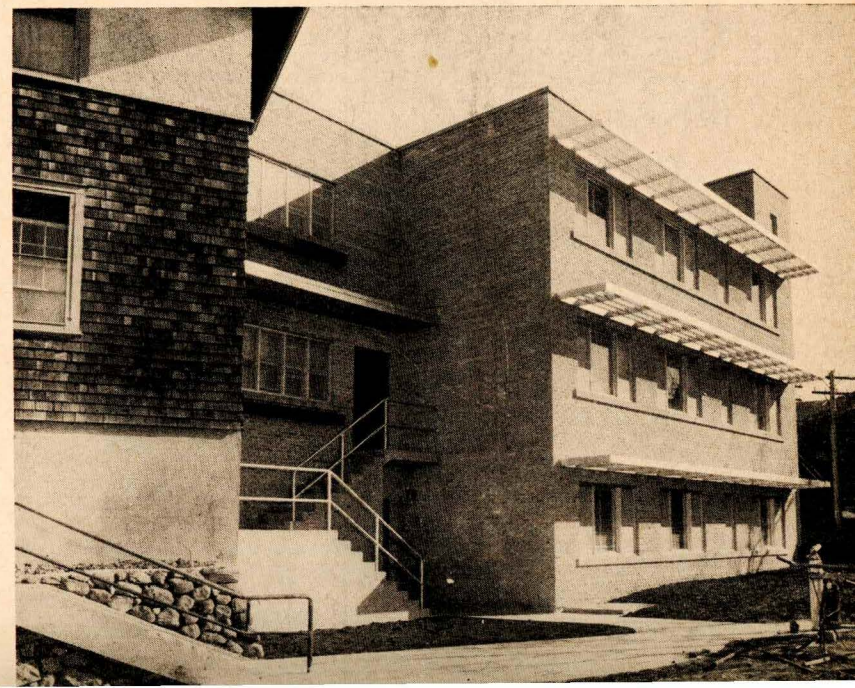
Appreciation

This past year unusually good staff relations have existed in all departments. I wish to hank all staff for much fine effort, co-operation and loyalty, which has resulted in a high tandard of work throughout. I am grateful to the Chairman of the Board, the Chairman f the Administration and Finance Committee, the Executive Director and all members of the anatorium Board for their understanding and for capable and unstinting attention to our roblems. Appreciation is expressed to the Medical Director of the Sanatorium Board, the uperintendents of the various tuberculosis institutions and the Department of Health for elpful cooperation 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.

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1956	2	22	6	67	1	11	–	–	9
1957	–	–	6	75	2	25	–	–	8

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

Extent	No. of Cases 1956	No. of Cases 1957
Minimal	6	3
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J. B. MORISON, M.D.,
Deputy Medical Health Officer.

X-Ray Department—X-rays of the chest are taken on all patients on admission, on discharge, at three-monthly intervals and at such other times as found necessary. X-rays of other parts of the body for special procedures are done on medical order. A total of 2,865 were processed during the year, compared to 2,597 in 1956.

Rehabilitation Department—The Rehabilitation Department was enlarged by the addition of another School Teacher. This service is of great benefit to the patients and the Sanatorium. This Department also assists discharged persons to become re-established as self-supporting members of society.

Out-Patient Department—During 1957, 1,642 persons were enrolled in the Out-Patient Department compared to 1,533 in 1956. The number of X-rays, laboratory tests and examinations have not varied much from the usual but the number of special examinations for tubercule bacilli have increased.

The Out-Patient Department affords a follow-up on discharged patients and tends to facilitate earlier discharge from the Sanatorium.

The physical plant is being maintained in first class condition. This year's program was especially ambitious, the highlights of which were: a stairway from the ground floor to the basement by which employees can reach the cafeteria when the automatic elevator is otherwise occupied; remodeling the Purchasing Department, thus facilitating a perpetual inventory. At the Power House the main project was the conversion from coal heating to Bunker oil.

During the summer a large parking lot and road paving program was completed. Funds for this project came from the Sisters' salaries.

New equipment included filing cabinets for the office and a new dental chair and cuspidor.

The Workmen's Compensation Insurance was extended to include nearly all personnel and a Health Insurance program was established available to all permanent employees.

Entertainment for the patients has been supplied by a number of individuals and organizations. Their interests and efforts are much appreciated. One Television set was donated by the St. Vital Firemen and two sets were donated by the late Michael Dukov.

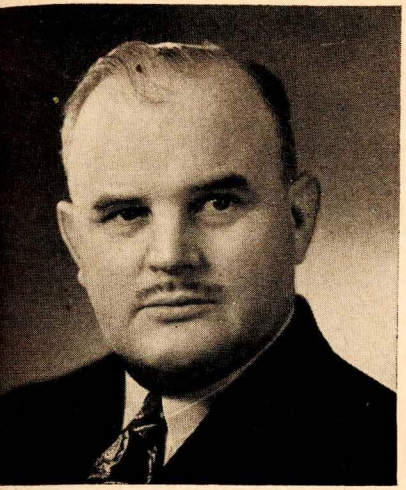
It is with sincere regret that we record the death of Mr. Justice J. T. Beaubien who served well and faithfully for many years as Chairman of the Advisory Board. His good humor, kindly advice and wise counsel is sorely missed by all who were associated with him at St. Boniface Sanatorium.

Appreciation

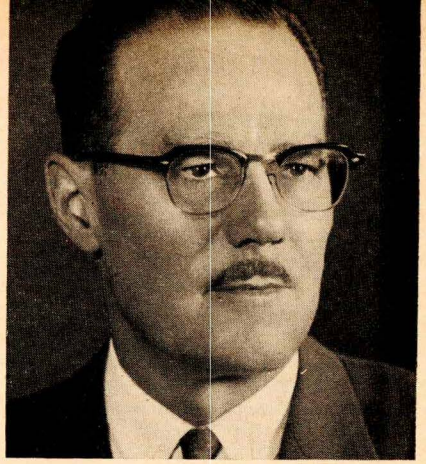
We wish to express our thanks and appreciation for the friendly attitude displayed by members of the Department of Health of the Cities and Provinces, to the Chairman and members of the Sanatorium Board, the members of the Central Tuberculosis Registry and the Central Tuberculosis Clinic, and to all others who work against the disease tuberculosis in the related Sanatoria and at our own institution.

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

St. Boniface Sanatorium, Main Entrance.



HON. J. WALDO MONTEITH,
Minister of National Health and Welfare.



NATIONAL HEALTH AND WELFARE PHOTO

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

NATIONAL FILM BOARD PHOTO

Statement
by the
HON. J. WALDO MONTEITH
Minister of National Health and Welfare
for publication in the
1957 Annual Report of the
SANATORIUM BOARD OF MANITOBA

As Minister of National Health and Welfare, I am pleased to contribute a brief message or inclusion in the 1957 Annual Report of the Sanatorium Board of Manitoba. Since assuming office last August, I have heard much about the fine work of this agency in the field of tuberculosis control and particularly of its efforts on behalf of Indian residents in the province. In act, I understand that the Sanatorium Board pioneered in drawing public attention to the errible threat which this disease once posed to the lives and health of these people.

The record also shows that it was largely as a result of the Board's efforts that the present attern of federal-provincial cooperation in this field was initiated back in 1939. Beginning ith a 50-bed hospital at Dynevor, the Sanatorium Board has operated a number of federally-wned and financed institutions that have brought adequate diagnostic and treatment services ithin reach of all Indians living within the confines of this far-flung province. So successful ave been its programs—and particularly its extensive case-finding system—that really ramatic progress has been achieved in bringing tuberculosis under control among Manitoba ndians. A sign of the times in this regard is the fact that it has recently proved possible o dispense with the services of the Dynevor Hospital.

This encouraging progress does not, of course, mean that the work of the Sanatorium Board is drawing to a close. On the contrary, despite what has been accomplished, tuberculosis s still a serious menace to the province's Indian population. Moreover, an important new venue of need has now opened up in connection with the rehabilitation of patients upon heir release from sanatoria. And here I feel the Board is to be commended on the rehabilitation centre which is being set up at the Brandon Hospital.

Throughout the past two decades the Sanatorium Board of Manitoba has shown a wholehearted spirit of cooperation with federal authorities in this important endeavour. The way n which it has worked with the Department's Indian Health Services during the post-war ears has been greatly appreciated by our officials. Involving the efforts of dedicated private itizens as well as of federal and provincial governments, the whole undertaking to my mind epresents one of the striking examples of effective collaboration in the health field.

