Annual Report 1961

SANATORIUM BOARD OF MANITOBA

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

SANATORIUM BOARD OF MANITOBA

• Tuberculosis Control • Extended Treatment and Rehabilitation Hospitals

A Voluntary, Non-Profit Corporation

OPERATING

X-Ray and Tuberculin Surveys

Travelling Tuberculosis Clinics

Central Tuberculosis Clinic — Winnipeg

Manitoba Sanatorium — Ninette

Assiniboine Hospital — Brandon

Clearwater Lake Hospital — The Pas

Manitoba Rehabilitation Hospital — Winnipeg

CO-OPERATING WITH

Other Health and Welfare Agencies in the Province

REPORT FOR THE YEAR 1961

Winnipeg, Manitoba

Contents

Printed in Canada

Statement by THE HON. J. WALDO MONTEITH

Each year, our national statistics show that we are making headway in combatting tuberculosis. The fight against this disease is being carried out on many fronts, and by a variety of organizations and people. Nowhere is it being waged with greater vigour and efficiency than in the Province of Manitoba where the Sanatorium Board has long been involved in both preventive and curative work.

Residents of Manitoba as a whole benefit from the Board's conscientious work as well as Eskimos and Indians brought in to your sanatoria. In fact, as the groups most adversely affected by tuberculosis, members of our native population have perhaps benefited most from the Board's endeavours. The health of the Eskimos and Indians of Canada has been accepted as a direct responsibility of this Department, and for the care and treatment they have received in Manitoba sanatoria we are most grateful.

For this reason, and because I am also concerned with the health of Canadians as a whole, I would like to congratulate the Sanatorium Board of Manitoba on its continued good work. May the next twelve months add new laurels to its already distinguished record of public service.

J. WALDO MONTEITH,
Minister of National Health and Welfare

Statement by THE HON. GEORGE JOHNSON, M.D.

As I write this short message the long awaited move of the Sanatorium Board offices to the new Manitoba Rehabilitation Hospital has commenced. This surely symbolizes in the strongest terms possible the expanding role of the Board, which will call for continued vigilance upon tuberculosis control, the care of other long term illnesses and the operation of the rehabilitation hospital.

It has been said that "nothing succeeds like success" and this is particularly true of the Sanatorium Board, for its new responsibilities are more than a recognition of its conspicuous successes in the control of tuberculosis. These new responsibilities will require sound administration, increasing public understanding and support and, above all, the high morale of a skilled and devoted staff. These are all areas where the Sanatorium Board has been consistently successful.

The work portrayed in this report records again the joint endeavour of a group of public spirited Board members, a host of volunteers and a loyal, efficient staff. It is a pleasure to record my appreciation to you all for another successful year.

G. Johnson

G. JOHNSON, M. D.,
Minister of Health,
Province of Manitoba.

March 1962

SANATORIUM BOARD OF MANITOBA

EXECUTIVE

Chairman	MR. J. W. SPEIRS
Vice-Chairman and Chairman, Assiniboine Hospital Committee	MR. J. N. CONNACHER
Chairman, Manitoba Sanatorium and Preventive Services Committee	MR. FRANK BOOTHROYD
Chairman, Clearwater Lake Hospital Committee	MR. R. H. G. BONNYCASTLE
Chairman, Manitoba Rehabilitation Hospital Committee	MR. S. PRICE RATTRAY
Honorary Solicitor	MR. E. B. PITBLADO, Q. C

HONORARY LIFE MEMBERS

MR. C. E. DREWRY
MR. A. E. LONGSTAFFE
MR. I. PITBLADO, Q. C., LL. D.
DR. ROSS MITCHELL
DR. J. D. ADAMSON

STATUTORY MEMBERS

Representing the Provincial Department of Health	HON. GEORGE JOHNSON, M. D. DR. J. MACDONELL DR. R. M. CREIGHTON HON. STERLING LYON MR. GEORGE ILIFFE
Representing the Union of Manitoba Municipalities	MR. D. F. ROSE ALD. PETER McKALL
Representing the City of Winnipeg	MR. J. R. McINNES

ELECTED MEMBERS

MR. R. L. BAILEY
MR. J. F. BALDNER
DR. L. G. BELL
MR. R. H. G. BONNYCASTLE
MR. FRANK BOOTHROYD
MR. D. W. CASEY
MR. GEORGE COLLINS
MR. J. N. CONNACHER
MR. H. T. DECATUR
DR. J. E. HUDSON
MR. D. V. GONDER
MR. S. M. GOSSAGE
MR. J. R. McMILLAN
MR. T. A. MOORE
MR. E. B. PITBLADO, Q. C.
MR. S. PRICE RATTRAY
MR. J. W. SPEIRS
MR. H. T. SPOHN

EXECUTIVE DIRECTOR AND SECRETARY-TREASURER

T. A. J. CUNNINGS

AUDITORS

RIDDELL, STEAD, GRAHAM AND HUTCHINSON

MEDICAL STAFF

EDWARD LACHLAN ROSS, M. D.
Medical Director

D. L. SCOTT, M. D.
Assistant Medical Director

CENTRAL TUBERCULOSIS CLINIC

Resident Medical Staff

DR. D. L. SCOTT (Chief of Medical Services)

DR. P. P. MARI

Consultants

Broncho-Esophagology: C. B. SCHOEMPERLEN, M. D., L. M. C. C., Cert. Int. Med., F. C. C. P., F. A. C. P.

Pediatrics: HARRY MEDOVY, M. D., L. M. C. C., Cert. Paed.

Radiology: R. A. MACPHERSON, M. D., C. M., L. M. C. C., F. A. C. R., Cert. D. &T. Rad.

Urology: C. B. STEWART, M. D., L. M. C. C., F. R. C. S. (Edin. & Can.), Cert. Urol.

MANITOBA SANATORIUM

Resident Medical Staff

DR. A. L. PAINE (Medical Superintendent and Surgeon)
DR. R. A. REILLY

DR. DAVID KAAN
DR. LESLIE SALAY

Consultants

Anaesthesiology: WASYL ZAJCEW, M. D., L. M. C. C.
S. O'BRIEN-MORAN, M. B., B. Ch., G. M. C., D. A., R. C. P. &S. (Eng.)
H. P. CAMRASS, M. B., Ch. B, G. M. C.

Eye, Ear, Nose and Throat: R. O. McDIARMID, M. D., L. M. C. C., Cert. Ophth. Otol.

General Surgery: H. S. EVANS, M. D., L. M. C. C., F. R. C. S. (Edin. & Can.), F. A. C. S., Cert. Gen. Surg.

Orthopedics: W. B. MACKINNON, M. D., L. M. C. C., Ch. M. (Man.), F. R. C. S. (Can.), Cert. Orth. Surg.

Pathology: JAMES HENDRY, M. B., Ch. B., G. M. C., D. P. H.

Radiology: R. A. MACPHERSON, M. D., C. M., L. M. C. C., F. A. C. R., Cert. D. & T. Rad.

Urology: C. B. STEWART, M. D., L. M. C. C., F. R. C. S. (Edin. & Can.), Cert. Urol.

ASSINIBOINE HOSPITAL

Resident Medical Staff

DR. A. H. POVAH (Chief of Medical Services)
DR. WILLIAM SHAHARIW
DR. S. JANCZUR

Active Medical Staff

DR. F. W. ALLPORT
DR. H. P. CAMRASS
DR. R. P. CROMARTY
DR. A. E. ELLIOTT
DR. H. S. EVANS
DR. J. A. FINDLAY
DR. F. FJELDSTED
DR. JAMES HENDRY
DR. W. P. HIRSCH
DR. D. D. IRELAND
DR. N. Y. JOUBERT
DR. M. KOZAKIEWICZ
DR. D. K. LIDSTER
DR. J. M. MATHESON
DR. R. O. McDIARMID
DR. G. T. McNEILL
DR. R. F. M. MYERS
DR. S. O'BRIEN-MORAN
DR. F. J. PURDIE
DR. L. C. ROSE
DR. J. E. ROWLANDS
DR. MARK SCHERZ
DR. H. S. SHARPE
DR. V. J. H. SHARPE
DR. E. J. SKAFEL
DR. R. H. D. SYKES

Courtesy Medical Staff

DR. A. M. GRANT
DR. J. E. HUDSON
DR. DOREEN JOUBERT
DR. G. T. McNIELL
DR. B. D. SUTTER

Consultants

Anaesthesiology: S. O'BRIEN-MORAN, M. B., B. Ch., G. M. C., D. A. R. C. P. &S. (Eng.)
H. P. CAMRASS, M. B., Ch. B., G. M. C.

General Surgery: H. S. EVANS, M. D., L. M. C. C., F. R. C. S. (Edin. & Can.), F. A. C. S., Cert. Gen. Surg.

Cardiology: V. J. H. SHARPE, M. D., L. M. C. C., Cert. Int. Med.

Neurosurgery: R. K. HAY, M. B., B. S., G. M. C., F. R. C. S. (Eng.), L. M. C. C., Cert. Neurosurg.

Orthopedics: T. J. MILLS, M. B., B. Ch., G. M. C., B. A. O., F. R. C. S. (Irel.), M. Ch. Orth., F. R. C. S. (Can.)

Pathology: JAMES HENDRY, M. B., Ch. B., G. M. C., D. P. H.

Pediatrics: R. F. MYERS, M. D., L. M. C. C.

Psychiatry: M. E. BRISTOW, M. D., L. M. C. C., Cert. Psy.

Radiology: R. H. D. SYKES, M. D., M. R. C. S. (Eng.), L. R. C. P. (Long.), G. M. C., L. M. C. C., R. C. P. & S. (Eng. & Can.), Cert. Diag. Rad.

Urology: R. P. CROMARTY, M. B., L. M. C. C., F. R. C. S. (Can.), Cert. Gen. Surg.

CLEARWATER LAKE HOSPITAL

Resident Medical Staff

DR. S. L. CAREY (Chief of Medical Services)
DR. H. C. NIP
DR. A. P. CHORNOMORETZ

Active Medical Staff

DR. M. W. BLACK
DR. D. L. GEMMILL
DR. RALPH HAYWARD
DR. JOSEPH LEICESTER
DR. P. G. LOMMERSE
DR. J. LOPEZ

Clearwater Lake Hospital Cont'd

Consultants

Cardiology: L. R. COKE, M. D., L. M. C. C., F. A. C. C. P., F. A. C. P., R. C. P. & S., Cert. Int. Med.

General Surgery: JOSEPH LEICESTER, M. D., L. M. C. C.

Ophthalmology: J. E. L. BENDOR-SAMUEL, M. B., B. S. (Lond), M. R. C. S., L. R. C. P. (Lond.), Cert. Ophth.

Orthopedics: F. R. TUCKER, M. D., L. M. C. C., M. Ch. (Orth.), F. R. C. S. (Edin. & Can.), Cert. Orth. Surg.

Pathology: JAMES HENDRY, M. B., Ch. B., G. M. C., D. P. H.

Radiology: R. A. MACPHERSON, M. D., C. M., L. M. C. C., F. A. C. R., Cert. D. &T. Rad.

MANITOBA REHABILITATION HOSPITAL

Honorary Medical Staff

L. G. BELL, M. D., L. M. C. C., M. R. C. P. (Lond.), Cert Int. Med., F. R. C. P. (Lond. & Can.), F. A. C. P.

F. R. TUCKER, M. D., L. M. C. C., F. R. C. S. (Edin.), M. Ch. (Orth.), Cert. Orth. Surg., F. R. C. S. (Can.)

Active Medical Staff

Chief of Medical Services: L. H. TRUELOVE, M. A., B. M., B. Ch., M. R. C. P. (Lond.), D. Phys. Med.

Part-Time Resident: J. E. DAVIES, M. B., B. S., M. R. C. S., L. R. C. P., L. M. C. C.

Clinical Assistants: F. D. BARAGER, M. D., L. M. C. C.
MORLEY LERTZMAN, M. D., L. M. C. C., Cert. Int. Med.

Radiologist: R. A. MACPHERSON, M. D., C. M., L. M. C. C., F. A. C. R., Cert. D. &T. Rad.

Chief of Medical Electronics Services: M. G. SAUNDERS, M. Sc., M. B., Ch. B. (Manchester)

Chief of Prosthetic Services: M. H. L. DESMARAIS, M. R. C. S., L. R. C. P. (Lond.), D. Phys. Med.

Consultant, Chest Diseases: R. M. CHERNIACK, M. D., L. M. C. C., F. R. C. P. (Can.), Cert. Int. Med.

Consultant, Neurology: M. J. D. NEWMAN, M. B., B. Ch., F. R. C. P. (Can.), M. R. C. P. (Lond.), Cert. Neur.

Consultant, Orthopedics: P. N. PORRITT, M. D., F. R. C. S. (Eng. & Can.), M. R. C. S., L. R. C. P., Cert. Orth.

Consultant Urology: C. A. SMYTHE, M. D., F. R. C. S. (Can.)

Honorary Consultants

Neurosurgery: DWIGHT PARKINSON, M. D., C. M., L. M. C. C., M. Sc. (Neur. Surg.), Cert. Neur. Surg. F. R. C. S. (Can.), F. A. C. S.

NON-MEDICAL SENIOR STAFF

SANATORIUM BOARD OF MANITOBA

Executive Director	T. A. J. CUNNINGS
Executive Assistant	EDWARD DUBINSKY
Comptroller	R. F. MARKS
Purchasing Agent	K. J. ROWSWELL
Director of Nursing Services	MISS BENTE HEJLSTED
Director of Dietary Services	MISS NAN T. CHAPMAN
Director of Pharmacy Services	C. G. BONNEY
Rehabilitation Supervisor (Tuberculosis)	MISS MARGARET BUSCH
Supervisor, Special Rehabilitation Services	EDWARD LOCKE
Surveys Officer	J. J. ZAYSHLEY
Chief Radiographer	W. J. ANDERSON
Supervisor, Christmas Seal Sales	MISS MARY GRAY

CENTRAL TUBERCULOSIS CLINIC

Hospital Manager	A. H. ATKINS
Director of Nursing	MISS E. G. COULL
Radiographer	E. W. ACKROYD
Sr. Laboratory Technician	HENRY DANELEYKO

MANITOBA SANATORIUM

Hospital Manager	N. KILBURG
Director of Nursing	MISS DERINDA ELLIS
Food Supervisor	MRS. LOIS GILMORE
Chief Engineer	G. STINSON
Radiographer	W. C. AMOS
Sr. Laboratory Technician	J. M. SCOTT

ASSINIBOINE HOSPITAL

Hospital Manager	C. C. CHRISTIANSON
Director of Nursing	MRS. I. A. CRUIKSHANK
Dietitian	MRS. ANNE HRENCHUK
Senior Physiotherapist	GEORGE LENNOX
Occupational Therapist	MISS JANET FOWLER
Welfare Co-ordinator	MRS. J. P. JACKSON
Chief Engineer	R. R. CLARK
Radiographer	F. H. GIBSON
Sr. Laboratory Technician	MISS L. E. DELAMATER

CLEARWATER LAKE HOSPITAL

Hospital Manager	HILARY DAVIES
Director of Nursing	MISS V. E. APPLEBY
Charge Physiotherapist	MISS ELIZABETH PETERS
Chief Engineer	L. A. BOYCHUK
Laboratory Technician	MISS ELIZABETH SEMCHYCH

MANITOBA REHABILITATION HOSPITAL

Hospital Manager	A. H. ATKINS
Director of Nursing	MISS E. G. COULL
Supervisor, Out-Patient Department	MISS M. R. HALL
Chief Physiotherapist	MISS J. K. EDWARDS
Chief Occupational Therapist	MRS. JOY HUSTON
Medical Record Librarian	MISS ETHEL BROWN
Plant Superintendent	W. O. D. EVANS

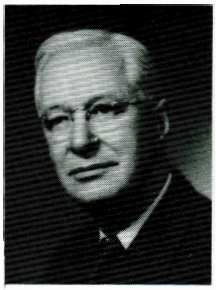
CENTRAL TUBERCULOSIS REGISTRY

Supervisor	MISS JANET SMITH

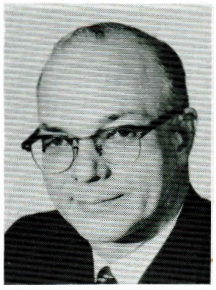
Section 1

GENERAL REPORTS

James W. Speirs has served on the Sanatorium Board since 1943, and became Chairman of the Board in 1958. A prominent Winnipeg businessman, he is President and General Manager of Modern Dairies Ltd.



T. A. J. Cunnings joined the Sanatorium Board executive staff in 1942. As Director of the Rehabilitation Division, he established the first successful rehabilitation programme for TB patients in Canada. In 1945 he was appointed Secretary-Treasurer of the Board, and in 1947 he assumed his present position as Executive Director and Secretary-Treasurer.



REPORT OF THE CHAIRMAN

GENTLEMEN: It again becomes my privilege to welcome you today to this our 51st Annual Meeting of the Sanatorium Board of Manitoba and to report to you on our operations for the past year. This is the fourth year that I have been afforded this honour and it is indeed gratifying to know that as we pass into our second half century of service to the people of Manitoba our efforts to eradicate the scourge of tuberculosis from this province continue to be a source of constant encouragement.

You will, I am sure, be as pleased to know as I am to report that the death rate from tuberculosis in Manitoba showed a further decline in 1961 of 18% from the previous year. From a rate of 200 deaths per 100,000 population a mere fifty years ago, we entered our new year with a factor of 3.5 deaths per 100,000 population -- the lowest in our history. We are forever indebted to those men and women of science, those men and women of research, those men and women who man our hospitals, and those men and women who give so generously of their time and knowledge in administrative fields - all of whom collectively have made this enviable record possible.

During 1961 the Board was strengthened by the addition of two new elected members: Mr. D. W. Casey, Assistant General Manager of the Bank of Montreal, and Mr. T. A. Moore, an active member of the Brandon business community, who is Dominion Vice-President of the Associated Canadian Travellers. Another change was the appointment by the Minister of Health of Dr. John A. Macdonell to replace Mr. G. L. Pickering as a statutory representative of the Department of Health. The Union of Manitoba Municipalities appointed Reeve C. N. Argue and Alderman Peter McKall. On behalf of the Board I would like to welcome these gentlemen and to say how much we have appreciated their counsel and advice since their appointments.

I should like at this time to recognize two members who have had a long and distinguished record with the Board and for whom an honorary life membership is proposed. Dr. J. D. Adamson first became associated with the Board in 1932 when he represented St. Boniface Sanatorium as its Medical Director. When he discontinued his direct relationship with St. Boniface Sanatorium he agreed to become an elected member of the Board and for many years he has acted as Chairman of the Medical Advisory Committee. Dr. Adamson is honored by the medical profession across Canada for his contributions in his chosen field. His advice and assistance to the Board has been a valued contribution to our services. The second person to whom I would like to refer is Dr. Ross Mitchell. Dr. Mitchell also became associated with the Sanatorium Board of Manitoba in 1932 as a representative of the Manitoba Medical Association. Two years later he was elected to membership on the Board and for a number of years acted as Chairman of the Medical Advisory Committee. Dr. Mitchell is a highly honoured and respected member of his profession. He is a distinguished scholar and churchman. His sincere interest and good counsel have been most helpful to the Board. I would be pleased indeed to entertain a motion to name these two distinguished physicians Honorary Life Members of the Sanatorium Board of Manitoba.

During 1961 there was 46 meetings of the Board or its committees. Once again I would like to pay tribute and express warmest thanks to the busy and responsible professional and businessmen who have been elected to membership of the Sanatorium Board of Manitoba and who so faithfully participate in the Committee meetings and other activities of the Board, and give so generously of their advice and good counsel. Special appreciation is extended to the members of the Executive Committee who attend almost every Board or Committee meeting, namely: Mr. J. N. Connacher, Vice-Chairman of the Board and Chairman of the Assiniboine Hospital Committee; Mr. R. H. G. Bonnycastle, Chairman of the Clearwater Lake Hospital Committee; Mr. Frank Boothroyd, Chairman of the Manitoba Sanatorium and Preventive Services Committee; Mr. S. Price Rattray, Chairman of the Manitoba Rehabilitation Hospital Committee; Mr. R. L. Bailey, member of the Executive Committee and our representative on the Executive Council of the Canadian Tuberculosis Association. I should also like to pay special tribute to Dr. F. Hartley Smith who has acted as Chairman of the Manitoba Rehabilitation Hospital Advisory Planning Committee and has contributed in a very substantial manner to the organization of the medical services of the hospital.

GENERAL

The Sanatorium Board has been an active participant in the work of the Manitoba Medical Centre Council through its representatives, Mr. Rattray and Mr. Bailey. Mr. Cunnings acts as Honorary Secretary of the Council.

The Board has continued its aggressive preventive effort in the area of tuberculosis control. Details will be given to you later at this meeting. The continued progress enabled the plan, initiated in 1960, of complete conversion of St. Boniface Sanatorium to the treatment of non-tuberculous long-stay cases. This was completed at the end of 1961.

RESEARCH

There is a continued need for research effort to ensure that every possible factor is being brought to bear on the tuberculosis problem. It should always be remembered that tuberculosis is still costing about forty million dollars a year in Canada and we can by no means afford to rest on accomplishments of past years. Consequently the Board has been pleased to participate in the establishment of a Research Fund under the Canadian Tuberculosis Association and currently three important research projects in the area of tuberculosis and its associated conditions are being carried out in Manitoba.

INTERNATIONAL UNION AGAINST TUBERCULOSIS

Tuberculosis is a world wide problem and in many countries it is almost epidemic. In India, for example, there are an estimated 5 million cases of tuberculosis and 600,000 deaths every year, or about one death every minute from tuberculosis. In many countries in Asia, Africa and South America the rate is shockingly high. Since tuberculosis is a communicable disease, countries like Canada have a special responsibility to lend what advice and support that they can to assist the less fortunate people of the world. The Board was glad to be able to

contribute $4,000 towards the cost of the first meeting to be held in Canada of the International Union against Tuberculosis. Fifteen hundred delegates from all parts of the world attended the meeting held in Toronto last September. Mr. Bailey represented the Board at this meeting, along with several members of the staff.

CONSTRUCTION

The only major construction undertaken by the Board this year is the Manitoba Rehabilitation Hospital. We are most grateful to Premier Duff Roblin who very kindly consented to perform the official setting in place of the cornerstone of this building on August 30, 1961.

CONTRIBUTIONS

The Sanatorium Board of Manitoba gratefully acknowledges the bequests and gifts it has received during the past year. It should always be borne in mind that although current operating expense is now almost entirely met through some system of pre-payment, or directly by the Government, special services and frequently the purchase of special equipment must be financed through other means. Consequently the importance of remembering the Board's institutions by way of gift or bequest is of the utmost value in enabling us to carry out our responsibilities at a high standard, and in the best interest of the many patients benefiting from care in our hospitals. All donations of amounts exceeding $500 are listed on a permanent memorial page in the published Annual Report. Special gifts relative to equipment for the Manitoba Rehabilitation Hospital are acknowledged by a suitable plaque where rooms are furnished or special equipment is purchased. We are deeply grateful to those who have remembered us in this way during the past year.

During the calendar year 1961 the sale of Christmas Seals amounted to $179,781.00. This amount represents the individual contributions of thousands of donors throughout the province. It is a tangible demonstration of the wide-spread support of our work and it is a source of great encouragement to us. We deeply appreciate this continuing and vital interest.

Once again I would like to express special gratitude to the Associated Canadian Travellers of Winnipeg and Brandon for their enthusiastic and unstinting support. The Brandon Club is rapidly fulfilling its pledge of $85,000 towards the cost of the Physiotherapy - Occupational Therapy Unit at Assiniboine Hospital in Brandon. The Winnipeg Club are making progress towards fulfillment of their pledge of $100,000 for special equipment for the Manitoba Rehabilitation Hospital.

The Board, and indeed all the people of Manitoba, owe a deep debt of gratitude to these men who give so generously and unselfishly of their time and effort to help those who have suffered physical misfortune.

APPRECIATION

Hundreds of people give volunteer services to the Board throughout the year at our community tuberculin and x-ray surveys, in the preparations for the Christmas Seal sales and in our rehabilitation

services. A great deal of the Board's success rests on this firm foundation of interested public support without which it would be difficult indeed to function. We extend our sincere thanks to each of these volunteer workers.

We gratefully acknowledge the co-operation of officials of both the Provincial and Federal governments and our cordial relations with them as well as with all other agencies who have worked so co-operatively with officers of the Board throughout the year.

It is self evident that the Board carries on its work only through the loyal and devoted service of the members of our staff. They, as well as the Board, can take pride and satisfaction in their efforts during 1961 and we extend to them our deep appreciation and thanks.

J. W. SPEIRS,
Chairman of the Board.

REPORT OF THE EXECUTIVE DIRECTOR

The year 1961 marked further development and some achievements in the long term plans of the Sanatorium Board of Manitoba with respect to consolidation of the tuberculosis treatment and control organization, and the full utilization of former tuberculosis treatment facilities for other health services to benefit the people of Manitoba. The decrease in the need for tuberculosis treatment services is a condition which exists all across Canada, but I think it is fair to say that in Manitoba there has been a more expeditious transfer of treatment services and a broader development of the Board's responsibilities than in any other province.

It is significant that more people were served during 1961 by the Sanatorium Board of Manitoba than in the previous year, as you will see from the comparative figures given below. About 30% of the total population of the province had some direct benefit from the treatment, preventive and rehabilitation services of the Board.

	1960	1961
Admission for Treatment -	1,649	1,979
Out-patients -	7,506	10,602
Preventive Services & Rehabilitation -	244,775	249,214
	253,930	261,795
Treatment Days for In-patients -	179,897	194,254

There has been a continuous effort to maintain our services at a high level and Manitoba Sanatorium, Assiniboine Hospital and Clearwater Lake Hospital are fully accredited by the Canadian Council on the Accreditation of Hospitals. We hope to have the Manitoba Rehabilitation Hospital and the Central Tuberculosis Clinic accredited next year.

ASSETS AND LIABILITIES

At December 31, 1961, assets held by the Board, including Special Funds, but not including buildings and equipment at Brandon and Clearwater Lake owned by the Government of Canada and only partly carried as fixed assets in our books of account, totalled $6,436,557, after deducting accumulated depreciation of $1,114,780. This is an increase of $4,022,854. Nearly all of this increase related to the near completion of the Manitoba Rehabilitation Hospital.

Liabilities of $4,149,929 are increased $2,682,465. Reconciliation of changes as compared to 1960 follow:

Increases

Debentures	$2,750,000	
Construction holdback	366,000	
Accrued Bond Interest	13,000	
Contingent Accounts	15,000	
Miscellaneous	4,000	$3,148,000

Increases Brt. Fwd.		$3, 148, 000
Decreases		
Bank Loans	$ 398, 000	
Accounts Payable	68, 000	466, 000
NET INCREASE		$2, 682, 000

HOSPITAL OPERATIONS

Our total treatment capacity effective May 1, 1962, is 804 beds. Of these 377 are for the treatment of tuberculosis patients and 427 are rehabilitation and extended treatment beds.

Assiniboine Hospital - There were no major changes in the plant during the year although there has been a modest but steady improvement in equipment and services to give a high standard of extended treatment and rehabilitation care in the western part of the province. There are fairly sharp budget limitations with respect to the purchase of new equipment, which will be alleviated somewhat if the total plant is transferred to the Board from the Federal Government. Negotiations in this respect have proceeded and we now have tentative approval from the Federal Government that they will transfer the hospital and all the equipment to the Sanatorium Board. Since 1947 the land has been leased by the Federal Government from the City of Brandon and in order to bring the whole property under proper control, particularly with respect to future developments, the City of Brandon has agreed to transfer the land to the Board without cost. We are most grateful for the generous co-operation of both the Federal Government and the City of Brandon with respect to these matters and we hope to bring the transfers to a conclusion in the very near future and in any event not later than June 15, 1962.

With capacity stabilized at 198 beds, occupancy during 1961 was 89% and the average length of stay was 87. 53 days.

Central Tuberculosis Clinic - We were able to move the Central Tuberculosis Clinic from its temporary quarters on Ward C-3 at the Winnipeg General Hospital on January 1, 1962, and these tuberculosis services, including preventive services, are now very well accommodated in a wing of the Manitoba Rehabilitation Hospital. The 64 beds are fully occupied.

Clearwater Lake Hospital - This hospital has 71 extended treatment beds and 58 tuberculosis beds officially. However, at the request of the Federal authorities, we arranged to accommodate 58 Eskimo tuberculous patients who were transferred by chartered plane from Mountain Sanatorium, Hamilton, Ontario, on November 23, 1961. This made it necessary to re-open temporarily certain closed tuberculosis wards. It is anticipated that most of these patients will be discharged in May and June 1962. On the extended treatment side, occupancy for the year averaged 87% and the average length of stay was 57. 12 days.

There were no major changes in the physical facilities of this hospital during the year.

Manitoba Rehabilitation Hospital - Construction has proceeded very satisfactorily and it has been possible to complete the work ahead of schedule. We have been actually treating a few out-patients since the beginning of March and this has enabled us not only to give service to some patients sooner than we anticipated but also to test some of our new procedures and equipment. The first in-patients are scheduled for admission on May 4, 1962. As one would expect there are many complex problems that must be dealt with in establishing a new facility of this kind and I should like to take this opportunity to pay tribute to the splendid support and co-operation of all members of the staff and in particular members of the Executive Office staff and the newly appointed hospital department heads for their unstinting co-operation and support.

Manitoba Sanatorium - There were no major changes in the physical facilities at Manitoba Sanatorium during the year but the plant has been well maintained. With the conversion of St. Boniface Sanatorium to an extended treatment hospital, the occupancy problem at Manitoba Sanatorium was largely resolved and the occupancy averaged 80% in 1961. This is a marked improvement over the previous year and this has been reflected in the financial position of this institution. The small residue of tuberculosis patients remaining in St. Boniface Sanatorium at the end of 1961 were transferred either to Manitoba Sanatorium or to the Central Tuberculosis Clinic at the beginning of January 1962.

FINANCE

On the whole there was improvement in the financing of current operations during 1961 as compared to the extreme difficulties of the previous year. Budgetary arrangements with Manitoba Hospital Services Plan were more satisfactory and on the tuberculosis side the higher occupancy improved income. Costs have been very well controlled. Some problem areas remain. For example, final settlement of the 1959 accounts with the Manitoba Hospital Services Plan was received only last week and final settlement has not been arranged for 1960 or 1961. The 1961 budgets for Assiniboine Hospital and Clearwater Lake Hospital were not approved by Manitoba Hospital Services Plan until last July which meant that for the first half of the year we were considerably underpaid. A substantial amount of the medical care cost at Assiniboine Hospital had to be financed by the Board throughout 1961 and has not yet been paid. All these things necessitate heavier bank borrowings, the interest on which we are not permitted by the Plan to include in our budget. I should point out that in 1962 there has been a further measure of improvement and the current year's budget for Assiniboine Hospital and Clearwater Lake Hospital has already had initial consideration and should be finalized during the month of May.

With respect to the Manitoba Rehabilitation Hospital, the Board issued debentures under guarantee of the Province of Manitoba in the amount of $1,000,000 dated May 1, 1961, and $1,750,000 dated December 15, 1961. These are 20 year serial bonds and funds for repayment will be provided through depreciation charges on the building and equipment.

During the year $828,000 in construction grants was received and a similar amount remains to be paid. Claim for $414,000 was made at the end of January and a similar amount will be claimed on final

completion of construction.

INVENTORIES

As at December 31, 1961, supplies on hand including commissary stores, engineering and maintenance supplies, fuel, diesel fuel oil, drugs, and miscellaneous supplies totalled $137,916.53, a decrease of $8,196.47, as compared with the previous year.

TUBERCULOSIS PREVENTIVE AND REHABILITATION SERVICES

Expenditures on tuberculosis preventive services must continue at a high level if the gains of previous years in tuberculosis control are to be maintained. The following are details of expenditures in the preventive service departments:

Preventive Services	1960	1961
X-ray Field Services	$ 10,746	$ 14,425
Indian Clinics	4,012	2,289
Travelling Clinics	5,580	6,500
Survey Services	44,040	35,102
City Hall	3,410	4,566
	$ 70,754	$ 62,882
Hospital Admission Chest X-rays	64,600	62,287
Tuberculin Surveys	20,702	20,838
Health Education	11,881	7,067
BCG Vaccinations	1,905	1,880
	$169,842	$154,954

Expenditures on tuberculosis rehabilitation services in 1961 amounted to $77,853, about $10,000 less than the previous year.