For the coming year, may I wish the Sanatorium Board continuing success not only in ts work among Indians but also in carrying out its wider responsibility of directing Manitoba's xcellent tuberculosis control program.

Care of Indian Patients

From the Report of the Medical Director

THE Sanatorium Superintendents and the Regional Superintendent of Indian and Northern Health Services have reported on case-finding and treatment among Indians and Eskimos. There are also appended statistics elsewhere so I will refer to only a few features. For a number of years now we have pointed out dramatic improvement, but actually for the past three years deaths and new cases have remained about the same. Over 15,000 Indians were X-rayed on surveys in 1957 and I am informed that their total population in Manitoba is approximately 21,000. On December 31, 1957, there were 298 Treaty Indians and 204 Eskimos in Sanatoria. Treatment days for Indians and Eskimos totalled 184,472 in 1956, compared with 175,180 in 1957, a decrease of 5%. Many of the Eskimos sent down from the North with pulmonary disease turn out to be non-tuberculous but most are benefitted by medical or surgical treatment. Actually, of 140 Eskimos admitted in 1957 only 69 had tuberculosis. Septic chest and bronchitic conditions are very common among them. Their admission and discharge times are seasonal, which accounts often for rather long periods of hospitalization. The rehabilitation program for Indians and Eskimos will be referred to elsewhere. The very fine working relationship between the Board and Indian Health Services in all phases of the program has been a great factor in progress and in coordinating the anti-tuberculosis activities for both the Indians and non-Indians.

Dynevor Indian Hospital was the first hospital in Canada devoted entirely to the treatment of tuberculous Indians. It was opened for this purpose in 1939. It was closed in October, 1957, which represents a milestone in the control of tuberculosis among Indians. These old and historic premises contributed greatly in their quiet and beautiful setting on the bank of the Red River. Dr. Walter Read retired with its closing and on behalf of the Board and myself I wish to record sincere appreciation for his devoted service.

Some Eskimo women at Clearwater Lake Sanatorium are admiring their handiwork.

. WOOD

Report of the Regional Superintendent
INDIAN HEALTH SERVICES

IN 1947 we started an accelerated drive against tuberculosis in Manitoba in which the Sanatorium Board played a major part. By 1955 the death rate was 1/10th of the rate in 1945 but the new case rate was only ½ of the rate in 1945.

Since 1955 deaths and new cases have not decreased materially, in fact there has been a slight increase.

On the credit side we can note fewer advanced cases; the closing of two tuberculosis institutions at Fort William, and Dynevor; decrease in sanatorium days due to finding cases early.

Tuberculosis in Indians is still a disease of youth for 81% of the new cases were under 30 years of age compared with 49% in the non-Indian population.

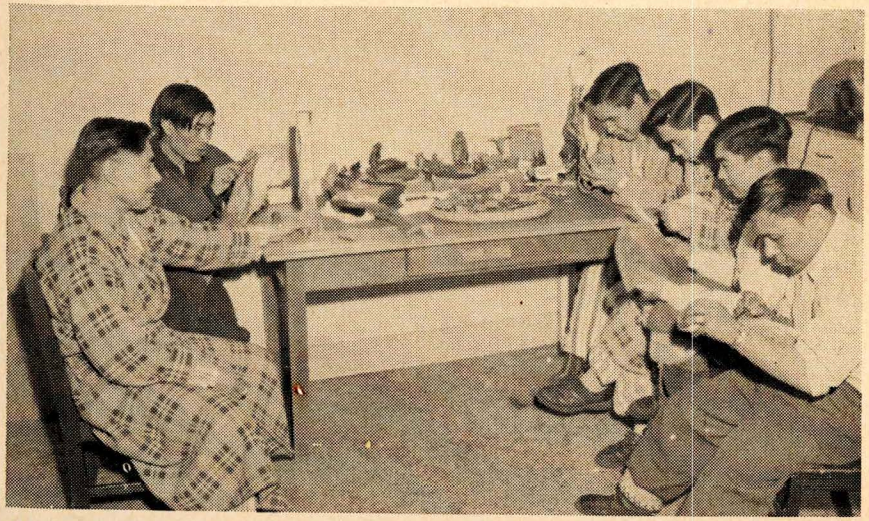
X-ray surveys are still carried on yearly with an objective to X-ray every Indian every year. That this is justified is evealed by finding 54 new active cases in 14,838 X-ray survey chest plates, or one case in 85 X-rayed. Surveys in the non-Indian population reveal one new active case in 5,300 X-rayed. In a survey of Eskimos in the Central Arctic one new active case was found in 6 X-rayed.

These excessive rates in our native population demand increased attention to finding idden cases. However, until we can raise the standard of living, give Indians better houses, ncrease their nutrition, teach them health rules, we cannot expect their tuberculosis rates to pproximate that of non-Indians. Increased resistance to infection including tuberculosis an only result from healthy living and it is our job to promote this as well as case-finding. We have a long way to go but any progress along this road in health education will result in reater resistance to tuberculosis.

We again express our gratitude to the Sanatorium Board for their great assistance in ur attempts to find and eliminate tuberculosis.

Respectfully submitted,

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



Male patients at Clearwater Lake Sanatorium busily carving soapstone and diamond willow.

DR. G. COGHLIN

BRANDON SANATORIUM

BRANDON SANATORIUM, operated by the Sanatorium Board of Manitoba for the Department of Health and National Welfare, is a 256 bed hospital devoted to the treatment of tuberculosis amongst Treaty Indians from Manitoba and Northwestern Ontario and Eskimos from the Central and Eastern Arctic. Non-tuberculous cases, amounting to 33.8% of all admissions in 1957, are also investigated and treated.

Patients

During 1957 the total patient days amounted to 86,455 days, a decrease of 2,779 days when compared to 1956. For a time during the fall our patient count was as low as 190, the lowest in the history of this institution, and this accounted for the decrease in patient days. We operated at nearly full capacity except during the months of September and October. As at December 31, 1957, there were 248 patients in hospital, an increase of 10 as of the same date in 1956.

Out-Patients

The Out-Patient Clinic was held weekly throughout the year. A total of 1,129 Out-Patients were examined, of whom 1,062 were White, 62 were Indian and 5 were Eskimo. The majority (648) were investigated for non-tuberculous respiratory conditions. There were 248 old tuberculosis patients and 233 contacts examined. Three new active cases were discovered and referred for admission and treatment. The above total figure includes X-ray survey of 163 teachers and employees of the Brandon School Board and 79 members of the R.C.M.P. The routine chest filming, on a weekly basis, of all prisoners at the Brandon Provincial Gaol was begun in 1957 and 127 prisoners were filmed.

Admissions

Admissions during 1957 totalled 255, an increase of 26 compared with 1956. Of this total 142 (55.7%) had pulmonary tuberculosis, 27 (10.5%) had non-pulmonary tuberculosis and 86 (33.8%) had non-tuberculous disease. Of the 142 cases of pulmonary tuberculosis, 23 or 16.1% were new cases, 20 or 14.1% were re-admissions, 95 or 66.9% were transfers and 4 or 2.8% were admitted for review. The number of new cases of pulmonary tuberculosis admitted in 1957 amounted to less than half the number admitted in 1956 (23 as compared to 49). The majority of the patients who were transferred were surgical cases.

There were 135 males and 120 females admitted.

Our patients are mainly from the younger age group, 66.6% being under the age of 30 years. The largest single age group in 1957 was the group under 5 years of age. Here there were 44 admissions, 16 tuberculous and 28 non-tuberculous. Of the tuberculosis cases 78.1% were under the age of 30.

Of the 142 admissions for pulmonary tuberculosis 30 or 21.1% were proven bacillary and 112 or 78.9% were non-bacillary. One hundred and twenty-seven or 89.5% were active and 15 or 10.5% were inactive. The disease was minimal in 61 or 42.9%, moderately advanced in 41 or 28.8%, far advanced in 26 or 18.3% and miliary in 2 or 1.5%. Eight patients (5.5%) had pleurisy with effusion, 2 or 1.5% had primary infection and 2 or 1.5% had tracheobronchial lesions. There were only 7 more moderately advanced and far advanced cases combined than there were cases with minimal disease.

Of the 27 cases of non-pulmonary tuberculosis 11 had cervical lymphadenitis, 9 had bone and joint disease, 6 had meningitis and 1 had tuberculous ulceration of the skin of the leg.