NATIONAL HEALTH GRANTS

The appropriation available for the fiscal year 1961-62 under the National Health Grants to assist tuberculosis control in Manitoba was $177,540. Comparative expenditures for the fiscal years 1961 and 1962 were:

	1961	1962
Streptomycin and other antibiotics	$ 18,632	$ 21,258
X-raying of admissions to general hospitals	64,600	62,287
Assistance to Sanatorium Board of Manitoba	25,900	20,489
Assistance to St. Boniface Sanatorium	7,590	3,640
Assistance to Manitoba Sanatorium	37,898	40,060
Extension of BCG vaccination program	1,905	1,880
Tuberculin Surveys	18,343	18,245
	$176,845	$167,859

INSURANCE

Fire insurance, including cover for supplementary perils, was carried on the buildings and equipment at Manitoba Sanatorium, Central Tuberculosis Clinic, Executive and Preventive Services Offices and the Physiotherapy Unit at Brandon in the amount of $1,391,000, there being no change during the year. In accordance with government policy no fire insurance is carried on the buildings and equipment at Assiniboine Hospital or Clearwater Lake Hospital, since these are the property of the Federal Government. There was no change in our miscellaneous cover including public liability, professional liability, boiler and steam vessel insurance and motor vehicle insurance.

PERSONNEL

As at December 31, 1961, the staff of the Sanatorium Board of Manitoba numbered 580. This is an increase of 42 as compared with the previous year. The increase was necessitated by the expansion and development of the Board's services.

At the end of 1961 there were 477 persons participating in our Group Insurance Plan, an increase of 36 during the year. These members of the staff are insured for $1,747,500 of life insurance and $12,467.50 weekly accident and sickness indemnity. There are also 161 members who carry dependent surgical coverage. Weekly indemnity, surgical and related benefits were paid during the year in the amount of $12,603.00, a decrease of $3,000 compared to the previous year. There were four death claims, three at Assiniboine Hospital and one at Clearwater Lake Hospital, totalling $33,000.

With respect to the Board's pension plan, there was an increase in the number covered, from 197 the year previous to 200 at December 31, 1961.

APPRECIATION

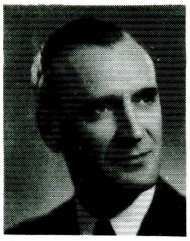
During a period of major change and development it is of the utmost importance and value to be able to call on the good judgement, wisdom and direction of the Chairman and Vice-Chairman of the Board and the chairmen and members of the administrative and advisory committees. As your Executive Director I feel particularly fortunate in this regard and I should like to record my deepest appreciation. I am most grateful for the cordial relationships enjoyed throughout the year with the Medical Director and medical officers of the Board; officials of the Provincial and Federal Governments and the Manitoba Hospital Services Plan; and hospital and other agency personnel throughout the Province.

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

Section 2

TUBERCULOSIS CONTROL

Dr. Edward L. Ross has been associated with the Sanatorium Board of Manitoba since its pioneering years. He joined the medical staff at Manitoba Sanatorium in 1925 and 1937 became Medical Superintendent of that institution, a position he held until the fall of 1947 when he came to Winnipeg as Medical Director of the Sanatorium Board.



Chief of Medical Services Dr. D. L. Scott has supervised the work of the Central Tuberculosis Clinic since it was first opened in Winnipeg in 1930. He first became a member of the Sanatorium Board staff in 1928 when he joined the medical staff at Manitoba Sanatorium.

Dr. A. L. Paine, a thoracic surgeon, started his medical career at Manitoba Sanatorium, in 1933 , as a Medical Assistant. In 1936 he joined the Sanatorium Board's Travelling Cinics, and in 1947 he was appointed Medical Superintendent of Manitoba Sanatorium, which is now the centre for tuberculosis treatment in the province.

Dr. Otto J. Rath was named Regional Superintendent for the Central Region, Indian and Northern Health Services, in November, 1961. He joined Indian and Northern Health Services in 1950 and five years later became Regional Superintendent of the Saskatchewan Region. Prior to his present appointment he was Associate Regional Superintendent of the Foothills Region in Alberta.

Miss Margaret C. Busch has directed the Sanatorium Board's Rehabilitation Department since 1956. A graduate of Winnipeg Normal School, she was formerly principal of Shellmouth and Great Falls High Schools. In 1947 she became an institutional teacher for the Department of Education at Manitoba Sanatorium.

Edward Locke has directed the Sanatorium Board's special program for disabled Indians and Eskimos since its inception in 1956. Having attended school and worked in both rural and urban areas of the province, he has long been interested in the Indians and the problems of their acculturation.

REPORT OF THE MEDICAL DIRECTOR

Significant developments in the medical services of the Sanatorium Board have occurred during 1961 and there has been continued progress in the control of tuberculosis. The number of beds needed for the treatment of tuberculosis has continued to decrease and without any lag have been converted to other uses. A notable milestone was the closing of St. Boniface Sanatorium for tuberculosis patients and early in 1961 the complete conversion of Assiniboine Hospital to an extended treatment centre for patients with non-tuberculous conditions. New cases of tuberculosis decreased substantially and the tuberculosis death rate reached an all-time low. The Manitoba Rehabilitation Hospital is nearing completion and at the end of the year the four-storey Central Tuberculosis Clinic section was ready for occupancy.

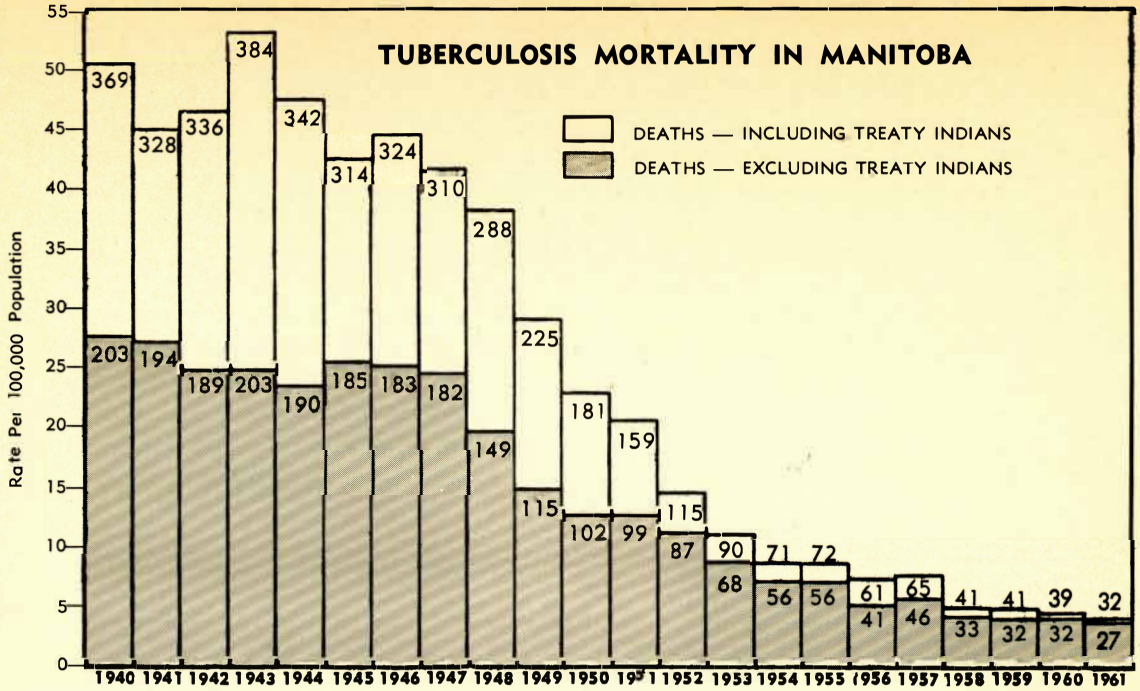
TUBERCULOSIS DEATHS

	Whites and Indians Combined		Whites		Indians	
Year	Rate per 100, 000	Total Deaths	Rate per 100, 000	Total Deaths	Rate per 100, 000	Total Deaths
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	16
1956	7. 2	61	4. 9	41	100	20
1957	7. 5	65	5. 4	46	90. 4	19
1958	4. 8	42	3. 9	34	38. 1	8
1959	4. 6	41	3. 7	32	39	9
1960	4. 3	39	3. 8	33	25	6
1961	3. 5	32	3. 05	27	20	5

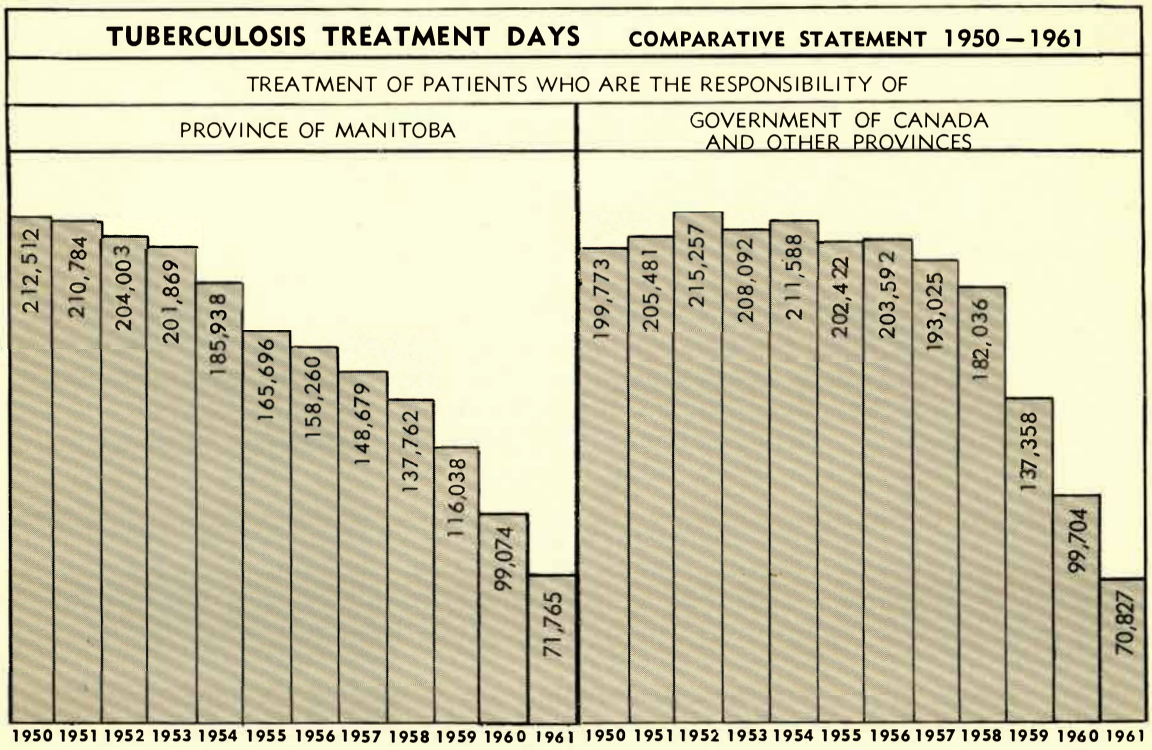
(The figures for 1961 are tentative and are based on the estimated population for Manitoba of 909, 000, which includes 25, 000 Indians.)

The number of tuberculosis deaths is not a true reflection of the effectiveness of tuberculosis control but nevertheless there is a real relationship. It is gratifying that there has been a continued decrease in the deaths, the total having reached an all-time low of 3. 5 per 100, 000 population. This represents 32 deaths, compared with 39 in 1960, 72 in 1955, 181 in 1950, and 314 as recently as 1945.

In keeping with the pattern of recent years, deaths were mainly among elderly people, there being 20 or 62. 5% over the age of 60. Only three people under 30 years of age died. All but four of the deaths occurred in sanatorium or hospital. Of the four who died at home other associated conditions were cancer, heart failure and kidney disease. One four-month-old Indian child died at home of miliary tuberculosis; the death was the first notification of the case.



	1951	1961
CASES under supervision in Manitoba	4,128	3,471
TOTAL EXAMINATIONS	318,699	248,690
NEW ACTIVE CASES	510	235
DEATHS	159	32



NEW ACTIVE CASES

Year	Whites Active TB	Indians Active TB	Total
1950	364	239	603
1955	231	101	332
1956	268	108	376
1957	239	118	357
1958	239	92	331
1959	196	62	258
1960	218	66	284
1961	179	56	235

The number of new cases of tuberculosis is a more reliable index of progress and, since case-finding programs have not slackened, the decided drop of new cases in 1961 is encouraging. There was a total of 235 new active cases, compared with 284 the year before. This is a decrease of 17.2% which you will note from the table is a better showing than for some years. However, this is no time for easing up because it must be realized that these 235 had sources of infection, which adds up to a considerable reservoir of unknown tuberculosis in the province. It must also be kept in mind that many persons now breaking down with tuberculosis received their infection years ago. Outbreaks of smallpox and diphtheria demonstrate the pitfall of complacency and the same could happen with tuberculosis if there is a letdown in public and medical interest and vigilance, and a slackening of the tuberculosis prevention program. Now is the time to strike even harder. We used to be shooting into a flock but now in case-finding we must pinpoint and concentrate our aim.

The statistical section contains an analysis of the new cases and I will point out only a few highlights. There has been some further decrease in the percentage of new cases with far advanced pulmonary disease at the time of diagnosis -- namely, 16% compared with 18% in 1960. These, along with the 30% with moderately advanced disease, were the spreaders of infection before discovery. Fifty percent of the new cases had early disease, such as primary, minimal pulmonary or pleurisy with effusion.

Tuberculosis of organs other than the lungs comprised 20% of the total. This is less than the number in the previous year but the trend of recent years has been to more non-pulmonary diagnoses. I think this may be due in part to better laboratory and pathological diagnostic services, or at least to better reporting of such findings. Positive tuberculosis findings from general hospitals and the provincial laboratory are reported routinely to the Central Tuberculosis Registry.

It is always difficult to determine accurately the source of discovery -- that is, to try to evaluate the various case-finding methods. Three-fourths of the new cases had their diagnoses finalized at the sanatoria or the Central Tuberculosis Clinic (50% at the C. T. C.). These patients are referred by doctors, so it is obvious that the private physician is still the most fruitful source for new cases. Ten percent of the new cases were discovered by tuberculin and x-ray surveys and 7% were discovered in general hospitals.

Although we are impressed with the seriousness of tuberculosis among older people, it is evident from the ages of the new cases that tuberculosis continues to have a significant morbidity among those of younger ages. Eleven percent of the new active cases were under 10 years of age, 14% from 10 to 19 and 15% from 20 to 29 -- that is, 40% of the cases were under 30 years of age. However, at the other end of the age scale, 21% were over the age of 60.

While discussing new active cases we should also consider reactivations because they are just as important from a treatment and infectious point of view. These are people known to have had active tuberculosis at some previous time and who have broken down again. This is a feature of tuberculosis, although surgery and prolonged drug therapy have reduced this danger. In 1961 there were 60 reactivations, which represents 20% of the total number of active cases reported. This group of known old cases is a high yielding group and obviously requires special follow-up attention. It is reported that one percent per year will break down and, although for years through our clinic services such cases have been a main target for follow-up examinations, I think we should and can concentrate more thoroughly on this group. We have records of all known cases and our policy has been to examine them at least yearly for five years after they have been classified as inactive. The period of follow-up should be extended. Of our 60 reactivations in 1961, 33% occurred during the first five-year interval of inactivity, 70% occurred during the first ten-year period, and 88% during the first fifteen years. In analyzing these relapses any particular factor common to all cannot be clearly established, except that the more advanced the original disease, the greater the chance of reactivation.

INDIANS

One of the most remarkable and dramatic stories of disease control must be that of tuberculosis among our native population, the Indians. In the latter part of the last century the ravages of this disease in epidemic proportions threatened to wipe out the Indians. The acute phase subsided but there continued an appalling toll through illness and death. Twenty years ago the death rate for Indians was 40 times higher than among non-Indians. In 1940, 166 Indians died of tuberculosis in Manitoba; in 1961 only five died. This remarkable change has been due to a number of factors, but most of all to the aggressive policy and action of the Indian and Northern Health Services and I must give signal honor to Dr. Percy E. Moore, director of Health Services for the Department of National Health and Welfare. The co-operation of Dr. Moore and his governmental department with the Sanatorium Board, a voluntary agency, has resulted in a highly effective program.

The Sanatorium Board continued to provide case-finding and treatment services to the Department of Indian and Northern Health Services and we look forward to continued joint accomplishment. During 1961, 13,415 Indians and Eskimos were x-rayed on surveys and clinics and at the end of the year 206 were on sanatorium treatment.

I would like to add that we miss Dr. W. J. Wood personally and for his counsel and direction. We are enjoying and looking forward to the same relationship with his successor, Dr. O. J. Rath.

TREATMENT

Treatment days for tuberculosis continued to decrease, there being 28.2% fewer in 1961 as compared with 1960. Beds occupied, of course, also decreased, the total number of patients in sanatorium being 388 on December 31, 1961, compared with 457 on December 31, 1960. For the last seven years the Sanatorium Board has steadily consolidated tuberculosis treatment services. A further step in 1961 was the gradual reduction of tuberculosis patients in St. Boniface Sanatorium and by January, 1962, the few remaining patients were transferred to Manitoba Sanatorium and the Central Tuberculosis Clinic. For the time being the occupancy of these institutions is well up; indeed, at the time of writing this report, almost to capacity.

The nature of treatment has not changed very much in the past year. Anti-tuberculosis drugs and surgery continue to have dominant roles. Some new drugs have been added but they are not comparable in effectiveness to the original standbys, namely, streptomycin, INH and PAS. However, the newer second line drugs are assuming more importance because in the chronic cavitary and advanced cases resistance to the original drugs is more of a problem. Most of the Indian and Eskimo patients are kept in hospital for the full duration of their chemotherapy (18 to 24 months). Most non-Indians continue with their drugs at home after leaving hospital. The average duration of treatment of the 502 tuberculosis patients discharged in 1961 was 429 days, transfers and reviews excluded.

Besides the 388 tuberculosis patients in sanatorium at the end of the year, 12 patients were being treated for tuberculosis in mental hospitals. In the mental hospitals tuberculosis among both the patients and staff used to be a real problem, but a very active program of chest x-raying, isolation, treatment and B.C.G. vaccination has reduced this problem to minor proportions.

Of all the first admissions to tuberculosis hospitals, 13% had far advanced disease. About one-third (128) of the admissions were re-admissions. Relapse of tuberculosis is one of the greatest reasons for the difficulty in controlling the disease but adequate treatment is reducing this danger as only 15% of the cases admitted were due to reactivation of disease.

Of the 502 patients discharged from sanatorium, 60% were classified as inactive, 32% as active improved, 3% as active unimproved and 5% as dead. Ten percent discontinued hospital treatment against medical advice. Of all the pulmonary cases discharged, approximately 15% had had pulmonary resectional surgery. Although the application of surgery has decreased, we are somewhat more aggressive in this respect than in many other places. We still believe that the incidence of relapse is reduced by resecting residual open cavities, even if cystic, and by removing residual solid lesions. The high proportion of Indians and Eskimos on treatment also adds to our surgery because with their return to less favorable living conditions and our inability to provide close follow-up, they require the added protection which we think surgery gives. The increase in the number of alcoholics and irresponsible people being treated adds to the surgery for the same reasons. All the tuberculosis chest surgery is now being done at Manitoba Sanatorium, Ninette.

TREATMENT DAYS FOR TUBERCULOSIS

Year	Province of Manitoba	Gov't of Canada & Other Provinces	Total	% Decrease	#TB Beds Occupied
1949	233, 143	188, 304	421, 447		1, 157
1950	212, 512	199, 773	412, 285		1, 152
1951	210, 784	205, 481	416, 265		1, 137
1952	204, 003	215, 257	419, 260		1, 106
1953	201, 869	208, 092	409, 961	2. 2	1, 116
1954	185, 938	211, 588	397, 526	3. 0	1, 064
1955	165, 696	202, 422	368, 118	7. 4	1, 014
1956	158, 260	203, 592	361, 852	1. 7	999
1957	148, 679	193, 025	341, 704	5. 5	940
1958	137, 762	182, 036	319, 798	6. 4	799
1959	116, 038	143, 352	259, 390	18. 8	625
1960	99, 074	99, 704	198, 838	23. 3	484
1961	71, 765	70, 827	142, 592	28. 2	388

Tuberculosis

	Bed Capacity		Bed Occupancy	
	Dec. 31/60	Dec. 31/61	Dec. 31/60	Dec. 31/61
Manitoba Sanatorium	265	260	165	226
Central Tuberculosis Clinic	18	18	15	15
St. Boniface Sanatorium	239	-	179	25 (temp.)
Clearwater Lake Hospital	90	50	73	122 (temp.)
Assiniboine Hospital	24	-	25	-
	636	328	457	388
On Treatment in Mental Hospitals			27	12
			484	400

Extended Treatment

	Bed Capacity		Bed Occupancy	
	Dec. 31/60	Dec. 31/61	Dec. 31/60	Dec. 31/61
Clearwater Lake Hosp.	58	71	53	56
Assiniboine Hospital	181	198	142	161
	239	269	195	217

A newer and progressive development is the increasing number of patients who are being treated in the early stage of infection -- that is, before disease is manifest clinically or by x-rays. These persons have a positive tuberculin test and are usually contacts with gross exposure to infection; they are also positive tuberculin reactors under the age of three years, who are exceptionally good candidates for future breakdown. There were 86 such cases in 1961, compared with 43 in 1960. They are not hospitalized but receive the drug INH at home.

With respect to our treatment institutions, the medical records in each of the hospitals have been much improved. New record forms have been created and old ones revised, which I am confident will meet accreditation requirements. This has been due in a large measure to the work of the Sanatorium Board's Medical Records Committee under the chairmanship of the Chief of Medical Services of Clearwater Lake Hospital.

REHABILITATION

These comments apply only to the rehabilitation of tuberculosis patients and not to the broader field, which is discussed in reports dealing with the development of the Manitoba Rehabilitation Hospital and also in the Chiefs of Medical Services reports for Assiniboine Hospital and Clearwater Lake Hospital.

Regarding tuberculosis patients, the basic principles of the Board's rehabilitation program remain the same although limitations and change of emphasis are necessary to meet changing conditions. Treatment in hospital is now of shorter duration and, for most patients, recovery more complete, so patients usually can return to their former type of work. More patients have very little schooling, so elementary teaching has wider application, and fewer patients have the educational background needed for vocational studies and technical training, which is now more necessary for job placement. About half of the patients are Eskimo, Indian or Metis; more patients are in the older age groups, indeed many are quite elderly and feeble, and it is difficult or impossible to plan any program of rehabilitation for them. I only mention the special rehabilitation unit at our Assiniboine Hospital for Indians and Metis. You will note in the reports of our rehabilitation officers that an active teaching, vocational, occupational therapy and technical training program has been maintained.

CENTRAL TUBERCULOSIS REGISTRY

The Central Tuberculosis Registry is the medical accountancy department, which provides the facts for effective direction of the tuberculosis control program of the Board. All information about tuberculosis -- the deaths, new cases, medical and social data about all cases in or out of the sanatorium, and their family contacts -- is recorded and analyzed and readily available. The Registry is also responsible for following through medical advice to patients discharged from sanatorium and those examined at clinics and surveys. It provides a close liaison with the Public Health Nursing Service and the Health Units throughout the province. Information about 3,471 tuberculosis patients, which includes 960 Indians and 431 Eskimos, was on the active follow-up files of the Registry on December 31, 1961, as well as the medical records of over 15,000 with inactive disease.

APPRECIATION

I appreciate the advice and direction given by the chairman of the Sanatorium Board, the Board members and the executive director. I am grateful for the able service and co-operation of the chiefs of medical services in all of the Board's institutions and their medical staff, the director of nursing services, and the nursing and technical staff.

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

SUMMARY

1. It is encouraging that new active tuberculosis cases reported in Manitoba in 1961 decreased significantly, namely, 17.2%.

2. A characteristic of tuberculosis is its relapsing nature, occasionally many years after, even with apparently successful original treatment. This is one of the difficulties in attaining eradication. In 1961, 20% of the active cases reported were relapses.

3. The tuberculosis death rate reached an all-time low of 3.5 per 100,000 of population. There were 32 deaths. As recently as the year 1950 there were 181 deaths and in 1940, 369 deaths.

4. With fewer new cases and shorter hospitalization, treatment days for tuberculosis continue to decrease (28% in 1961), as also do the number of hospital beds required. On December 31, 1961, there were 388 patients in sanatorium.

5. As rapidly as beds could be released they were converted to the much needed treatment of chronic non-tuberculous conditions, with an active program of rehabilitation through the application of physical medicine.

6. The fact that 235 new cases of tuberculosis developed in 1961 means that there are still many unknown sources of infection in the province. An aggressive case-finding program must be continued and if possible intensified.

7. Tuberculin and x-ray surveys dealt with 171,037 people in 1961 and through all agencies of the Board 248,690 examinations for tuberculosis were carried out.

8. Tuberculosis, although to a less degree, is still a fairly major public health problem. The public and the medical profession need to be constantly aware of this.

TUBERCULOSIS PREVENTION

From the Report of the Medical Director

EXAMINATIONS BY CLINICS, HOSPITALS AND SURVEYS

Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
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
1958	8, 392	1, 874	86, 714	137, 456	234, 436
1959	8, 483	1, 416	70, 355	137, 277	217, 531
1960	8, 003	1, 977	69, 686	145, 681	225, 347
1961	8, 368	1, 969	67, 316	171, 037	248, 690

TUBERCULIN AND X-RAY SURVEYS

Tuberculin testing has been completely incorporated into our survey program with a few exceptions when only chest x-rays were taken, such as in sparcely settled areas and in Indian surveys where there seemed little likelihood of getting people back for a reading of a tuberculin test. All ages are tested and all reactors are chest filmed. We discontinued x-raying those over 40 years of age if their tuberculin test is negative.

More tuberculin tests were done on surveys than in any previous year, namely 135, 769. Of these, 124, 915 returned for a reading, which means that 10, 854 or 7. 9% did not. This seems rather high, in spite of the fact that great effort is made to get them to return for an interpretation of their test. However, a few sample follow-up studies of the delinquents indicate that practically all had negative tests. For analysis of the positives and negatives for the various age groups we have included only those that were read. You will note in the next table the very low infection rate for the younger age groups. The rate gradually increases with advancing age, reaching 55% at age 70 and over, with an average positive rate of 20. 53% for the total tests read. This has been running much the same for the last few years.

The tuberculin skin test determines if a person has or has not been previously infected with the tubercle bacillus. Reactors are x-rayed immediately to rule out manifest disease and they should be x-rayed every year or two to catch any development early. The tuberculin test is also of value as a yardstick of community infection and you will note in the records section a listing of the municipalities surveyed last year with their infection rates. These vary from 30% to 13%. Those municipalities with a higher rate will need surveys repeated more frequently. In 1962 all rural and suburban municipalities will have been tuberculin surveyed and the indication for future surveys will be influenced by their infection rates.

Tuberculin Surveys

Age Groups	Negative Reactors	Positive Reactors	Total	Percentage of Positives
Under 5	9, 267	86	9, 353	0. 92
5 - 9	16, 340	280	16, 620	1. 68
10 - 14	15, 148	634	15, 782	4. 02
15 - 19	17, 777	1, 349	19, 126	7. 05
20 - 24	7, 139	961	8, 100	10. 63
25 - 29	4, 957	1, 298	6, 255	20. 74
30 - 39	10, 675	4, 631	15, 306	30. 26
40 - 49	8, 766	6, 124	14, 890	41. 13
50 - 59	5, 082	5, 329	10, 411	51. 19
60 - 69	2, 671	3, 162	5, 833	54. 21
70 and over	1, 445	1, 794	3, 239	55. 39
	99, 267	25, 648	124, 915	20. 53

Besides the 135, 769 tuberculin tested, there were 35, 268 x-rayed only, giving a survey total of 171, 037. Of the total surveyed, 46, or one in 3, 700, was a new diagnosis of tuberculosis; 26, or one in 6, 500, was a new active case. Of the 135, 769 tuberculin tested, only eight, or one in nearly 17, 000, was found to have active tuberculosis, but after screening out those with a negative tuberculin test -- that is, considering only the 31, 753 who were x-rayed -- one in 3, 900 had active tuberculosis. Although tuberculin testing reduces the number needing a chest x-ray by 80%, so little significant tuberculosis is being found through our survey program that it is questionable whether the work and cost involved in this mass method of case-finding is justified. I recommend that the tuberculin survey of the province be completed in 1962 and that from then on surveys be confined to higher infection rate areas and to special groups and segments of the population. There are problems involved in curtailing surveys as there is a strong public demand for them, they are of health educational value, they x-ray 1, 200 ex-patients a year, and their widespread coverage has no doubt been an important factor in maintaining the response of the public to the Christmas Seal appeal for preventive funds.

I mentioned about concentrating on high incidence groups and this is being done. Several special surveys in schools, industries and elsewhere have been carried out to examine contacts of tuberculosis cases; prisoners entering Headingly, Portage la Prairie and Dauphin gaols are x-rayed routinely, 3, 537 in all, and three infectious cases of tuberculosis were found.

Tuberculosis can be expected to prevail more among people in poorer economic circumstances and a new project in 1961 was the setting up of an x-ray unit in the new National Employment Service building in Winnipeg, which is designed to take a chest film of those applying for employment. This service did not begin until November 15, 1961, and by the end of the year a total of 1, 182 persons were x-rayed. Two in this group were found to have active tuberculosis and were admitted for treatment. Now that this service is becoming better established between 800 and 900 are being x-rayed each month. I would

like to acknowledge the splendid co-operation we are receiving from the officials of the National Employment Service.

TRAVELLING CHEST CLINICS

Travelling chest clinics provide a more concentrated service than the mass surveys, which for the most part are conducted from large mobile vans and deal with all the population in a community. At the travelling clinics, a doctor is in attendance and examinations are limited to suspects, tuberculosis contacts and ex-sanatorium and known cases. Due to the availability of x-ray facilities in local community hospitals and the coverage of the province by health units, there is a decreasing need for this type of clinic and, except for a few centres, these clinics are planned for the less populated communities with limited health services. In 1961 a total of 1,969 people were examined at 48 clinics held at 30 sites. These travelling clinics were established in 1926 and this is the first year since then that no new active cases were discovered by this means. Six people with inactive disease were identified. Ex-patients reviewed numbered 220 and contacts, 967.

STATIONARY CLINICS

These are the out-patient clinics at each sanatorium and at Assiniboine Hospital, but mainly at the Central Tuberculosis Clinic in Winnipeg. During 1961 a total of 293 new cases of tuberculosis were reported in Manitoba (235 active and 58 inactive) and 130 or 44% of them were diagnosed by these clinics, so the importance of their role in case-finding is obvious. Examinations totalled 8,368 -- 2,863 being reviews of old patients and 3,333 being tuberculosis contacts. I have mentioned the importance of the follow-up of inactive cases and contacts and I was gratified to find that we are getting fairly good coverage in this respect through our travelling clinics, stationary clinics and surveys -- namely, 4,283 known cases examined and 4,300 contacts.

CITY OF WINNIPEG

The Division of Tuberculosis Control of the Winnipeg Health Department continues to contribute greatly towards tuberculosis control in the City of Winnipeg. We have worked closely together for many years through their medical officers, public health nursing service, industrial and school surveys and through the Sanatorium Board's operation of an x-ray unit at the City Hall. This unit has been relocated into a new and broader service at the National Employment Service Building. A very important work of the City Department of Health is the supervision of known cases (ex-patients) and their contacts and seeing that advice about treatment for new cases is followed. Fifty-six Winnipeg patients were in sanatorium at the end of 1961, which is a decided decrease from a few years ago.

Tuberculin and x-ray surveys are not carried out on the same mass scale as in the suburban and rural municipalities, but in Winnipeg good coverage is provided through school surveys, industrial and business firm surveys, pre-employment chest x-rays, the National Employment Service Unit, the x-raying of various other groups, and hospital admission x-rays, this last alone comprising about 15% of the population. Then there is the Central Tuberculosis Clinic, which provides daily service the year 'round to the metropolitan area.