There were 86 patients with conditions other than tuberculosis. This is 33.8% of all admissions, an increase of 6.1% compared with 1956. Diseases of the respiratory system were the most common, amounting to 67.4% of all non-tuberculous conditions. In only 6 was there no evidence of disease.

Discharges

There were 245 discharges in 1957. The type of separation was as follows:

On Medical Advice	183	(74.5%)
Against Medical Advice	10	(4.6%)
Death	13	(5.1%)
Transfer	39	(15.8%)

Eight patients were discharged with positive sputum. Three were transferred to other nstitutions, 2 were discharged against advice and later returned to continue treatment and were far advanced cases who died.

One hundred and thirty-four patients had a discharge diagnosis of pulmonary tuberculosis. Of these 87 (64.9%) were classified as "Inactive", 6 (4.4%) as "Arrested", 27 (20.2%) as "Active Improved", 11 (8.2%) as "Active Unimproved" and 3 (2.3%) were "Deceased".

Ninety-three pulmonary tuberculosis cases were discharged as having completed treatment. Treatment of these patients was as follows:

Bed Rest and Chemotherapy	61
Pulmonary Resection and Chemotherapy	32

There were 13 deaths during the year.

The average duration of treatment of all discharges was 393.24 days. This is an increaes of 18.3 days as compared with 1956. This is not a true picture, however, because in some cases some days or weeks may elapse before arrangements can be completed for well patients to be discharged to remote northern areas.

Treatment

There was no essential change in our treatment programme during 1957. The basis of treatment is bed rest and combinations of antimicrobial drugs. The combination of Streptomycin and PAS is used most frequently although these combined with INH were used a little more often initially in 1957. We feel that Seromycin is a valuable drug in resistant cases although our series of patients who have received it is still small. We have had no toxic manifestations from it and it appears as though it can be given for relatively long periods of time without side effects. On the average we are giving a little larger dose of INH (roughly mgms. per kilogram of body weight).

Bronchography continues to be of value in selecting cases for operation and in determining the extent of the surgical procedure. The criteria for when a patient is ready for operation remains unchanged. So far as the operative procedure itself goes there were a greater number of segmental resections performed in 1957. This can be regarded as being due to two factors: Firstly, the less extensive involvement in the first instance and secondly, further refinements of surgical technique and post-operative care making segmental resection a safe and effective procedure.

During 1957, 69 thoracotomies were performed. Pneumonectomy was performed in cases, lobectomy in 31 cases, segmental resection in 34 and wedge resection in 1. Thoracoplasty was not performed once as a primary operative procedure, but was done 3 times as a space-filling procedure.

The immunization programme was continued, there being a total of 629 separate immunization injections given (see Statistical Summary on page 49).

X-Ray Department—This department, under the direction of Mr. Hugh Gibson, R.T., was busier than ever before. A total of 6,211 X-ray examinations were made, an increase of 36 over 1956. There was an increase in all types of examination, except planigrams where slight decrease occurred. Clinical photography is also handled by Mr. Gibson and here here was an increase of 120% in the work done.

Mr. Gibson was re-elected President of the Manitoba Association of X-ray Technicians, for 1958.

Laboratory—The laboratory, under the direction of Miss Laura Delamater, R.T. ontinues to produce work of the highest calibre. In 1957 there were a total of 14,213 laboratory procedures performed, 3 less than in 1956. As previously reported, culture of rganisms for drug sensitivity tests is used in an increasing number of cases. There were ,125 bacteriological examinations in 1957 as compared to 3,654 in 1956. The number of ulmonary function studies was also increased, 372 as compared to 208.

Rehabilitation—Our three teachers have had an average of 84 students enrolled ach month in academic work. The smallest enrollment was 73 in September and the largest as 105 in November. This is a large undertaking when one considers that a fairly large umber of students have to be taught on the wards.

One of our aims in academic training is preparing patients for rehabilitation training nder Mr. Locke's direction. During 1957, 13 patients were discharged to the Rehabilitation epartment either to continue studies, take vocational training or do training on the job. t years end plans were being formulated for the establishment of a Rehabilitation Section t Brandon Sanatorium and, I might add, this section will be in operation about March 15, 1958.

Occupational therapy continues to offer work and relaxation to our patients. Mrs. V. avidson, Occupational Therapist, had an average of 101 patients per month engaged in ctivities of this kind.

Education

I was privileged to attend the meeting of the American College of Chest Physicians in New York in May and Mr. Gibson attended the International Conference of X-ray Technicians in Washington, D.C., in June. Mrs. I. A. Cruikshank, Superintendent of Nurses, attended the Annual Meeting of the Canadian Tuberculosis Association at Vancouver in June.

Dr. A. H. Povah left in July, 1957, to complete his final year in post graduate training in Thoracic Surgery at Decatur, Georgia.

I presented a paper on "Bronchiectasis" at a staff conference at the Brandon General Hospital in May and gave 2 courses of lectures on Diseases of the Respiratory System to nurses at the Brandon General Hospital School of Nursing during 1957.

Tenth Anniversary

Brandon Sanatorium celebrated its 10th Anniversary on June 17, 1957. Seven members of the original staff are still with us and they were honored on that occasion.

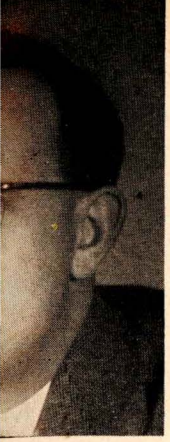
Appreciation

It is impossible to acknowledge individually the contribution of each of the many people concerned with the efficient operation of the hospital during the past year. To all of them as a group I wish to express my thanks. I wish to say a special word of thanks to all our consultants, all the members of the Board, the Medical Director, the Executive Director and the staff of the Indian Health Services.

Respectfully submitted,

G. COGHLIN, M.D.,
A/Medical Superintendent,
Brandon Sanatorium.

June 17, 1957, was the tenth anniversary of the operation of Brandon Sanatorium. The occasion was marked by a dinner attended by members of the Sanatorium Board of Manitoba and officials of Indian Health Services and Indian Affairs Branch. This photograph was taken just before the chartered bus left on the return trip to Winnipeg. Pictured from left to right are: G. R. Gowing, Business Manager; R. H. G. Bonnycastle; Dr. W. J. Wood, Regional Superintendent, Indian Health Services; A. E. Longstaffe; T. A. J. Cunnings, Executive Director; Dr. E. L. Ross, Medical Director; S. Price Rattray; R. L. Bailey; G. D. Iliffe; Dr. P. E. Moore, Director of Indian and Northern Health Services; Dr. A. C. Sinclair; William Whyte, Chairman of the Board; Dr. D. L. Scott; Dr. J. D. Adamson; Dr. A. H. Povah, Medical Superintendent; J. N. Connacher, Chairman Brandon Sanatorium Committee; E. V. Mayne; Mrs. Irene Cruikshank, Superintendent of Nurses; Dr. M. R. Elliott; Dr. Gordon Coghlin; J. R. McMillan; E. B. Pitblado; Frank Boothroyd.



AREY

CLEARWATER LAKE SANATORIUM

CLEARWATER Lake Sanatorium has completed its 13th year of operation, and in reviewing the yearly work, it is increasingly evident that the Institution is a well established and important Diagnostic and Treatment Centre. The Sanatorium is headquarters for an intensive Tuberculosis Preventive Program, that incorporates all Northern Manitoba and the Central Arctic.

In this area, 16,000 persons derived the benefit of a free chest X-ray, and through the medium of detailed reporting, a consultant service was also provided. This program produced the highest number of annual admissions in the history of the institution.

An analysis of the institutional work is herewith presented and statistical data is appended.

Admissions

During 1957, 60,820 treatment days were given to the 336 patients admitted, whereas 1956, patient days of treatment numbered 65,780, with only 220 admissions.

The difference is explained by the fact that there has been a marked increase in the missions of both acute and chronic pulmonary conditions such as pneumonia, broncho-eumonia, lung abscess, and bronchiectasis, and that these non-tuberculous conditions quired shorter periods of therapy.

Among the First Admissions, 40 were non-tuberculous, a far larger number than in any evious year.

New Cases of tuberculosis, both pulmonary and non-pulmonary, numbered 131, and rmed 38.7% of all admissions. An analysis of the 121, diagnosed as having pulmonary berculosis, showed that a fairly high proportion had advanced disease:

Minimal Inactive	1
Pleurisy with Effusion	6
Primary Infection	32
Minimal Tuberculosis	47
Advanced Tuberculosis	35
	121

Total re-admissions were 20.5% of all admissions, which was a relatively high figure, t the tuberculous re-admissions, classified as active, formed only 16.2% of all admissions. Even among the re-admissions 10 proved to have disease of non-tuberculous aetiology.

Discharges

There were 324 discharges during the year and this unusually high number was partly counted for by the fact that 126 patients were transferred to sister institutions and 76 were view cases only.

Pulmonary tuberculosis cases, completing Sanatorium Treatment, numbered 61 and e disease classification on discharge was as follows:

Active Improved	3
Arrested	55
Inactive	3
	61

Those leaving Sanatorium "Against Medical Advice" formed only 1.22% of all dis-arges, which is very creditable.

Of those admitted with non-tuberculous disease, 34 were discharged after curative therapy.

Deaths numbered three, and basically were due to the following causes:

(1) Tuberculous Meningitis with miliary tuberculosis;
(2) Far Advanced Pulmonary Tuberculosis of long-standing;
(3) Broncho-pneumonia and Pyaemia following influenza.

Eskimos

It is interesting to consider the disease classifications of Eskimos admitted during 1957. Of 93 Eskimos only nine were re-admissions, and of those only three had diagnoses of berculosis, two being minimal and active and one far advanced after bacillary. The re-inder were non-tuberculous. In those admitted for the first time, disease classification s as follows:

Primary Tuberculosis	15
Minimal Tuberculosis	15
Moderately Advanced Tuberculosis	3
Far Advanced Tuberculosis	2
Pleurisy with Effusion	2

Twelve Eskimos were admitted for diagnosis and were discharged home within the period of review.

It is interesting to note that even among the Eskimos 20 were admitted with non-tuberculous disease, and were discharged home after treatment had been completed.

One may say, therefore, that as far as Clearwater Lake Sanatorium was concerned, the Eskimo Admission picture during 1957 was certainly brighter than during 1956.

Treatment

It had been the tendency at Clearwater Lake Sanatorium to enforce a fairly rigorous rest regime, but during the past year the patients were permitted an increase in exercise so that more Occupational Therapy might be undertaken.

As far as Chemotherapy was concerned, the various combinations of Streptomycin, INH and PAS were used most effectively. In the few instances of drug allergy that developed, as manifested by skin reactions, dihydro-streptomycin was substituted.

The 103 children under the age of 14 admitted during 1957 were treated, in the main, with INH and PAS, and whereaver feasible, bed rest. The results of treatment were most encouraging.

As stated before, 126 patients were transferred to Brandon or Manitoba Sanatorium, Ninette, and many of these were slated for thoracic surgery.

No collapse therapy was utilized.

As of December 31, 1957, there were 192 patients in residence, which was a full complement.

Medical Departments

The increased number and diversification of admissions and the shorter individual treatment periods contributed to make 1957 an extremely busy year. The influenzal epidemic in September proved to be a major problem, as the majority of staff were confined to quarters and 135 patients developed the disease. Broncho-pneumonia and pyaemia, arising as a complication, claimed the life of one Eskimo.

The Preventive Program included complete coverage of the Nelson House and The Pas Agencies and the Norway House Agency. Films numbering 766 from six Eskimo Clinics were also processed, developed and interpreted.

White Clinic sites in Northern Manitoba, including the recently created townsites of Thompson and Moak Lake, and the Hudson Bay Railway Line, were visited during the year and X-ray service was rendered to 25 communities. In all, X-ray examinations were made of 11,748 persons, and the majority of the admissions were drawn from this source.

A tuberculin survey of The Pas School and Collegiate was undertaken, and from the 950 tests performed the positive reactors were X-rayed, with no significant findings emerging.

The Hospital Admission program at St. Anthony's Hospital in The Pas, which is controlled from Clearwater Lake Sanatorium, screened 3,236 persons and proved to be a fruitful source of active tuberculosis admissions.

X-ray Department—A grand total of 18,849 films were handled and processed, including 2,713 institutional films. X-rays were referred from the following hospitals:

Fort Churchill Military Hospital;
Chesterfield Inlet;
Norway House;
Baker Lake Nursing Station.

All the processing and developing of the travelling clinic X-rays took place at this department, which is under the direction of one Registered Technician and one Assistant.

Laboratory—A greater emphasis was placed upon sputum examination, including smears, cultures and concentrates, and routine procedures were carried out among the 336 admissions. The annual figure of 11,211 procedures was the highest yet recorded.

The Immunization program that emanates from the Laboratory was instituted among the Indian and Eskimo patient population and Salk Vaccine was given to all staff members and patients.

Out-Patient Department—The majority of those attending this department are ex-patients, or tuberculosis suspects, and often the check-up has been requested following an X-ray survey. Consequently, of the 420 persons examined last year 13 were proved to be suffering from active tuberculosis.

Nursing Staff—The problem at this institution, as in others, has been to find an adequate complement of Registered Nursing Staff. The end of the year, however, showed a definite improvement in the nursing situation both quantitatively and qualitatively, with a consequent improvement in the standard of service to the patients.

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

Academic Teaching and Occupational Therapy

As stated above, the more liberal exercise routines permitted more patients to be enrolled the Academic Teaching program.

It is important that as many Indians and Eskimos as possible be provided with the cilities for improving their educational standards. A total of 91 pupils were enrolled during e year, and teaching covered Grades I to IX. In an effort to teach English to the Eskimos d others, educational films were shown regularly, and the principles of visual education re adopted and found to be not only effective, but extremely popular.

Occupational Therapy, also under medical control, was given to all patients within the escribed exercise groups. Not only was bead work, knitting, and moccasin making, etc., rried out at the bedside, but a classroom and work shop were provided for the wood and apstone carving program. This is extremely popular among the Eskimo, as many of them ve a natural talent.

Landscaping and Structural Changes

A second apartment block with four spacious suites was completed by the year end and ll house four Sanatorium families, thereby markedly improving staff accommodation for arried personnel.

A major undertaking was the pouring of concrete sidewalks, which now extend not only front of all residences, but in front of the hospital as well.

The general landscaping picture was definitely improved by the bringing in of earth d the levelling of ground in the areas facing the hospital. Over 100 trees were planted ong the main approach to the Sanatorium.

Appreciation

My appreciation is expressed to the members of the Staff for their loyalty and support ring the past year.

Appreciation is also conveyed to the Chairman of the Board, to the Chairman of Clear- ater Lake Sanatorium Committee, to the Members of the Sanatorium Board, Executive irector and the Medical Director for their sincere interest in our welfare.

The cooperation between the Indian Health Services and ourselves has resulted in a ller understanding of our mutual problems.

Without the Assistance of the Field Nurses, Dispensers, R.C.M.P., and Missionaries, e extensive Preventive Program would not be possible.

In closing, I am sure that the patients would want me to thank the radio stations, service ubs and other organizations, who donated gifts so generously during the year.

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

REPORT OF THE REHABILITATION DIVISION

MISS MARGARET C. BUSCH

THE ideal aim of a rehabilitation program is the restoration of the disabled to the greatest physical, mental, social, economic and vocational usefulness of which they are capable. This statement gives a mental picture of the number of people who participate in the process of rehabilitation of each individual, and the degree of rehabilitation attained is dependent on the cooperation of all concerned. The medical profession renders an indispensable service, and this precedes the work done by pre-vocational and vocational instructors, placement officers, and the Director of Rehabilitation Services.

The most important person in the program is the patient, for without his cooperation and effort, no rehabilitation plan can be successful.

The rehabilitation program, as established by the Sanatorium Board of Manitoba in 1942, is a composite of in-sanatorium and post-sanatorium programs.

In-Sanatorium Programs

This has been a satisfactory year from the point of view of in-sanatorium activity. The influx of Eskimos, Indians, and new Canadians has increased the number of patients who require pre-vocational instruction, and there was a corresponding decrease in those who are ready for vocational training in such courses as bookkeeping, typewriting, electricity, mechanical drafting, and so on.

Manitoba Sanatorium

Patients receiving pre-vocational instruction	235
Number of subjects completed	262
Patients receiving vocational training	50
Number of units completed	16
Patients engaged in Occupational Therapy	312

Four patients continued with their University studies and two were able to rejoin their University classes during the year.