THE CENTRAL TUBERCULOSIS CLINIC

The Central Clinic has been located on a ward in the Winnipeg General Hospital since January, 1960, and functioned remarkably well considering the limited space and reduction in beds. However, on January 3, 1962, it was a great satisfaction to get it re-located in the new four-storey Central Tuberculosis Clinic section of the Manitoba Rehabilitation Hospital. The 64 beds afford more scope for treatment in the Clinic, although surgical cases and those of a chronic nature needing prolonged treatment will be transferred to Manitoba Sanatorium. The Central Clinic performs an important role in the overall program - in diagnosis and in prevention, and through its contact with the medical profession, the hospitals of Manitoba and medical and nursing students. It is primarily a referral centre for the diagnosis of tuberculosis and other chest diseases and for the periodic examination and advice to known tuberculosis cases, ex-sanatorium patients and TB contacts. Thousands of x-ray films from surveys, travelling clinics and general hospital admissions in 61 Manitoba hospitals are interpreted and reported upon. Another important service of the Clinic is the administration and supervision of out-patient chemotherapy. Out-patients attending for drug treatments during 1961 numbered 507, and at the end of the year 297 were currently attending.

GENERAL HOSPITAL CHEST X-RAY PROGRAM

Hospitals	75
Number of Admissions X-rayed	50, 018
Number of Out-Patients X-rayed	8, 721
Number of Hospital Staff X-rayed	8, 577
	67, 316

A program to chest x-ray patients admitted to general hospitals was initiated 12 years ago because this large segment of the population was known to have a higher than average prevalence of tuberculosis. In 1961 the discovery rate of active tuberculosis was over twice that of those x-rayed in community and industrial surveys. Of the 141, 751 patients admitted to general hospitals, 50, 018, or 35.2% had routine chest films through this program. This percentage x-rayed is about the same as in 1960 but only half that of a few years ago. The decrease is due in part to the exclusion of children and those chest x-rayed within the year, and, to a great extent, to the fact that more patients on admission are having chest films ordered by their attending physicians since the Manitoba Hospital Services Plan came into effect.

X-RAY FINDINGS

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

1. Of the 50, 018 admissions x-rayed, 31, or one in 1, 613, had apparently active tuberculosis.

2. 333, or one in 150, had tuberculosis that was considered inactive.

3. 64, or one in 781, had tuberculosis of doubtful activity.

4. 88, or one in 568, were considered tuberculosis suspects.

5. Taking into account all the above, 516, or one in 97, had evidence of present, past or suspected tuberculosis.

6. Of the 8, 721 out-patients, 10, or one in 872, had apparently active tuberculosis.

7. Among 8, 577 hospital staff x-rayed, two had apparently active tuberculosis.

8. The value of this program and, indeed, of 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 evidenced by the fact that of 50, 018 patients x-rayed on admission, 2, 329 (one in 21) had non-tuberculous chest conditions, and 2, 454 (one in 20) had suggested cardiac abnormalities.

We are constantly aware of the need for assessing our case-finding methods in relationship to the cost involved, and, from the amount of tuberculosis found as shown by the above figures, I think we are justified in continuing with the Hospital Admission X-ray Program. The Board's agreement with hospitals throughout the province also provides a convenient x-ray service for the referral of tuberculosis contacts and the follow-up of old cases and tuberculosis suspects, and it helps to maintain the interest of physicians and hospitals in tuberculosis control.

B. C. G. VACCINATIONS

Tuberculosis Contacts	- 157	
Graduate Nurses	- 9	
Student Nurses (General Hospital)	- 466	
Student Nurses (Mental Hospital)	- 18	
Student Nurses (Practical)	- 106	
Nurses' Assistants	- 85	
Sanatorium and Hospital Staff	- 117	
Laboratory Technicians and Students	- 16	
X-ray Technicians and Students	- 34	
Others	- 2	1, 010
By Indian and Northern Health Services	-	441
Total	-	1, 451

It is generally accepted that vaccination with B. C. G. affords some protection to those who have a greater than average opportunity of becoming infected with the tubercle bacillus, such as those listed above. With our low infection rate among the general population we have considered that vaccination on a mass scale is not indicated. Besides this, B. C. G. produces a reaction to tuberculin which would nullify the advantages of tuberculin testing in our preventive program. I am pleased to note an increase in the number of tuberculosis contacts who have been vaccinated.

CITY OF WINNIPEG

Tuberculosis Control 1961

The extent of tuberculosis in Winnipeg does not warrant complacency. While deaths continue to decrease, new active cases continue to show little change -- indeed, there is even an increase over 1960.

DEATHS

There were seven deaths from pulmonary tuberculosis, one from meningitis, one from peritonitis and one from renal tuberculosis. The hazards of old age and failing hearts contributed to the excessive deaths in the older age groups.

NEW CASES

There were 68 new active cases found in Winnipeg during 1961, a rate of 26.5 per 100,000 population, compared with 17.4 in 1960 and 26.5 in 1959. The majority of new cases were found in older age groups. Thirteen were under 20 years of age and 55 were over 20, of which 17 were over 60.

It will be noted that males predominate in both deaths and new cases:

	Male	Female
Deaths	9	1
New Cases	44	24
New Far Advanced Cases	6	1

The average age of male far advanced cases on discovery was 55.

Of the 68 new active cases four arrived in Canada within the last three years. Only one arrived within the past year. The greatest concentration of new cases occurred in the area bounded by Main Street, Portage Avenue, Sherbrooke Street and the C.P.R. yards -- an area of poor housing.

SURVEYS

A total of 15,781 persons had a chest x-ray distributed as follows: Schools and colleges, 4,549; government, 3,576; industrial, 4,893; others, 2,763. These yielded only three new active cases. During 1961 the x-ray unit at the City Health Department in the City Hall was moved to the National Employment Service.

The Sanatorium Board of Manitoba continued to conduct all surveys, using the tuberculin skin test to screen out those who were negative in schools and in industrial and government offices. The average positive reaction was: High schools, 9%; government, 29%; industrial, 38%. Altogether a total of 24,477 tuberculin tests were administered, of which 5,554 were positive (showing exposure to tuberculosis) and 17,841 were negative. Those with positive reactions were x-rayed.

SUMMARY

At the end of 1961 there were 1,000 cases of tuberculosis under the supervision of public health nurses. The excellent work of these nurses is vital to the control of tuberculosis.

The average number of city residents in sanatorium during the year was 88, compared with 109 in 1960 and 126 in 1959.

Our thanks are extended to the many organizations who assisted in this work, especially to the Sanatorium Board of Manitoba and the Central Tuberculosis Registry.

JAMES B. MORISON, M. D., D. P. H.,
Deputy Medical Health Officer.

CENTRAL TUBERCULOSIS CLINIC AND PREVENTIVE SERVICES

The Central Tuberculosis Clinic has operated for the past two years as an observation ward and an out-patient clinic in a small, 18-bed ward at the Winnipeg General Hospital. Our move to the general hospital was at first viewed with some alarm by a number of the hospital staff. However, as time passed we were able to show them that having our patients there created no danger to their personnel and in a short while our relationship became cordial and helpful. I would like at this point to thank the entire staff of the Winnipeg General Hospital for this friendly relationship and for their co-operation during our stay there.

OUT-PATIENT DEPARTMENT

During the year just passed the out-patient department and the ward experienced a slight increase in the total numbers examined and admitted. The total visits numbered 8, 385, of which 1, 377 were new examinations and 3, 169 were re-examinations. Examinations of people with known contact with disease numbered 2, 462, and 758 of these were new and recent contacts. Within the past two or three years contacts with open tuberculosis who are known to have become recent converters to tuberculin are now being given INH, in the hope that this chemotherapeutic agent will prevent a breakdown with active tuberculosis. These contacts are followed for a number of years.

There were 129 new diagnoses of tuberculosis. The extent of disease in 80 new cases of active pulmonary tuberculosis was: Far advanced, 14 or 17. 5%; moderately advanced, 30 or 37. 5%; minimal, 36 or 45. 0%. The increasing percentage of minimal tuberculosis each year is gratifying. The age classification in the statistical report again shows that tuberculosis appears at all ages. The highest incidence was 25 cases in the age group 30 to 39. There were 14 cases in patients 70 years of age and over.

During the year 507 persons attended our Out-Patient Chemotherapy Clinic; 210 of these either had treatment discontinued during the year or had moved away, so at the end of 1961 there were 297 names on our active chemotherapy treatment list.

TREATMENT

During 1961 there were 269 admissions to the ward and 268 discharges, constituting 5, 681 treatment days. The average stay in hospital was 21. 2 days.

Of the total admissions, 170 were first admissions and 65, or slightly more than 24%, were re-admissions. Re-admissions probably appear to be a failure of treatment, but there are many factors to be considered, both human and therapeutic. Some are patients who have gone home from sanatorium against advice and some are re-admitted because of reactivation of their disease after many years. It is also interesting to note that the highest number of admissions was in the age group over 70, and there were 67 of these. Respiratory tuberculosis accounted for 143 of the admissions, and there were 34 cases of non-respiratory tuberculosis admitted, including kidney, glandular and bone and joint disease. Seventy-eight patients were admitted for diagnosis

and found to be non-tuberculous. These, of course, were all suspected of having tuberculosis.

Of the 268 discharges, 110 were transferred to sanatorium for continuation of treatment, 83 were discharged on medical advice (which would include those found to be non-tuberculous), 55 went home to continue anti-microbial therapy as out-patients, one died, 14 were in for review, and five left against medical advice.

Chemotherapy continues to be an important part of our treatment and during the year streptomycin was given to 143 in-patients, PAS to 10 and INH to 155. These three drugs are administered in various combinations, usually a combination of two drugs but sometimes all three.

LABORATORY AND X-RAY DEPARTMENTS

The laboratory staff had a busy and satisfying year. The number of tests and examinations show slight increases in all branches. A total of 2, 599 tuberculin tests were done, compared with 2, 459 the year before. Vaccinations with B. C. G. increased from 666 to 743. Altogether, a total of 10, 166 tests and examinations were performed, with a total of 33, 696 units, an increase of over 3, 000 over the previous year. The unit system of recording laboratory work done is recommended by the Canadian Society of Laboratory Technicians and is now used in all our institutions.

Our x-ray staff and our preventive services staff are commended for the work they did together in crowded quarters. There were 3, 711 films made on Clinic in-patients and out-patients. Working together the staff processed 62, 633 films for the travelling clinics and surveys office, 15, 566 of which were large films, 2, 100 were 4" x 5" films and 44, 967 were on 70 mm. roll films. From each 70 mm. roll a few films are cut for re-reading in order to re-examine some people who have abnormal films or to refer them to their family physician.

PREVENTION

Travelling Clinics - A total of 48 travelling clinics were held in 30 different centres. Examinations numbered 1, 906 whites and 63 Indians. Six new cases of tuberculosis were reported. These were all among whites and were considered inactive, but, because of their obvious exposure to disease, we are obliged to keep them under surveillance for some years to come.

Surveys - A total of 66, 987 films were made, including films of Indians and Eskimos. Besides the Sanatorium Board surveys, this total includes the civic survey at the City Hall and industrial surveys. Our survey program consisted mainly of tuberculin testing followed by x-raying of positive reactors. A total of 135, 769 tuberculin tests were done. The surveys yielded 12 new cases of active tuberculosis among whites and 11 among Indians.

Hospital Admission X-ray Program - Sixty-two hospitals referred 21, 194 hospital admission x-rays to us and 19 cases of probably active tuberculosis were reported.

APPRECIATION

And now, Mr. Chairman and Gentlemen, we have moved into our new quarters at the Manitoba Rehabilitation Hospital, where we have room to work and treat the sick as we have been used to doing. Our sincere thanks are extended to all the institutions and organizations that we deal with, to the Sanatorium Board and its officers and to all members of my own staff who have been faithful and cheerful under sometimes trying circumstances. My report would not be complete without special thanks to the Central Tuberculosis Registry for their willing help: they always seem to have the necessary information when it is needed.

D. L. SCOTT, M. D.,
Chief of Medical Services.

MANITOBA SANATORIUM

In 1961 Manitoba Sanatorium entered a second half century as an institution dedicated to the control and treatment of tuberculosis. Arising from this milestone was an event of some historic and human interest when in September a sundial mounted on a native granite bolder was presented by the ex-patients to all the sanatorium staff in commemoration of their services over the past 50 years.

Perhaps the most significant event of the year was the centralization of tuberculosis treatment facilities at Ninette, following the conversion of St. Boniface Sanatorium and Assiniboine Hospital to other types of treatment. Through transfers and accelerated admissions from other sources our average patient occupancy increased over the previous year from 179 to 213, and total patient days rose from 65, 241 to 77, 785.

The patient population also showed some noteworthy changes in composition. Patients of native blood, Treaty or Metis, dropped from 65 to 55 percent. Conjugal tuberculosis has become more common, there now being five married couples on treatment, four of which are white. Men still out-number the women two to one, but in each sex the number of senile, confused and often bed-ridden patients continues to increase gradually. Thus, admissions of patients aged 60 and over have increased from 35 to 68 and over age 70, from 13 to 36. At the other end of the age scale the child population, from under one year to nine years of age, increased from the usual two or three to over 30.

Since the beginning of 1961 patients with bone and joint tuberculosis, who previously went to St. Boniface Sanatorium, have all been admitted to Ninette. At the year's end there were 24 such cases on treatment, 12 of whom were immobilized in shells or spicas and required special nursing care. Thus, increased patient load, not only in the actual number but also in types requiring additional medical and nursing care, has had an outstanding influence on our treatment activities for the year 1961.

The staff conditions on the whole are good. The medical staff remained stable during the last six months and this continuity of service has helped materially in the over-all dealing with patients and staff. However, the nursing complement, although up to the present quota, requires further consideration and, judging from the work load, needs to be increased. A housing shortage, due mainly to accommodating our affiliate training program, has been one factor preventing such an increase. This has lately been relieved by taking on staff more female members from the surrounding district, who can live out. This easing of the housing shortage may be temporary but at present makes room for staff increase. The writer believes that this increase is necessary to maintain an acceptable standard of medical and surgical nursing care. The use of nursing orderlies has also been helpful.

No new construction took place in 1961. The upkeep of the buildings has been good and the grounds are in excellent condition. During the year the main kitchen and No. 2 Pavilion were redecorated. New bedside and sitting room furniture was obtained for No. 1, 3 and 4 Pavilions.

ADMISSIONS AND DISCHARGES

The 304 admissions were classified as follows: First admissions, 71; re-admissions, 46; transfers, 176; to continue treatment, 3; review, 5; newborn, 3. Of all the admissions 264 had tuberculosis and 40 proved to have other conditions after investigation. Of the 264 with tuberculosis, 216 had pulmonary disease with extent as follows: Minimal, 31.5%; moderately advanced, 35.2%; far advanced, 28.7%; pleural, 2.8%; primary, 2%. The other 48 tuberculosis conditions were as follows: Adenitis, 5; bone and joint, 22; meningitis, 4; genito-urinary, 8; empyema, 2; epididymitis, 1; sub-clinical tuberculous infection, 6. Twenty-two or 8.4% of the tuberculosis admissions had suffered relapse; of these 15 had had chemotherapy and three had undergone chest surgery.

The total discharges were 244, of which 198 had been treated for tuberculosis and 46 proved non-tuberculous after investigation. Of all the discharges 59.5% were on medical advice; 13.1% were against medical advice; 2.4% were disciplinary; 19.3% were transferred; and 5.7% died. Of the 26 patients who were discharged with positive sputum, nine were dead, 10 were transferred and seven left against advice. Four of the patients who left sanatorium against advice are now back in sanatorium; the remaining three are untraced. In the 14 deceased patients (nine of which had autopsies) the cause of death was as follows: Pulmonary tuberculosis, 7; broncho-pneumonia, 2; acute pulmonary oedema, 1; inter-cranial hemorrhage, 1; myocardial infarction, 3. Thirty-eight patients are continuing drugs at home; of these, 32 left on medical advice, three against advice and three for disciplinary reasons.