Three young boys who persevered with their school work while in sanatorium were delighted to find that when they went back to their home classrooms they could rejoin their former classmates.

A woman who had very little previous knowledge of English, in nine month's time completed the required work to a Grade VIII level. She now speaks and writes intelligently.

These few examples show that the physical restoration of the patient can be accompanied by education in a very gratifying way.

An important appendage to the rehabilitation division in Manitoba Sanatorium is the employment of patients who have received instruction in the department. At present there are twenty-one patients and ex-patients employed as nurses' aides, assistants in the laboratory. X-ray and occupational therapy departments, orderlies, canteen workers, and other departments. This service helps to give ex-patients confidence in a work situation, and also assists them to decide whether a certain vocation is what they had anticipated, before making a choice for life.

The Occupational Therapy department took an active part in the Pelican Lake Agricultural Society Fair on June 22, 1957, and numerous prizes were awarded to patients for their handicraft entries. A fine display of various crafts was also arranged at the Manitoba Wheat Pool Exhibition in Winnipeg.

The Occupational Therapy department makes an important contribution to the overall rehabilitation program, as it caters particularly to those who have no post-sanatorium rehabilitation problem. Many interesting hobbies to fill leisure hours following discharge can be learned here.

There have been a few changes in personnel in the rehabilitation divisions. The instructors of pre-vocational and vocational subjects at Manitoba Sanatorium are Miss G. Motheral and Mrs. V. Hastings, who do excellent work. Miss M. Newark has been in charge of the Occupational Therapy department since July, 1957, and has the assistance of Mrs. E. Esquiash. Miss G. Manchester capably supervises the in-sanatorium rehabilitation program in Manitoba Sanatorium.

St. Boniface Sanatorium

The rehabilitation program in St. Boniface Sanatorium follows the same general pattern the above. During the spring months an instructor from Winnipeg had a class of six tients in sanatorium each Monday evening for instruction in shorthand and typewriting. ther vocational courses included one in watch repair, which was successfully completed by man who was in a cast for many months. Following discharge, he will take a few month's actical work in the horologic department of the Manitoba Technical Institute in order to alify for a Canadian Jeweller's certificate.

Pre-vocational instruction	107
Completed subjects	151
Vocational instruction	46
Completed units	14
Patients engaged in Occupational Therapy	270
Patients engaged in the workshop	140

The teaching staff underwent two changes during the year with Miss E. White and Miss . Fortin being replaced by Miss J. Pokrant and Mrs. Y. Rickard, both of whom are capable, alified instructors. Miss A. Hargreaves continues to give excellent service in the Occupa- nal Therapy Department, and Mr. A. Vermette is the capable instructor in the workshop ere beautiful work in wood, leather and plastic is produced.

Post-Sanatorium Program

The discharge of patients from a sanatorium marks the end of their in-sanatorium treat- ent and training, but it is the beginning of the post-sanatorium rehabilitation program. l who have been counselled and received instruction in sanatorium are kept on active file til the director of rehabilitation is reasonably assured that nothing more can be done for at individual at that time. Periodic checks are made on those who are in new job situations ensure satisfaction to both employee and employer. Contact is kept with those in training d those who are studying at home or elsewhere. Referrals are made and received from her voluntary agencies.

Referrals to other agencies	29
Returned to former employment	31
Employed in new occupations	19
Continuing with studies at home and school	15
In training under Schedule "R" during 1957	27
Studying at University	2
In training as Lab-Technicians	3
In training at Teacher's College	1
In training at Nurse's Training School	1
Serving apprenticeships	1
Studied for self-improvement	11
In-sanatorium interviews	517
Post-sanatorium interviews	154
Reports to Central Tuberculosis Registry	85
Referrals to National Employment Service	38

Under the Canadian Vocational Training Co-ordination Act, 1942, the costs of rehabilita- n training for a disabled person held likely to benefit by it sufficiently are shared equally the Federal Government and the province concerned. This scheme provides (under hedule "R") maintenance allowances during training, transport to the place of training, d, if necessary, transport to and from classes.

Of the 27 enrolments under Schedule "R" during 1957, 13 are now gainfully employed watch repair men, hairdressers, secretaries, architectural and mechanical draftsmen, auto dy repair men, barbers. Ten were still in training as of December 31, 1957, and two dis- ntinued training before completion, for health reasons, and two for lack of interest. The tter found employment later.

As examples of what can be accomplished through perseverance and interest, special ention is here made of a man who was a patient at St. Boniface Sanatorium for 12 years d is now employed full-time as a watch repair man. Another, after three years in Manitoba natorium, has now a good position as an architectural draftsman with a Winnipeg firm. man who spent 8½ years in sanatorium is now a full time barber.

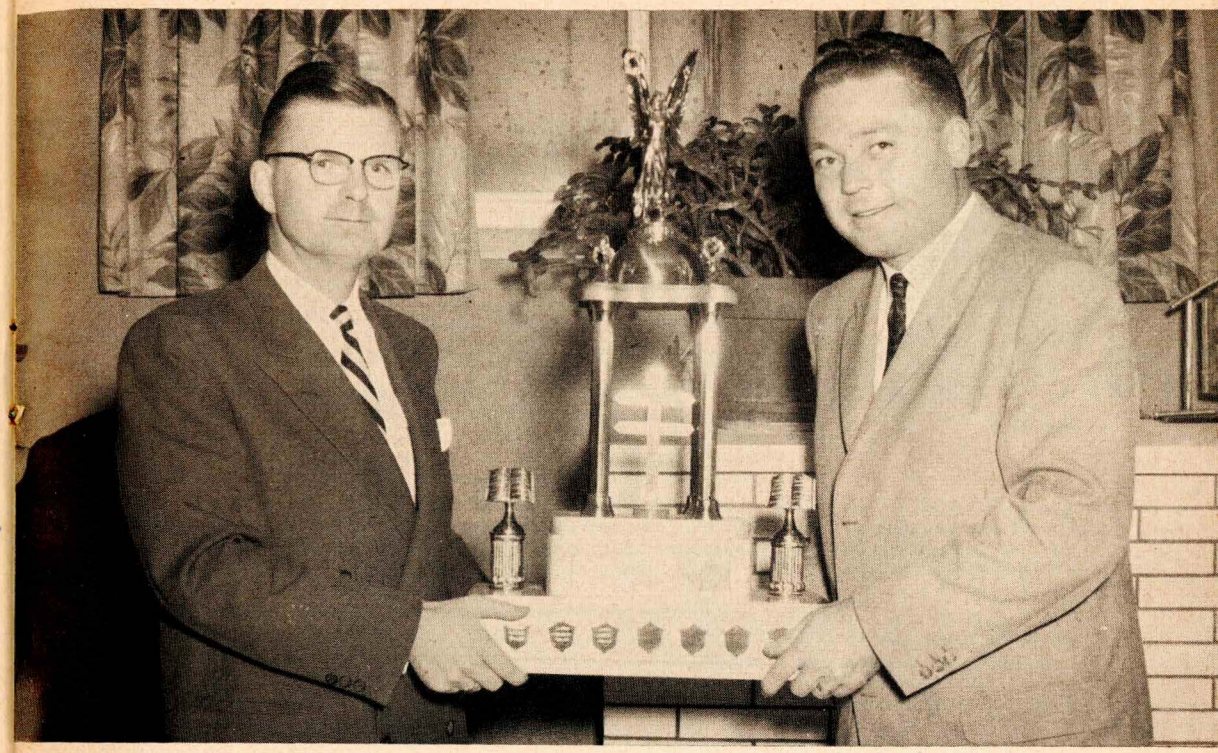
Messenger of Health

The Messenger of Health completed another year of operations, continuing its original licy of bringing to patients and staff the latest developments in the field of treatment and habilitation. The service it offers adds appreciably, we feel, to the overall field of tuber- losis control in Manitoba.

Appreciation

Our very sincere thanks and appreciation are extended to the many people who have so nerously cooperated with the work of the Rehabilitation Division this past year.

Respectfully submitted,
MARGARET C. BUSCH,
Director of Rehabilitation Services.



The ACT—CJOB Trophy is presented annually to the Manitoba community that, in the opinion of the Committee, has contributed most to the programme for tuberculosis prevention. At a dinner held in Morden on September 24, 1957, the trophy was presented to F. S. Westwood, President of the Morden Chamber of Commerce to recognize the excellent support of the people in this area during the previous year. Here Mr. Westwood accepts the trophy from Mr. J. O. Blick, President of Radio Station CJOB.

ASSOCIATED CANADIAN TRAVELLERS

THE Associated Canadian Travellers of Winnipeg and Brandon continued to support the tuberculosis preventive services in 1957. 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 $15,750.

This makes a total of $280,774 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.

CKE

REHABILITATION OF INDIANS AND ESKIMO

IN SANATORIUM

To be most effective, rehabilitation must start as early as possible, and, as in the past the medical staff, the teaching staff, and the occupational therapists, both at Clearwater Lake Sanatorium and at Brandon Sanatorium, have continued to work as a team, providing encouragement and instruction to the patients.

Clearwater Lake Sanatorium

There were changes in both the teaching department and in the occupational therapy department at Clearwater during the year. Miss Marion retired after many years of service and Mr. Grusz left to take up a post with the Winnipeg School Board. They were replaced by Mr. T. Daigle and Miss C. Wiebe.

In the Occupational Therapy department Mrs. Grusz, who had done such a fine job during e year, was replaced by Miss Elsie D'Arcis, an ex-Brandon patient. Miss D'Arcis, having ccessfully rehabilitated herself, is now doing much to encourage others along the road success.

Two of the major problems in providing rehabilitation services to the Indian and Eskimo e the lack of academic training and the language barrier. Good work has been done at learwater in providing the 325 patients who were discharged during the year with tuition ong these lines, and the 126 patients who were transferred to other sanatoria during the ear were better prepared to undertake further training as a result of this initial training.

Brandon Sanatorium

The in-sanatorium program at Brandon has continued to function smoothly as an integral art of the sanatorium routine.

Mrs. Deroche, Mrs. Ames, and Miss Bromley continued to provide the same high andard of academic training as in the past, even though the number of patients making emands on their time increased. The average monthly enrolment during the year was 84.

In the Occupational Therapy department, under the capable direction of Mrs. V. David-n, 229 patients took advantage of the facilities available, producing some fine examples of ative art, many of which were exhibited at Brandon, Carberry, Toronto, and over CKGN V, North Bay.

EXTENSION OF PROGRAM

In 1957 the Sanatorium Board of Manitoba, in cooperation with Indian and Northern ealth Services, Department of National Health and Welfare, and the Indian Affairs Branch, epartment of Citizenship and Immigration, established a new rehabilitation program de-gned to assist in meeting the needs of the disabled Indian.

Possibly the greatest barrier to the successful rehabilitation of the Indian patient lies in ie fact that opportunities for vocational training and suitable job placement necessitate his oving into a non-Indian society, where he must adjust to an entirely new set of standards om those to which he was accustomed on the reserve. Therefore, in designing a program r the rehabilitation of Indian patients, emphasis must first be placed on social adjustment.

To provide a place where this adjustment could be initiated under circumstances per-itting a measure of counselling, direction, and supervision, two rehabilitation boarding omes or half-way houses were established in the city of Winnipeg in February, 1957. These omes, providing accommodation for ten male and ten female rehabilitants, were designed to ct as stepping stones, providing a sheltered environment from which the rehabilitants could e introduced in easy stages to the urban community. In addition to the social training rovided in these homes, a Welfare teacher was employed to provide academic training. pon placement in employment or vocational training the rehabilitants were transferred om the rehabilitation homes to private boarding homes, and a close follow-up service—ounselling and guidance—was provided. The problems of social adjustment are so complex iat it is anticipated that this follow-up service will have to be maintained for at least one ear following placement.

Advisory Committee

In September an Advisory Committee on rehabilitation was formed to expedite the operation of the rehabilitation program without fear of conflicting with procedures and policies of the sponsoring groups. This Committee is comprised of:

Mr. W. N. Boyd, Provincial Coordinator for Rehabilitation Services, Chairman;
Mr. T. A. J. Cunnings, Executive Director of the Sanatorium Board of Manitoba;
Mr. R. D. Ragan, Regional Supervisor of Indian Agencies for Manitoba;
Dr. W. J. Wood, Regional Director of Indian Health Services.
The rehabilitation officer is present at all meetings of this Committee and acts as Secretary. Usually the Welfare teacher participates in the work of the Committee, along with a representative of the National Employment Service.

In November, approximately ten months after opening of the rehabilitation homes, the Advisory Committee agreed that the success of the program to date was indicative of the importance of social adjustment in the rehabilitation of the disabled Indian, and further agreed that many of the problems arising were attributive to the fact that the step to the boarding home was still too great. It was therefore decided that the program should be modified to better meet the need.

Present Plans

Present plans call for the establishment of an evaluation and social adjustment unit at Brandon Sanatorium. This rehabilitation unit will accommodate ten male and six female rehabilitants, and provide accommodation for a Supervisor. Although occupying one wing of the sanatorium, and utilizing the facilities of the sanatorium where possible, the facilities in the rehabilitation unit are designed to have as little of the hospital "atmosphere" as possible, and to approximate a normal urban home environment.

The rehabilitation program at Brandon Sanatorium will have the following main objectives:

1. It will provide an opportunity for basic social training.
2. It will provide an intermediate orientation period between the reserve and the hospital on one hand, and training and employment on the other.
3. It will provide an opportunity for careful evaluation of the abilities and needs of the individual rehabilitant, providing greater assurance in decisions on the next phase of his specific rehabilitation plan, careful screening at this point will minimize subsequent failures and avoid some disappointment and difficulty.
4. It will offer an introduction to urban living and a chance for the rehabilitant to become somewhat accustomed to the environment in which he will live and work.
5. Through some field visits along with lectures and demonstrations, the rehabilitants will be given some knowledge of the nature of industrial and business employment, and the requirements of service in various fields, so that vocational training and job placement can be approached with greater understanding.

Upon graduation from the Brandon unit it is proposed, where indicated, to transfer the rehabilitants to Winnipeg in pairs, placing them directly in private boarding homes, to continue needed training and to enter suitable employment.

Progress

The Indian rehabilitation program might to date be best described as a working study. Many problems have been met and surmounted. Undoubtedly many more remain to be dealt with. However, the program has not been without some success.

During the period from February 1st to December 31st the total number of students who were housed in rehabilitation homes for any period numbered 32.

Pre-vocational training was provided to	32
Attending special classes in city schools	1
Returned to Indian residential school	1
Number receiving vocational training	8
Number completed vocational training	1
Job placements	9
Still employed	8
Discharged from home pending development of further facilities	2
Discharged lacking interest or otherwise considered unsuitable	8
In addition to those who passed through the rehabilitation homes employment was found for	12
Still employed	7
Total number placed in employment during the year	21

All patients are screened relative to rehabilitation. However, a case is not accepted until such time as the patient's physical and mental capabilities have been assessed, and indicate a reasonable chance of his benefitting from the services available.

Number of cases accepted for rehabilitation	91
Number of cases closed or rejected	29
Carried over to 1958	62

Of the 91 cases accepted for rehabilitation prior to December 31, eight were of Eskimo gin. Of these eight cases, one completed a course in watch repair and was placed in em-yment. Two are presently taking vocational training at the Manitoba Technical Institute, ee are still in hospital, two at Brandon Sanatorium, and one at St. Boniface Hospital, ere they are receiving academic training. Two cases were closed, one for lack of interest. e other was a girl who, after a short stay in the rehabilitation home was sent home for a it, and it has since been reported that she is married.

The majority of Eskimo patients are quick to take advantage of the in-sanatorium pro-m, which includes both occupational therapy and academic training. On the whole, y are exceptionally well motivated, and although language is a barrier they obtain at st some basic schooling while in sanatorium. However, the majority are anxious to return me upon discharge and show little or no interest in our post-sanatorium program.

Possibly the best example of the stimulated interest among the patients was at Dynevor dian Hospital. In January of 1957 there were five students receiving academic instruction. the end of February there were 22. Not all were potential rehabilitants, but all were nefitting from the academic work and encouraging those who had the potential. This mulated interest is also to be found in the other sanatoria where it has been sustained in rt through the efforts of the medical and teaching staffs.

Appreciation

Successful rehabilitation is the result of cooperation and team work. I should like, there-e, to express my sincere thanks to the many organizations and individuals for their active erest and assistance. Special thanks and appreciation is extended to the medical and ching staffs in the sanatoria, to the members of the Advisory Committee and their respective ffs, to the Society for Crippled Children and Adults, and to the Supervisor and staff of the ecial Placement Branch of the National Employment Service for their cooperation, istance, and guidance.