OUT-PATIENT DEPARTMENT

A total of 1,201 persons attended our out-patient department. Two new discoveries of tuberculosis were made and 24 non-tuberculous chest conditions were diagnosed. Old patients back for review totalled 405, and 373 contacts were also examined.

TREATMENT

The average length of treatment for those discharged in 1961 was 261.8 days. This figure is not a true indication of the average length of stay of the average patient. It is certain, however, that our length of treatment is becoming shorter, but not as rapidly as one might expect and this for two main reasons. First, our patient population is still over 50% Treaty Indian or Metis. We try to keep most of these patients for at least a year because of the poor living conditions and difficulty in taking drugs at home. Secondly, a sizeable group of the white patients admitted are senile and respond slowly, if at all, to treatment. Most of the younger white patients, especially those from good homes, are discharged well within a year. However, some of this group have far advanced disease when they come to the sanatorium and require a prolonged stay in hospital.

There has been little change in the management of chemotherapy in the past year. In the absence of previously proven intolerance or resistance, all the admissions are placed on triple drug therapy --

streptomycin, one gram twice weekly; INH, 300 mgms daily; PAS, 12 grams daily. The acutely ill patients may be given daily injections of streptohydrazide (a combination of streptomycin and INH) for the first month, plus PAS by mouth. Resistance tests are started at once on all patients with positive cultures and drugs to which resistance is proved are discontinued and replaced, if necessary, by second line drugs. The aim is to have patients on at least two drugs to which they are sensitive and not allergic. The most commonly used second line drugs are Viomycin, D. cycloserine and, more recently, Trecator (Ethionamide). Parazinamide has not been used during the last year. Cortisone therapy is employed in some acutely ill patients.

An active surgical service is maintained at Ninette and all chest operations are done by the writer as resident surgeon. The orthopedic surgery is performed by Dr. W. B. MacKinnon of Winnipeg, and anaesthetic service is supplied from both Winnipeg and Brandon. There were 78 major operations (the same number as the previous year) and of these 72 were chest and six were orthopedic.

There were five fewer chest operations than in 1960 despite the increased patient population. This was due to the greater number of children and very old people among our patients rather than to any change in surgical indications in young and middle-aged adults, who have always yielded most of the surgical problems. The chest procedures were as follows: Pneumonectomy, 1; lobectomy, 10; segmental resection, 15; wedge resection, 18; multiple resection, 4; thoracotomies, 4; thoracoplasties, 9; plombage, 3; Schede, 3; cavernostomy, 2; excision chest wall sinuses, 2; rib resection, 1. There were no surgical deaths and no wound infections. Tracheotomy was done post-operatively with good results on two poor risk patients to combat anoxia and blocked sputum. The only other significant post-operative complications were in two patients who developed broncho-pleural fistulae and were successfully treated by bronchial repair and thoracoplasty, and in two patients who recently had silent air-pockets, which are obliterating well without interference.

The surgical principles and indications have not changed within the past year. Thoracoplasty is still an important space-reducing procedure, either before or after resection. In a limited number of poor risk patients, especially those with a low cardio-respiratory reserve from emphysema, thoracoplasty is used as a definitive procedure, but plombage is more often applied in this manner.

With respect to lung resection a study of pre-operative status and pathological findings at operation was made to define more clearly our surgical indications, which at present are wider than in some other treatment centres. Nine of the 48 lung resections had universally accepted indications. In these, disease was cavitary and eight were drug resistant, one of which was also proved to have bronchogenic carcinoma. In one, disease was relapsing with spontaneous pneumothorax. In eight patients, with undiagnosed upper lung field disease that had failed to improve, surgical indications were partly diagnostic and all were shown at operation to have non-tuberculosis conditions as follows: Chronic pulmonary sepsis, 3; bronchiectasis, 4; hydatid cyst, 1. In the remaining 31 resections the indications for surgery were classed as elective and it was this controversial group

that was given special study. On admission all the persons in this group had positive bacillary findings and 77% had cavities. Before surgery all had become negative, but there remained 31% with residual cavitation and 26% with residual bronchiectasis. This residual pathology was verified at operation, with surgical specimens also showing an additional 26% with filled cavities. Thus 81% of the surgical specimens showed open or filled cavities or bronchiectasis. Tubercle bacilli were found in 45% of all the specimens and the pathologist's report indicated an active tuberculous process in 84%.

These figures point to the presence of significant pathology in most patients coming to elective resection. It is obvious that the number in this group who might have stayed well permanently on conservative treatment remains unknown, but elective surgery is based on the experience that certain patients are prone to relapse. We have long known that one must search for the seeds of relapse, not only at the pathological level but also at the psychological, social and economic levels. In this regard the potential for relapse is high in those of native blood. It is also high in alcoholics, drug addicts, social misfits and drifters, most of whom do not tolerate long hospitalization and are not well tolerated by their fellow patients or the staff. This is an added reason for elective surgery as a means to early discharge.

In the present elective series of 31, 19 were of native blood, six had various types of personality problems, and the remaining six qualified on other grounds of a personal nature. In the last group were three patients who feared to return to families already heavily infected without the surgical removal of what was considered significant residual disease. It will be seen from the foregoing that with our present type of patients we still consider elective surgery an important part of the surgical program -- but one which requires a good deal of care in the selection of cases.

Six orthopedic operations were performed by Dr. MacKinnon during the year. All were for fusion of tuberculous joints, as follows: Three inter-vertebral body fusions, all done through the trans-thoracic route; two arthrodeses of the knee joint; one arthrodesis of the hip. All the patients have done well and had no post-operative complications.

X-RAY AND LABORATORY DEPARTMENTS

The high standard of work and service already set by both departments continued throughout the past year. In 1961 the x-ray department did 3, 722 radiographic examinations. Electrocardiographs were taken on 56 patients. Clinical photographs totalled 98, of which 60 were Kodachromes on surgical specimens and 38 were black and white photographs.

The laboratory did 14, 614 tests and collected and sent 2, 600 tests to other diagnostic centres. During the year this department was well staffed with adequately trained technical helpers.

EDUCATION AND STUDY

It is again important to stress the role the Rehabilitation Department plays in the over-all treatment of patients at the sanatorium.

For most patients the stay in hospital is long and during most of it they are well enough to need some acceptable way of passing the time. The schooling offered, whether academic or vocational, fills this need as does their activities in occupational therapy. Many patients learn more in the sanatorium than at any other previous time; this applies to most patients of mixed or native blood and to some whites. The marked increase in children has added extra work to the department.

APPRECIATION

Tuberculosis can no longer command the enthusiasm that comes from new challenges and expanding horizons. Nevertheless, the past year has seen a considerable increase in the over-all work load at Ninette and the writer wishes to express his gratitude to all the staff members for their able and loyal support, and for their interest in giving to a still necessary work their usual high standard of service. Sincere appreciation is also expressed to the Chairman of the Sanatorium Board, the Chairman of the Administration and Finance Committee, the Executive Director and all other members of the Board for their continuing service on our behalf. I am grateful to the Medical Director of the Sanatorium Board, the Superintendents of the various institutions and the Department of Health for their unfailing help and co-operation throughout the year.

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

CLEARWATER LAKE HOSPITAL

In the 1960 Annual Report it was observed that the time for complacency had not yet arrived. This proved to be prophetic, as during 1961, through the media of hospital admission x-rays and organized case-finding programs, 65 persons entered Clearwater Lake Hospital with advanced tuberculosis.

It is a distressing revelation that 12 of these patients manifested far advanced cavitary disease and that five showed evidence of severe lung destruction.

Tuberculosis meningitis is considered uncommon nowadays and yet five cases have received treatment at Clearwater during the past two years! Of two such cases admitted in 1961, one died within a few days and the other recovered rapidly.

On November 23, 1961, 58 Eskimo patients were transferred by aircraft from Hamilton Sanatorium. They were admitted within four hours in a quiet and efficient manner, including one unexpected new-born arrival. Several of these Eskimos had been disciplinary problems at Hamilton Sanatorium, but once returned to more natural surroundings there were no further problems. With the admission of the Eskimos the tuberculosis occupancy increased to 125.

ADMISSIONS AND DISCHARGES

During 1961 there were 282 admissions to the hospital's tuberculosis section, an increase over the previous years occasioned by the patients transferred from Hamilton.

The 25,008 patient days were, in actual fact, 4,000 less than the year 1960.

Disease Classification	Number of Cases
Minimal Tuberculosis	53
Advanced Tuberculosis	12
Meningitis	2
Primary Infection	31

Of the 282 admissions, 34 proved bacillary and many contacts manifested primary disease on admission. The average length of stay was 107.8 days, but it should be emphasized that the overall average treatment period for tuberculosis in Manitoba is 429.2 days.

Of the 232 patients discharged, four left against medical advice, 39 were transferred elsewhere for surgery, and four died.

TREATMENT

No new drugs were utilized, but the recovery rate remained high with only one death being directly attributed to tuberculosis. Emphasis is placed on early ambulance and only those patients with positive sputum or very active disease have restricted excercise.

LABORATORY AND X-RAY SERVICES

In the laboratory 7, 672 tests, representing 12, 278 units of work, were performed. Outside laboratory services were utilized to an increasing extent.

The in-patients received 1, 051 x-ray examinations, and out-patients and staff, 550.

The majority of Northern Clinic films were transferred to the Central Tuberculosis Clinic for reading, but Clearwater remains responsible for the case-finding program in the surrounding areas, including the local Indian reservations, the Hudson Bay Line and Churchill. Films were interpreted regularly for the following hospitals: Fort Churchill, Chesterfield Inlet, Rankin Inlet, Norway House, St. Anthony's at The Pas -- and various nursing stations undertaking x-ray surveys.

OUT-PATIENT DEPARTMENT

This service is almost entirely confined to the follow-up investigation of known tuberculosis cases and their contacts. A total of 175 people were examined during the year.

ACADEMIC TEACHING AND HANDICRAFT INSTRUCTION

By the year end 52 pupils of all ages were enrolled in class, and adult education was vigorously pursued. A supervised handicraft program was also instituted and proved interesting and profitable to the patients.

APPRECIATION

To the Sanatorium Board, Dr. E. L. Ross and Mr. T. A. J. Cunnings we express our appreciation for their continued help and guidance throughout the year. The members of the staff are to be highly complimented on their efficiency and hard work during a year of accomplishment.

STUART L. CAREY, M. D.,
Chief of Medical Services.

ST. BONIFACE SANATORIUM

It is a privilege to report from the Medical Department of St. Boniface Sanatorium for the year 1961, which is the 30th year of operation. This was a momentous year during which the sanatorium had the following objectives:

1. On January 1, 1961, to discontinue admissions of tuberculosis patients except under unusual circumstances.

2. To continue the treatment of tuberculosis patients who had already been admitted.

3. To discharge patients as the sanatorium portion of their treatment was completed.

4. To encourage tuberculosis patients to transfer to other sanatoria operated by the Sanatorium Board of Manitoba.

5. To convert the sanatorium gradually to a hospital for extended treatment, non-tuberculous cases.

6. To make the necessary adjustments to the physical plant to treat this new type of hospital case.

7. To admit patients for extended treatment as early in the year 1961 as possible - this to be done in order to ease the waiting list of general hospitals.

8. To continue and possibly extend the existing facilities for retarded children.

As a result of this plan, the sanatorium operated three separate departments during 1961, namely, the department for tuberculosis patients, the department for approximately 85 retarded children, and the department for extended treatment patients.

This report will be confined to the tuberculosis division of St. Boniface Sanatorium.

ADMISSIONS AND DISCHARGES

During the year the tuberculosis patients decreased in number from 179 on January 1, 1961, to 25 at the year's end. There were four admissions: one Nun and one child, both admitted for treatment, and two newborn babies.

Early in January, 1962, the remaining tuberculosis patients were all discharged, part of them going to Manitoba Sanatorium and the remainder going to the Central Tuberculosis Clinic in Winnipeg. The 145 discharged patients were classified as follows: to their homes, 131; transferred to other sanatoria, 14.

There were 13 deaths in 1961, eight due to respiratory tuberculosis and five to non-tuberculous causes.

TREATMENT

Hospital treatment days totalled 32, 178. The pattern of treatment followed the same general plan as in previous years, surgery being applied when required with due respect for the patient and his inclinations. I wish to thank Doctors E. L. Ross, D. L. Scott, A. L. Paine and others for the formal conferences held at the Sanatorium to discuss the treatment plan for the remaining patients. As the year wore on the patient population gradually dwindled, leaving the hard core of patients who tend to remain year after year in any sanatorium. Fortunately the number was not large.

A full surgical program was maintained in thoracic, orthopedic and general surgery. All operations were completed and the operating facilities were terminated on June 30, 1961. The following procedures were completed: thoracic surgery, 22; orthopedic surgery, 4; general surgery, 1; bronchoscopic examinations, 3; plaster casts, 7.

OUT-PATIENT DEPARTMENT

The Out-Patient Department ceased to function on August 31. Assistance was given to patients in establishing new contacts with medical and social agencies.

APPRECIATION

The members of our Advisory Board deserve great credit for giving generously of their time and advice in this rather difficult time of conversion.

The Medical Department wishes to thank the following individuals and agencies who co-operated with the sanatorium to the fullest extent: the Manitoba physicians sending patients; the Provincial and Dominion Departments of Health; the Departments of Social Welfare of the Province and the City; the superintendents and staff of the various Manitoba sanatoria; the Sanatorium Board of Manitoba; the Central Tuberculosis Clinic and the Central Tuberculosis Registry.

Finally I wish to express my thanks and appreciation to the Sisters, members of the medical staff and the other staff of the sanatorium for service well rendered during the year.

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

INDIAN HEALTH SERVICES

Once again it is our pleasant duty to submit a message for inclusion in your Annual Report. In past years this has been prepared by my most worthy predecessor Dr. W. J. Wood, who retired in August of 1961. The most cordial relations he established with the Sanatorium Board will be carried on in the same spirit.

As in previous years, our Department has utilized the facilities operated by the Board for the treatment of tuberculosis patients of both Indian and Eskimo origin. The Sanatorium Board has been most co-operative in tuberculosis case-finding and follow-up of patients through the medium of the Central Tuberculosis Registry, tuberculosis clinics and chest x-ray surveys in southern Manitoba.

Chest x-ray surveys were conducted by our Department in the Central Arctic, Norway House, The Pas and Sioux Lookout zones. Schools were surveyed separately in the fall. In some areas surveys were curtailed to some extent but this, we feel, is premature since the battle with tuberculosis is far from won among the native groups.

In the whole Central Region 44. 3% of the native peoples were x-rayed and in this group 57 new active cases and five reactivations were detected by survey methods. Of these, 17 new active and three reactivated cases were discovered in Manitoba; the remainder was detected in North-West Ontario and in the Central Arctic.

The number of new cases detected by means other than surveys was 48 and the number of reactivations discovered by means other than surveys was 19. Of this group there were 44 new cases and 16 reactivations in Manitoba. These figures are summarized in the included table. As may be seen from this table the morbidity rate of tuberculosis is still high and every case-finding method at our disposal must be continued and accelerated.

Since the incidence of tuberculosis is still relatively high it is anticipated that the B. C. G. vaccination program will be implemented to a greater degree.

During the year there were 13 deaths (12 Indian and one Eskimo) from tuberculosis. The tuberculosis death rate in the region was 33 per 100, 000 population.

With the continued and most appreciated co-operation of the Sanatorium Board of Manitoba and its efficient staff headed by Dr. E. L. Ross, it is hoped that we will gradually eliminate or drastically reduce the incidence of tuberculosis among the native population.

On behalf of the Department of National Health and Welfare, our Director Dr. P. E. Moore, and our Regional Staff, I wish to thank the Sanatorium Board and all the staff for their great efforts in the control of tuberculosis in the general and native populations.

O. J. RATH, M. D., M. P. H.
Regional Superintendent, Central Region,
Indian and Northern Health Services

RESULTS OF X-RAY SURVEYS AND OTHER TUBERCULOSIS CASE-FINDING METHODS BY ZONE AND REGION - 1961

INHS Zone	Population	No. Natives Surveyed	New Cases		Reactivated		% Natives X-rayed
			Survey	Other	Survey	Other	
Southern Manitoba	13, 584	3, 241	6	20	0	6	23. 8
The Pas	5, 118	2, 902	3	7	0	6	56. 7
Norway House	6, 184	3, 895	8	17	3	4	62. 9
Totals Manitoba	24, 886	10, 038	17	44	3	16	40. 3
Sioux Lookout	12, 859	6, 183	32	4	2	3	48. 1
Central Arctic	1, 742	1, 290	8	0	0	0	74
School Surveys	2, 749						
Totals Central Region	39, 487	20, 260	57	48	5	19	44. 3

REHABILITATION SERVICES FOR TUBERCULOSIS PATIENTS

A frequently used expression by rehabilitation personnel this past year was "inter-departmental and agency communication". This progressive awareness and the better understanding of the various resources led to a communal effort resulting in a more complete service to each handicapped individual.