Respectfully submitted,

E. LOCKE,

Indian Rehabilitation Officer.

A section of the staff dining room at Manitoba Sanatorium.

In preparation for the annual sale of tuberculosis Christmas seals a group of volunteers from the ladies' auxiliary of the Associated Canadian Travellers help to prepare the Seal letters for mailing, in the Christmas Seal Office of the Sanatorium Board of Manitoba. Other volunteer groups participating are the P.E.O. Sisterhood, the Professional Engineers Wives' Association, and a special project group under Mrs. W. A. Rowland. Pictured above from left to right are: Mrs. P. Schellenberg, Mrs. W. Bardsley, Mrs. C. R. Jeffery, Mrs. T. H. Clark, Mrs. G. A. Milne, Mrs. D. G. McCormack, Mrs. J. Miske, Miss M. Gray, Mrs. C. A. Moir, Mrs. S. B. Black.

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

ecords . . .

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as: Indians		Eskimos	
	1956	1957	1956	1957	1956	1957
Patients on File, Dec. 31	3,150	3,017	1,178	1,241	282	362
Primary type	13	79	13	63	2	41
Re-infection type	3,137	2,938	1,165	1,178	280	321
New Cases Diagnosed in Manitoba January 1—December 31	423	364	221	175		
Primary type	36	34	24	22		
Re-infection type	387	330	197	153		
Of these, New Active Cases—Classified	268	239	108	118		
Primary type	36	34	24	22		
Minimal	71	60	35	30		
Moderately advanced	58	47	11	13		
Far advanced	25	47	6	23		
Pulmonary tuberculosis, extent not stated	5	8	3	2		
Tuberculosis pleurisy	39	17	12	9		
Non-pulmonary tuberculosis	34	26	17	19		
New Diagnoses admitted to Sanatoria	208	198	80	104		

'ATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
MINATIONS at all clinics and surveys			
'anuary 1—December 31, 1957	179,838	15,490	700
tionary Clinics	9,043	511	5
avelling Clinics	3,549	141	—
rveys	167,246	14,838	695
' CASES of tuberculosis diag. at Clinics and Surveys	248	82	
tionary Clinics	149	28	
avelling Clinics	17	2	
rveys	82	52	
ese, new cases of Primary Infection type	21	7	
tionary Clinics	15	5	
avelling Clinics	2	—	
rveys	4	2	
Cases of Re-infection type	227	75	
tionary Clinics	134	23	
avelling Clinics	15	2	
rveys	78	50	
acts examined at clinics	4,995	77	
tionary Clinics	3,354	61	
avelling Clinics	1,641	16	
uberculosis patients reviewed	4,380	1,174	
tionary Clinics	3,188	196	
avelling Clinics	373	19	
rveys	819	959	
mothorax treatments given at all tionary clinics	303		

INSTITUTIONAL STATISTICS

	Whites		Reported as: Indians		Eskimos	
	1956	1957	1956	1957	1956	1957
PATIENTS IN SANATORIA as at December 31	496	438	295	298	208	204
PATIENTS ADMITTED TO SANATORIA January 1 to December 31	804	722	308	382	155	140
Of these, the number found to be tuberculous	660	550	218	259	95	69
FIRST ADMISSIONS	248	247	116	145	79	55
Primary type	30	27	11	22	14	10
Re-infection type						
Minimal	60	61	48	43	28	22
Moderately advanced	67	62	25	22	20	8
Far advanced	35	54	5	31	12	4
Tuberculous pleurisy	32	16	11	9	2	3
Non-pulmonary tuberculosis	24	27	16	18	3	8
RE-ADMISSIONS	249	152	93	92	16	14
Primary type	3	1	—	1	—	2
Re-infection type						
Minimal	35	21	38	39	10	5
Moderately advanced	82	39	31	21	—	2
Far advanced	90	70	13	21	3	3
Tuberculous pleurisy	8	4	1	—	1	1
Non-pulmonary tuberculosis	31	17	10	10	2	1
PATIENTS ADMITTED FOR REVIEW	163	151	9	22	—	—
TUBERCULOUS PATIENTS TRANSFERRED	197	227	100	142	31	83
PATIENTS DISCHARGED FROM SANATORIA January 1 to December 31	807	791	355	374	126	136
TUBERCULOUS PATIENTS DISCHARGED	661	618	265	264	60	85
Discharged after review	162	150	7	21	—	—
Discharged with inactive tuberculosis	53	35	109	97	34	38
Discharged with arrested tuberculosis	256	272	94	108	17	41
Discharged with active improved tuberculosis	145	110	36	17	8	2
Discharged with active unimproved tuberculosis	20	16	7	3	—	—
Discharged dead	25	35	12	18	1	4
NUMBER DISCHARGED AGAINST MEDICAL ADVICE	65	45	13	12	—	—

TREATMENTS AND OPERATIVE PROCEDURES

	Manitoba Sanatorium	St. Boniface Sanatorium	Central Tuberculosis Clinic	Brandon Sanatorium	Clearwater Lake Sanatorium
TREATMENTS					
Streptomycin (patients)	333 278	266	259	364	285
P.A.S. (patients)	217	158	46	353	35
I.N.H. (patients)	282	249	230	235	244
Streptohydrozide (patients)	19	—	2	—	—
Seromycin (patients)	5	4	—	9	—
Pyrazinamide (patients)	6	1	—	—	—
Viomycin (patients)	25	—	—	8	—
Thoracoplasty	4	14	—	3	—
Lobectomy	11	27	—	31	—
Pneumonectomy	1	2	—	3	—
Resection (wedge and segmental)	55	18	—	35	—
Cavernostomy	1	—	—	—	—
Paraffin pack	7	—	—	—	—
Decortication	1	—	—	—	—
Schede	7	—	—	—	—
Pneumothorax (patients)	—	2	3	—	—
Pneumoperitoneum	—	—	1	—	—
Pneumolysis	—	—	—	—	—
Excision sinus	—	2	—	—	—
Thoracotomy	7	—	—	—	—
Nephrectomy	—	2	—	1	—
Lymphadenectomy	—	—	—	2	—
Spinal Fusion	—	7	—	2	—
Plaster casts	5	26	—	43	—
Spinal Puncture	—	—	—	42	8
Laparotomy	—	1	—	—	—
Bronchoscopy (treatment)	107	63	—	82	1
Appendectomy	—	1	—	3	—
Tonsillectomy	—	2	—	3	—
Cystoscopy	7	1	—	3	7
Aspirations	145	—	21	40	6
Biopsies	23	2	—	2	—
Confinements	—	3	—	7	3
Autopsies	13	8	3	6	2

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PATIENTS ADMITTED AND DISCHARGED

ADMISSIONS	Manitoba Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium	St. Boniface Sanatorium	Central Tuberculosis Clinic
New cases	38	64	171	51	312
Re-admissions	21	38	69	50	94
Transfers	99	140	14	129	30
To continue treatment	53	—	12	13	15
For diagnosis, review	161	6	67	6	27
Newborn	—	7	3	3	—
Total	372	255	336	252	478
Male	228	135	159	138	289
Female	144	120	177	114	189
Bacillary	93	33	24	122	137
Non-Bacillary	118	136	97	125	202
Diagnosis on Admission					
Minimal	59	61	70	49	51
Moderately advanced	63	41	29	78	104
Far advanced	64	26	28	77	96
Miliary	—	2	1	4	4
Primary	5	2	44	2	16
Pleurisy with effusion	8	8	7	4	28
Non-pulmonary tuberculosis	12	29	27	28	40
Non-tuberculosis	33	86	54	10	139
Review	128	—	76	—	—
Total	372	255	336	252	478
DISCHARGES					
Diagnosis	164	—	76	—	—
On medical advice	157	177	119	182	218
Transfer	19	39	126	16	260
Against Medical Advice	24	10	4	28	4
Newborn	—	6	1	3	—
Died	23	13	3	26	8
Total	387	245	329	255	490
Pulmonary Cases					
Inactive	8	87	3	7	42
Arrested	120	6	58	119	49
Active improved	41	27	79	65	16
Active unimproved	5	11	18	7	159
Died	18	3	—	25	5
Total	192	134	158	223	271
Bacillary	17	8	12	15	144
Non-bacillary	165	126	152	187	170
Pleural effusion	11	7	5	4	14
Non-pulmonary tuberculosis	18	23	50	18	37
Average days treatment (tuberculosis)	426	393	483	435	28
Out-patient exams	1,419	1,129	420	909	5,591
Out-patient chemotherapy (patients)					211