By the end of 1961 there were fewer sanatoria to visit, but the case load remained fairly constant. There appeared to be an increasing number of social, and in some cases, psychological problems, which made more interviews and visits necessary in order to obtain satisfactory results. This was true of many cases in sanatoria, as well as of those seeking employment.

As we are concerned with all individuals admitted to a sanatorium until they no longer need any of our services, we continue to have an extensive in-sanatorium program. Here, the co-operation of the medical staffs gave us the necessary work tolerance prognosis of each case, and laid the foundation for careful counselling and guidance. This often led to participation in the pre-vocational classes conducted in the sanatorium, or in the enrolment in vocational courses, which, in turn, led to post-sanatorium training and placement.

IN-SANATORIUM PROGRAM

Manitoba Sanatorium

The staff in the Vocational and Pre-Vocational Departments, consisting of one supervisor and three instructors, remained stable and did commendable work. With many students at an elementary level, including five European refugees, daily instruction was given to as many students as possible. The classroom in No. 1 Pavilion, the study room in the Infirmary, and the common room in No. 4 Pavilion, have all been used for group teaching.

There were 229 participating students during the year and 337 units of work were completed. Thirteen Department of Education subjects were successfully written.

Instruction was also given to 22 staff members who wished to raise their academic standing for vocational reasons.

The Handicraft Department assisted 267 patients with old and new crafts. The fact that a high calibre of work was produced in this department became apparent when many of the patients were recipients of prizes at various contests and exhibitions. At the Indian and Metis Conference they won many prizes donated by the Winnipeg Rotary Club for the best handicraft, and by the Junior League of Winnipeg for the best pieces of sculpture. There were 120 exhibits of all types of handicraft, with 59 entries winning prizes at the Pelican Lake Fair in Ninette, and one Indian woman won a prize in a national contest sponsored by an importing company of Indian Seed Beads, in Victoria.

Colorful displays which aroused much public interest were

again set up in Winnipeg at the Manitoba Education Association Convention, the Red River Exhibition and the Manitoba Pool Elevators Exhibition. An exhibit of Eskimo carvings aroused interest at Baldur, Manitoba.

St. Boniface Sanatorium

Another chapter in the history of rehabilitation in Manitoba was completed on August 1, 1961, when the In-Sanatorium program of the rehabilitation department in St. Boniface Sanatorium was discontinued. The Director of Rehabilitation Services continued to make periodic visits until the end of the year. Sixty-two patients took the opportunity of raising their academic or vocational standing before the department closed. Six students successfully wrote departmental examinations in June, 1961, and rejoined their respective classes in September.

Clearwater Lake Hospital

The monthly reports of the rehabilitation division at Clearwater Lake Hospital showed that by the end of June 1961 there was no longer a need for a full-time teacher. A few months later an influx of patients, mostly Eskimos, required the teaching service again. Altogether there were 96 students participating in the pre-vocational courses, and on December 31, 1961, there were 41 students registered for academic work in Grades 1 to VII, with 26 of these enrolled in basic English classes.

The Handicraft Division re-opened in October and from October 1, 1961, to December 31, 1961, 48 patients continued with familiar native crafts or learned new ones.

POST-SANATORIUM PROGRAM

The administration at Manitoba Sanatorium continued to employ ex-patients in whatever departments they could function, and where work was available. This again served the two-fold purpose of a physical hardening-up process and as an assessment of a person's aptitude for certain kinds of work. Four more ex-patients were employed during 1961 and are still employed. Twenty-four persons took advantage of post-sanatorium training and were registered as follows:

Schools	Courses	No. of Students
Manitoba Technical Institute	Automotive (1) Hairdressing (1) Upholstery (1) Diesel (1) Secretarial (2) Stenography (1) Watch Repair (1) Accountancy (1)	9
Success Commercial College	Clerk Typists (2) Accountants (2)	4
Manitoba Medical College	Medicine	2
Betts Dressmaking School	Dressmaking	2
Winnipeg General Hospital	Orderly	4
Brandon Vocational School	Clerk Typist	1
Moler Barber School	Barber	1
Trainees -on-the-job	Fur designing	1
	Total	24

Of these 24 persons, 14 completed training and are employed, three discontinued for personal reasons, and seven were still attending classes at the end of the year.

Two Metis students were transferred to the Rehabilitation Unit at Assiniboine Hospital in Brandon. In a few months the girl joined the hospital staff as an aide, and subsequently completed the Nurses' Assistants Training Program, and is now on permanent staff at the hospital. The boy is now attending the Brandon Vocational School with the hope of employment in the clerical field later.

There was only one new referral to the Industrial Work Shop of the Society For Crippled Children and Adults with two cases carried over from 1960. One of these was placed in employment early in 1961, and the other is proving to be a terminal case in the Work Shop.

JOB PLACEMENT AND FOLLOW-UP

Our rehabilitation services increase a person's vocational potential, but placement is still a major problem when the handicapped individual has to compete with an otherwise marginal competitor, in terms of personality, training, and skills, on the labor market.

Through the co-operation of the special services branch of the National Employment Service 34 ex-patients were assisted in obtaining employment, and seven were able to return to their former employment. All of them had acquired extra vocational skills while in sanatorium.

All the five European refugees were placed in employment, one having taken a hospital orderly course.

Interviews and correspondence helped 13 high school students, who had continued with their studies in sanatorium, to return to their respective schools.

Regular follow-up service was given until cases could be satisfactorily closed.

To sum up, 113 cases were dealt with and 53 active cases were carried over into 1962. Forty-four cases were closed, but two of these were not rehabilitable due to lack of interest and general incompetence.

ACKNOWLEDGMENTS

We acknowledge receipt of a loan from the Sanatorium Board for assistance to a rehabilitant; the annual monetary gift from the Zonta Club of Winnipeg and also their gifts to the children at Manitoba Sanatorium; of a subscription to "Wildlife Crusader" from the Game and Fish Association; a subscription to "Sports Afield Magazine" from the Trap and Skeet Editor, and a money donation from an anonymous donor.

MISS M. C. BUSCH,
Rehabilitation Supervisor (Tuberculosis)

SPECIAL REHABILITATION SERVICES

When the Sanatorium Board, in co-operation with the Indian Affairs Branch and the Indian and Northern Health Services, undertook the development of this special program in 1956 it was with the physically and mentally handicapped Indian and Eskimo in mind. However, in working with this group it became evident that such things as lack of schooling, lack of awareness of opportunity, in short, a general lack of social adjustment occasioned by environmental and cultural factors was more often than not the real barrier to successful rehabilitation. This suggested that others (non-disabled) of similar background experiencing similar difficulties in adjusting to society could benefit from the same rehabilitation process. In 1960, at the request of the Indian Affairs Branch and the Provincial Department of Welfare, the program was extended to include, on a limited basis, "socially handicapped" Indians and Metis. In 1961 eight socially handicapped Indians and five Metis were provided with services. The year 1961 also saw a slight increase in the number of persons with physical handicaps other than of a tuberculous origin, persons with heart ailments, epilepsy, paralysis in a variety of forms, arthritis, amputations and other orthopedic conditions. Only one mentally handicapped person was accepted as such, but there were a number of those accepted for other reasons who were referred for psychiatric assessment and treatment. However, despite the increase of other handicaps, 64% of the accepted cases were ex-tuberculosis patients.

Accepted Cases, 1961	-	117
Closed - Lost contact, lacking interest or otherwise no longer requiring services	-	21
Closed - Rehabilitated, no longer requiring services	-	17
Closed - Returned to regular schools or referred to other rehabilitation agencies	-	6
Carried over to 1962	-	68
Post-Hospital Academic Training and Social Orientation	-	44
Attended Schools	-	6
Pre-Vocational Academic Training	-	2
Vocational Training in School	-	21
Vocational Training on the Job	-	4
Completed Vocational Training	-	10
Job Placements - full time	-	19
Still Employed	-	17

The rehabilitation process, stated simply, is a matter of utilizing (health, welfare, educational, vocational, employment) resources to achieve maximum usefulness and thereby greatest personal satisfaction. Like all other persons, those of Indian origin can be divided roughly into two groups: those who require little or no apparent assistance to carry out the rehabilitation process, and those who require assistance to do so. Those in the second group with whom we are concerned naturally do not all require the same degree of assistance and therefore it is possible to break this group down even further. However, experience has taught us that for the good of the total group this is not desirable. The group influence is of major importance. This has been

found particularly true at the Rehabilitation Unit in Brandon. One reason for the establishment of this Unit was to create an atmosphere in which the individual might learn and be motivated by a living experience with others of similar background and needs. Those of greater potential learn and benefit from comparison and by accepting responsibility for others, and vice versa. By keeping a balance it has been possible to assist many who otherwise would have been rejected. Unfortunately, this has given some the impression that the program was designed primarily for those with questionable potential. In 1961, of the 12 socially handicapped persons accepted, seven had detention home or prison records. Two had failed to benefit from other rehabilitation services. All had poor or no previous work experience, and all had, in varying degrees, an alcohol problem. Naturally there were those in the physically handicapped group with similar histories. The result was that in 1961 there was not the same degree of assistance from within the group as in previous years. Granted, the need for additional staff was acute, but no additional staff could have compensated for the lack of group influence. In 1961 the Provincial Department of Education undertook to develop special upgrading classes. (To prevent overlapping, steps were immediately taken to gear the academic program in the Rehabilitation Unit to this new resource, with the result that the first of what is anticipated will be a long line of students was recently graduated from this new provincial program and was accepted for training at the Brandon Vocational Training Centre.) Whenever others are prepared to offer services to the total group I feel we must take advantage of these services, but I object to the development of programs which tend to divide the group and overlap and weaken existing services. For the good of the people served there must be a co-ordinated approach.

As has been suggested, the needs of the group vary according to the individual. Some, once made aware of the benefits to be derived from a little effort, require only a minimum of direction and encouragement in carrying out the rehabilitation process.

"A" is a good looking, pleasant mannered, outgoing girl, 24 years of age. On admission to sanatorium she was reported to be working at a Grade XI level and although she expressed an interest in further schooling she refused to put forth the necessary effort to complete the work assigned. On discharge it was recommended, in view of her lack of initiative, that she be returned to the reserve. Approximately a year later she was referred for Special Rehabilitation Services, with the recommendation that she spend some time at our Rehabilitation Unit in Brandon. During her stay in the Unit it was found that she was not as confident or as well oriented as she had given us to believe and testing indicated that she required considerable remedial work at the Grade X level. "A" fitted in very well at the Unit although she was much more sophisticated than the other girls. Encouraged to assist the others she seemed to take a great deal of pride and pleasure in setting a good example. On arrival she had indicated an interest in hairdressing, later admitted she would prefer to be a typist but found English composition difficult. In the classroom the emphasis was placed on assisting her to overcome this problem and from this point forward she never faltered. Following her stay at the Unit she completed a business

course in record time and was placed as a clerk-typist. Within a few weeks she was accepted for training as a telex operator, and on completion of this course was taken on permanent staff. From the time she was placed in employment I had little contact with this girl outside of a periodic, friendly 'phone call.

Naturally there are those of the other extreme who have no desire to be independent.

"B" who is 26 years of age, has spent four years in sanatorium. In addition to tuberculosis he has a congenital paralysis with complete loss of the use of the right arm. However, he is considered capable of a normal, eight-hour, light work routine. Of average intelligence, he completed Grade VII before leaving school at the age of 16. He has no real work experience, having worked only a few odd days as a farm laborer. "B" was first referred for services in 1958 but before any action could be taken we were advised that he had been arrested on a drinking charge and was serving time at Headingly Gaol. In 1959, following a visit to the reserve, the Indian Superintendent reported that, according to the Chief and Council, "B" had been behaving himself during the past year and they were anxious that he be given the opportunity of attending the Rehabilitation Unit at Brandon. On the basis of this report "B" was accepted to the Unit for assessment. During his first few weeks, although he showed no initiative, "B" was most co-operative, but this did not last too long. He was inclined to use his disability as a crutch and was most inconsiderate of others, particularly other students. As a result he was not accepted by the group. This may have accounted in part for his drinking. When drunk he is a very difficult and unpleasant person to deal with. During counselling sessions it became evident that "B's" real ambition was to qualify for disabled persons' allowance and he resented being told he was employable. Discharged from the Rehabilitation Unit it was only a short time until he was again arrested, this time for drinking and car theft.

With the majority, however, the line between success and failure is not so clearly defined. Many require guidance and support over an extended period of time.

"C" who is 33 years of age, was admitted to sanatorium on three separate occasions between 1947 and 1955. In June of 1956, following a car accident, his left arm was amputated at the elbow. This man left school at the age of 16, having reached a Grade VI level. He had no real work history outside of some very short term employment as a farm laborer and, for the most part, had been dependent on a small allowance from Indian Affairs Branch. "C" arrived at the Rehabilitation Unit unshaved, unwashed, a thoroughly disreputable looking character. He remained only two days and then informed us that he had only come to look the place over and was not staying. In fact, he had purchased a return ticket and there was simply no reasoning

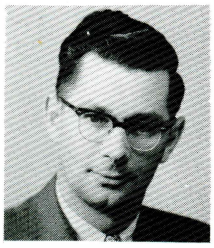
with him. When "C" left the Unit it was felt that this was the last we would hear of him. However, a little over a year later a letter from the Indian Superintendent advised that "C" had been to the office several times asking if he might return to the Rehabilitation Unit. On his second admission he applied himself well in the classroom, was receptive to counselling, became meticulous with respect to personal appearance and was always eager to please. He displayed some artistic talent and arrangements were made for him to be assessed on the job. The report from his employer stated that although "C" showed some talent as a free-hand artist, due to his handicap he was unable to do layout work. It was also reported that the lad seemed completely lacking in initiative. When questioned about this last "C" stated that he had been afraid of making mistakes and therefore had been extremely careful to do only what he was asked. Referred to Deer Lodge Hospital he was fitted with a new appliance and given an intensive course in its use. This required several weeks. "C" had become so proficient in doing things with one hand that it was difficult to convince him there was any advantage in having two. Following the period at Deer Lodge Hospital, he was placed in the Industrial Workshop, operated by the Society for Crippled Children and Adults, where he did a variety of artwork. It was later possible to arrange with one of the larger sign companies to have him trained on the job. "C's" progress was not as straightforward as it would sound. It took nearly two years from the date of his second admission to the Unit until he was placed in permanent employment. In this period there were many discouraging delays and setbacks and on several occasions he was on the verge of giving up. This man differs from many of the other persons dealt with in that he did not seek to drown his troubles in alcohol. However, in other respects he might be considered typical of the majority of persons accepted for rehabilitation.

There were no dramatic developments or changes in the program during 1961. The year was mainly remarkable for the increased demand for follow-up services. It is difficult to pinpoint the reason for this. The greater diversity of disabilities, the increased number of persons in or preparing to enter training, the general unemployment situation undoubtedly all contributed. Unfortunately, meeting the need in this area meant spending less time with those in hospital and at the Rehabilitation Unit, and I should like to extend special thanks to all the staff for their co-operation and understanding throughout the year.

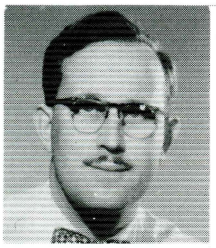
EDWARD LOCKE,
Supervisor,
Special Rehabilitation Services.

Section 3

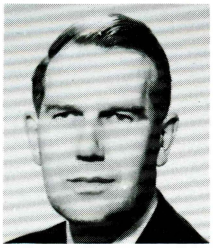
EXTENDED TREATMENT AND REHABILITATION HOSPITALS



Dr. A. H. Povah has been a member of the Sanatorium Board medical staff since 1947 and is now Chief of Medical Services at Assiniboine Hospital, Brandon. He was formerly a resident physician at St. Boniface Sanatorium and Manitoba Sanatorium and came to Brandon as a Sanatorium Surgeon in 1948.