LABORATORY AND X-RAY PROCEDURES

Laboratory	Manitoba Sanatorium	Central Tuberculosis Clinic	St. Boniface Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium
Blood	4,162	4,153	2,935	5,779	5,418
Blood Bank	634	—	—	380	—
Urine	2,681	1,319	1,577	1,705	991
Sputum	1,540	2,592	611	1,463	2,945
Gastrics	1,044	252	213	723	61
Lung Tissues (Smears and Cultures)	172	—	99	150	—
Sensitivity tests for:					
—anti TB drugs	156	—	—	120	—
—pyogenic organisms	197	—	—	255	—
Cultures (not listed elsewhere)	574	414	315	90	354
Smears (not listed elsewhere)	141	—	23	932	—
Biochemistry	141	18	47	342	3
Histopathology	127	—	19	68	—
Public Health	308	—	—	—	661
Lung capacity tests	372	—	—	372	—
Parasites	—	—	—	248	188
Fungi	—	—	—	144	—
Tuberculin tests	512	3,006	204	765	493
BMR Tests	40	—	—	17	—
BCG—vaccination	51	838	25	97	20
Other tests	13	255	52	491	77
	12,865	12,847	6,120	14,141	11,211

X-Ray	Manitoba Sanatorium	Central Tuberculosis Clinic	St. Boniface Sanatorium	Brandon Sanatorium	Clearwater Lake Sanatorium
Chest Films	4,334	5,385	2,502	4,191	1,844
Planigraphic series	398	24	76	467	131
Bronchograms	46	—	—	109	3
Gastro-intestinal	24	—	34	30	2
Bone and Joint	200	90	214	363	24
Genito-Urinary	17	17	4	28	9
Head	31	6	—	14	2
Electrocardiograms	83	—	29	72	—
Clinical and pathological photography	116	—	—	985	—
Other	—	—	6	9	74

BALANCE SHEET as at 31st DECEMBER, 1957

MANITOBA SANATORIUM, SPECIAL FUNDS AND CENTRAL TUBERCULOSIS CLINIC

ASSETS

	Manitoba Sanatorium	Central Tuberculosis Clinic	
ash on hand and in bank	$ 1,500.00	$ 200.00	$ 1,700.00
ccounts Receivable:			
General accounts:			
Treatment account	75,516.00	16,303.80	
Federal health grant	6,117.05	—	
Special grant	—	15,889.50	
Provincial Government:			
Reciprocal accounts	3,541.20	220.50	
Federal Government	36,506.58	2,110.60	
Other	2,532.17	246.89	
	124,213.00	34,771.29	158,984.29
ventories and Prepaid Expenses:			
Supplies on hand, per Schedule "I"	44,480.43	11,620.76	
Prepaid expenses	2,813.84	203.13	
	47,294.27	11,823.89	59,118.16

nd, Buildings, Plant and Equipment:

	Cost	Depreciation Reserve	Book Value	
Land and improvements	$ 10,852.71	$ —	$ 10,852.71	
Buildings	831,117.50	544,021.84	287,095.66	
Plant and machinery, heating, lighting, water and sewer	185,823.98	131,391.49	54,432.49	
Furniture	39,808.05	23,687.91	16,120.14	
Equipment	129,363.03	92,323.82	37,039.21	
Laundry equipment	43,962.19	21,116.37	22,845.82	
Automobiles	5,110.16	2,581.54	2,528.62	
Spur track, etc.	700.85	700.85	—	
Fire equipment	3,911.82	3,911.82	—	
Fire protection reservoir	12,304.27	5,167.72	7,136.55	
	1,262,954.56	824,903.36	438,051.20	
Furniture and equipment, Central Tuberculosis Clinic	10,887.50	4,246.94	6,640.56	444,691.76

eneral Account:			
Provincial Government:			
Treatment account	$210,081.80		
Special grant	15,000.00	$225,081.80	
Federal health grant		49,250.98	
Other		346.78	274,679.56
dowment Fund No. 1:			
Cash in bank		832.56	
Investments at par, Schedule "6"		102,955.00	
Accrued interest on investments		950.19	
Bequests, at nominal value		2.00	104,739.75
dowment Fund No. 2:			
Cash on hand and in bank		110,484.66	
Canada Trust Company—deposit account		11,120.99	
Accounts receivable:			
Department of National Health and Welfare, Indian health services		4,385.70	
General account, Federal health grant		7,609.83	
Other		2,789.92	
Investments at par, Schedule "6"		61,500.00	
Accrued interest on investments		528.25	
Inventories and prepaid expenses		1,867.64	
Fixed assets:			
Vehicles and mobile units	$ 28,941.81		
X-ray and similar equipment	46,449.58		
Furniture and other equipment	14,810.55		
	90,201.94		
Less: Reserve for depreciation	73,603.31	16,598.63	216,885.62
nployees' Emergency Fund No. 1:			
Cash in bank		269.36	
Investments at par, Schedule "6"		14,500.00	
Accrued interest on investments		94.69	14,864.05
nployees' Emergency Fund No. 2:			
Cash in bank			326.84
			$1,275,990.03

LIABILITIES

	Manitoba Sanatorium	Central Tuberculosis Clinic	
Bank of Montreal:			
Current account	$ 61,217.85	$ 22,040.73	
Demand loan	15,500.00	—	
	76,717.85	22,040.73	$ 98,758.58
Accounts Payable:			
Trade	19,771.44	3,467.45	
Other	5,349.93	1,473.94	
Accrued wages	12,251.41	2,473.47	
Accountable supplies	—	2,663.89	
	37,372.78	10,078.75	47,451.53
Patients' Store and Contingent Account, Schedule "3"	760.62		760.62
Capital Surplus, Schedule "7"	196,105.94		196,105.94
Surplus:			
Balance at 31st December, 1956	290,650.39	21,240.63	
Add: Special grant	8,515.00		
Contributed capital assets, Federal health grant	2,441.60		
Income adjustments, prior years	72.50	117.00	
Building fund grant	20.64		
Grant for 1956 operating deficit		311.41	
	301,700.13	21,669.04	
Deduct: Excess of expenditure over income, Exhibit "B"	1,598.85	352.78	
	300,101.28	21,316.26	321,417.54
General Account:			
Bank of Montreal—current account		$ 29,001.69	
Retirement annuities payable		450.00	
Old age assistance trust fund		2,504.08	
Treatment account:			
Manitoba Sanatorium	$ 75,516.00		
Central Tuberculosis Clinic	16,303.80		
Others	118,262.00	210,081.80	
Special Grant		18,915.11	
Federal health grant		13,726.88	274,679.56
Endowment Fund No. 1:			
Capital Account, Exhibit "C"		104,739.75	104,739.75
Endowment Fund No. 2:			
Accounts payable		14,982.89	
Accrued wages		5,576.93	
Appropriation for glasses and dentures		347.50	
Appropriation for rehabilitation supplies		792.21	
Appropriation for bursaries		1,200.00	
Capital account, Exhibit "C"		193,986.09	216,885.62
Employees' Emergency Fund No. 1:			
Capital account, Exhibit "C"			14,864.05
Employees' Emergency Fund No. 2:			
Capital account, Exhibit "C"			326.84
			$1,275,990.03

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, 1957. 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, 1957, 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

lmont: Mr. Fred Lynch, Student, Anglican Church—**Birtle:** Rev. Father Rio.—**Brandon:** ev. LeV. Brach, Lutheran Church; Rev. Father S. Tarnowecky, Ukrainian Catholic Church—**unrea:** Rev. Father F. Bertrand, Roman Catholic Church—**Ninette:** Rev. Mr. T. A. yne, United Church.

Entertainment

innipeg: H. Nunnelly Concert Party; Canadian Legion Band—**Brandon:** St. George's nglican Church Y.P.A.—**Elgin:** United Church Choir—**Ninette:** United Church Choir—**. James:** Canadian Legion—**Crystal City:** Canadian Singspiel—**Morden:** Rev. A. H. rn, Morden Choir—**Pilot Mound:** Pilot Louise Band.

Flowers

llarney: Anglican Church—**Ninette:** W. B. Stewart; Mrs. John Paskewitz; Ronald almers.

Other Gifts

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