Dr. Stuart L. Carey, Chief of Medical Services, came to Clearwater Lake Hospital at The Pas in July, 1952. A graduate of the University of London, England, he has been associated with the Sanatorium Board since 1946 and for several years had charge of the Board's Travelling Clinic programme in Winnipeg.



Dr. Leslie H. Truelove was appointed Chief of Medical Services of the Manitoba Rehabilitation Hospital in February, 1960. A graduate of Oxford University, he received his Diploma in Physical Medicine from the Royal College of Surgeons and the Royal College of Physicians in London in 1959. Before coming to Canada he was a clinical research fellow in the Rheumatic Unit of Northern General Hospital in Edinburgh.

ASSINIBOINE HOSPITAL

Assiniboine Hospital, with a bed capacity of 198, is situated in the City of Brandon, a community of 28,000 people, and is operated by the Sanatorium Board of Manitoba for long stay patients in Western Manitoba, who have chronic illnesses, respiratory diseases, rheumatoid and rheumatic ailments and other allied conditions. There were 25 tuberculosis patients in hospital at the beginning of the year but by January 31, 1961, they were discharged, either home or to Manitoba Sanatorium, and the hospital was completely converted into an extended treatment centre.

ADMISSIONS AND DISCHARGES

It is interesting to note that the 693 patients discharged from hospital during the year fell into four main categories, namely: Respiratory, 254 or 36%; nervous (including cerebral vascular accidents and the like), 146 or 21.2%; skeletal (including arthritis, fractures and the like), 132 or 18.9%; and cardio-vascular, 86 or 12.7%.

Admissions during the year totalled 805 as compared with 543 for the previous year, an increase of 48%. Discharges almost doubled the previous year, being 387 for 1960 and, as mentioned, 693 for 1961. The percentage of patients who died decreased from 22.3% in 1960 to 18% in 1961. The death rate is naturally high due to the fact that many of the patients are considered terminal on admission. Hospital autopsies totalled 53, giving an autopsy rate of 42.4% of the deaths.

The percentage of occupancy for 1961 was 89.5%. Of these patients, 75.13% were turned over to the resident medical staff for treatment; an additional 2.1% were admitted under their private physicians but the responsibility for treatment became that of the resident staff; and 22.68% were admitted under the care of their own physicians. It is also interesting to note that 55% of the patients were admitted from municipalities outside of Brandon proper.

Patient days were up over 1960. They were 64,687 for 1961, as compared with 64,046 for 1960.

TREATMENT

A comprehensive program for the rehabilitation of the chronically ill and disabled has been established. There is available in the hospital complete laboratory, pharmacy, x-ray and operating room facilities. Dietary services are directed by a qualified dietitian and special diets and a selective menu are available to the patients.

There is a resident medical staff of three with special interests in respiratory diseases and internal medicine. All the physicians and surgeons residing in the community are on the hospital's active medical staff and are free to admit and treat patients in the hospital. In addition, these men provide consultation service in radiology, pathology, anaesthesia, general surgery, medicine, urology, cardiology, etc. Dr. Rankin Hay of the Winnipeg Clinic is consultant

in neurosurgery; Dr. F. R. Tucker, orthopaedic surgeon in Winnipeg, makes regular visits to the hospital; and Dr. L. H. Truelove, chief of medical services at the Manitoba Rehabilitation Hospital in Winnipeg, makes bi-monthly visits. Through the kind co-operation of Dr. M. Bristow, medical superintendent of the Brandon Hospital for Mental Diseases, a psychiatrist visits our hospital three mornings a week. Up until September 1, 1961, this hospital also made available to us the services of a speech therapist, but we regret that there is no speech therapist in the community at the present time.

Assiniboine Hospital contains a completely modern, fully equipped Physiotherapy and Occupational Therapy Unit, staffed by four qualified physiotherapists, three assistants and one occupational therapist. There is also a complete program for the investigation and treatment of respiratory disease, including pulmonary function studies, blood gas studies, a full time pressure breathing department, bronchoscopy and surgery.

During the year there were 66 major operations. These consisted of 21 pulmonary, six laparotomy, 10 genito-urinary and 29 miscellaneous. In addition there were 654 minor operations. There were eight complications and two post-operative deaths -- one in an elderly senile female following a hip-pinning and a second in an inoperable bronchogenic carcinoma who underwent a laparotomy for bowel obstruction.

From the foregoing it is evident that operating room services and corrective surgical measures are an important part of any comprehensive rehabilitation program.

PHYSIOTHERAPY DEPARTMENT

This department operates under the direction of Dr. L. H. Truelove, consultant in physical medicine and chief of medical services at the Manitoba Rehabilitation Hospital. The department gave 33, 699 treatments during 1961, a marked increase over the previous year. A total of 565 in-patients and 120 out-patients were given 23, 222 physiotherapy treatments and 10, 477 pressure breathing treatments.

Since June of 1961 we have offered a seven day service in physiotherapy, one physiotherapist being on duty each Saturday and Sunday morning. Thus patients who require intensive physiotherapy and who might relapse over the week-end are given daily treatment. All other patients, with a few exceptions, are treated five times weekly.

OCCUPATIONAL THERAPY DEPARTMENT

This department gave 2, 564 treatments to 120 in-patients and 14 out-patients from June to December 31, 1961. As well as therapy aimed at improving physical function, instruction in the activities of daily living is given to patients to help prepare them for returning home. The women from the Indian Rehabilitation Unit at the hospital also attend the department regularly for instruction in cooking, sewing and home crafts.

OUT-PATIENT DEPARTMENT

The Out-Patient Department provides a follow-up program for patients discharged from hospital. In addition, a tuberculosis case finding and follow-up program is provided for Brandon and Western Manitoba and during the year 1, 367 tuberculosis examinations were carried out. One new active case was discovered and 153 known cases of tuberculosis were checked.

A tuberculosis case finding and follow-up program, as well as consultation in respiratory diseases, is provided to the Brandon Hospital for Mental Diseases. During the year 2, 800 x-rays were read and three active cases were discovered and placed on treatment.

A tuberculin and chest x-ray survey of Brandon College is also conducted annually and a survey of all Brandon school teachers and members of theRoyal Canadian Mounted Police is held every second year.

A total of 2, 594 patients reported for examination in the Out-Patient Department and 1, 865 patients for physiotherapy treatments.

LABORATORY SERVICES

The laboratory has done an increasing volume of work over the year and, because of the increased load, it was necessary to employ a second reigstered medical technologist.

The laboratory did 47, 862 units of work during the year, an increase of 6, 952 units or 11. 6% over the previous year. Chemistry represented the greatest increase of work, increasing 55%. A total of 488 electrocardiographic tracings were made as compared with 249 in 1960, and 287 pints of blood were administered, three less than the previous year. The laboratory continued to give B. C. G. to staff members at the Brandon Hospital for Mental Diseases and to student nurses at the Brandon General Hospital.

A total of 4, 740 units of work were referred to the Provincial Laboratory.

X-RAY DEPARTMENT

This department did 4, 260 examinations during the year as compared with 6, 169 the previous year. As our consultant radiologist points out, the x-ray equipment urgently needs to be replaced.

SOCIAL SERVICE DEPARTMENT

Statistics are available from this department only for the period June 1 to December 31. The number of patients interviewed for social histories was 111 ; for other services rendered, 63.

Discharge disposition -	Home	64
	Boarding Home	1
	Foster Home	1
	Senior Citizens Home	9
	Nursing Home	36
	Transfer to other hospitals	3
	Deaths	23
	Total	174

(The disposition of patients is interesting in that the majority are able to return to their homes.)

Since its establishment in June, 1961, this department has rendered an invaluable service to both the patient and the hospital. A Welfare Co-ordinator brings to the patient all the social and financial assistance available in the community for his maximum rehabilitation. She works in close co-operation with the Brandon Health Unit, the Provincial Welfare Department and the Victorian Order of Nurses.

Most of the work entails arranging alternate care for the patients approaching discharge. In addition, the solution of family problems, welfare matters and business affairs, and the arranging of purchases of special wearing apparel, prosthetic appliances and equipment have helped immensely to brighten the patients' outlook.

The number of persons who have been referred to this department for job counselling and who have been placed in some type of gainful employment is negligible, as the majority of patients requiring assistance are over the age of 70. Vocational training and job placement assistance has been provided for four patients through the Society for Crippled Children and Adults and through the Special Placement Officer of the National Employment Service.

The assistance of the following agencies is deeply appreciated: The Provincial Welfare Department, Public Health Unit, City Welfare, Society for Crippled Children and Adults of Manitoba, Manitoba Paraplegic Association, Canadian Red Cross (Manitoba Branch), Canadian National Institute for the Blind, Old Age Security and Disability Allowances Board, Children's Aid Society and the Department of Northern Affairs.

PHARMACY

The pharmacy filled 8, 122 prescriptions during the year. This department has operated a very economical service so that the drug cost per patient per day averaged 38.96 cents. This is quite remarkable in view of the fact that many patients have multiple complaints requiring a variety of drugs.

MAINTENANCE AND CONSTRUCTION

No major repairs or renovations were done during the year, with the exception of partitioning "A" ward. Decoration and housekeeping have kept the old buildings as attractive as possible. The need to replace the old frame buildings with a modern structure is most evident.

MISCELLANEOUS

Fire drill was held monthly and a Disaster Plan was formulated and adopted.

The Ladies Auxiliary to the Associated Canadian Travellers, Brandon Club, completely furnished one hospital ward. They have also equipped and staffed the hospital library, bringing reading material to the patients weekly. We are deeply indebted to them for their continued and most worth-while assistance.

The ambulance service was discontinued at the end of the year and the services of the city ambulances are now being used.

Quarterly medical staff meetings were held during the year.

MEDICAL RECORDS

I would like to give a special word of thanks to our medical secretary who has served both as a medical librarian and medical secretary. There has been a tremendous volume of work in these two departments and all patients charts have been kept complete. There has been some lag in cross indexing which is unavoidable. Since this is essential for accreditation purposes, I urge that some assistance be provided whereby this cross indexing can be brought up to date.

APPRECIATION

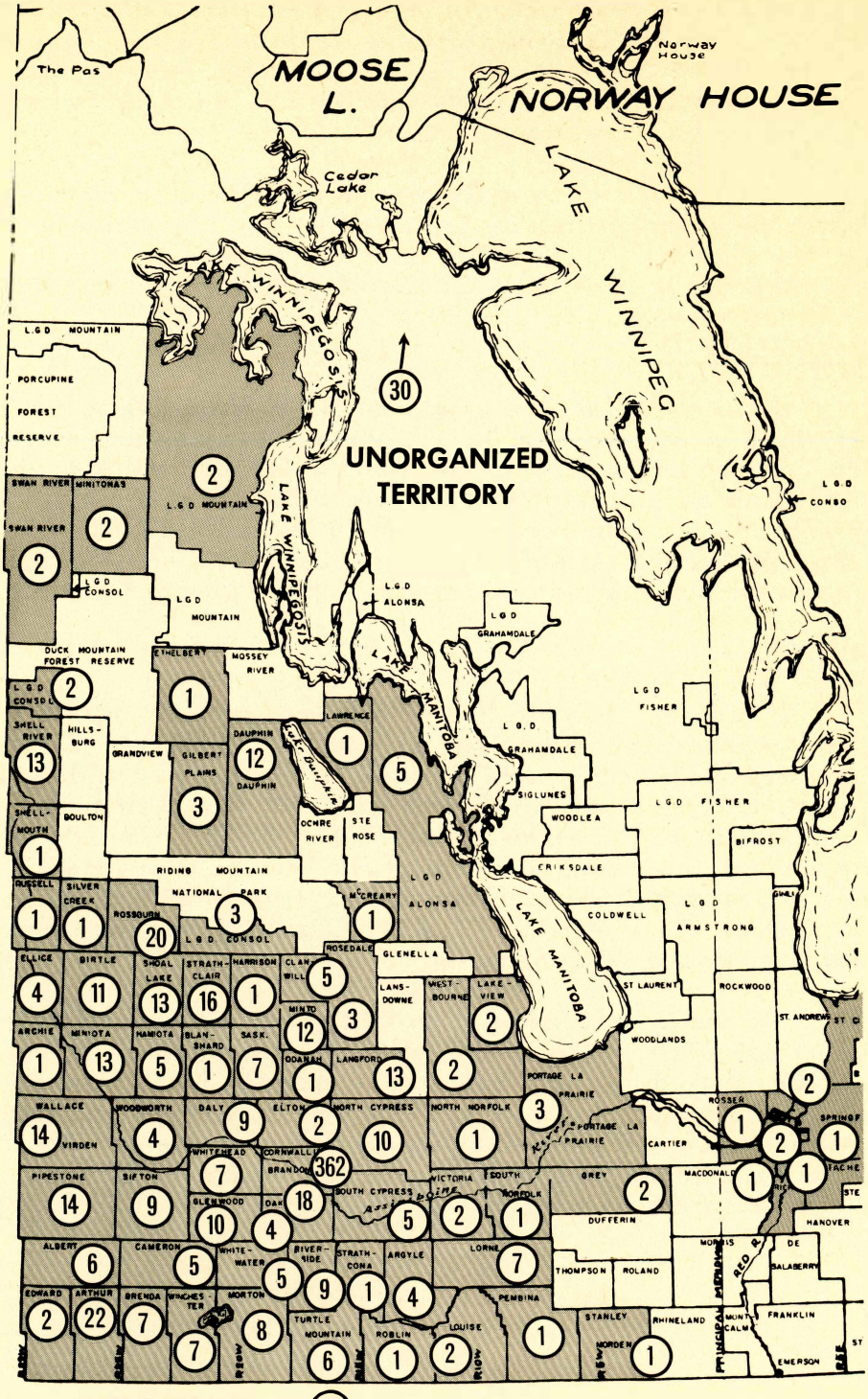
In closing, I would like to offer a special word of appreciation to the many persons and organizations who have assisted in the operation of this hospital during the year. Of special mention should be Dr. M. Kozakiewicz, City Health Officer and his staff; Mr. Bill Sutherland, Director of Public Welfare and his staff; Dr. M. E. Bristow, Medical Superintendent of the Brandon Hospital for Mental Diseases and his staff and the Brandon General Hospital. Special mention, of course, goes to Dr. E. L. Ross and Mr. T. A. J. Cunnings and the members of the Sanatorium Board of Manitoba.

We would be remiss if we did not make special reference to the fund raising activities of the Associated Canadian Travellers, Brandon Club, including their assistance from C. K. X., for providing the funds for the construction of the fine Physiotherapy and Occupational Therapy Unit which now forms the nucleus of treatment. The vision and generosity of these men will long be remembered as a prominent milestone in the medical progress of Western Manitoba.

A. H. POVAH, M. D.,
Chief of Medical Services.

Source of Admissions – 1961

To Assiniboine Hospital – Brandon



OTHER PROVINCES ····· (12) *LGD stands for Local Government District*

CLEARWATER LAKE HOSPITAL

Northern Manitoba hospital services would be incomplete without the extended treatment facilities provided by Clearwater Lake Hospital. The 71 beds were often filled to capacity throughout 1961, releasing beds in the local general hospital for acute admissions.

The institution serves a dual function: caring for the chronically ill and providing treatment facilities for all types of respiratory conditions, both acute and chronic. It is an open hospital and admissions are drawn from the vast territories bordered by Fort Churchill in the North, Swan River to the South, Flin Flon to the West and Norway House to the East.

A Physiotherapy Department, staffed by a trained physiotherapist and an assistant, is an invaluable aid in the treatment of the many arthritics, hemiplegics and bone and joint injuries that are admitted throughout the year. Consulting services are provided by a specialist in physical medicine from Winnipeg.

These services at Clearwater Lake Hospital have been available to the people of Northern Manitoba for the past three years and the medical and nursing staff have been fully trained to handle with sympathy and understanding the many psychological and medical problems that constantly arise.

ADMISSIONS AND DISCHARGES

Admissions, numbering 319, were 31 less than the year before, due in part to the increasing length of patient stay which averaged 56.1 days. But patient days increased by more than 3,000 in 1961, to reach a total of 20,699.

There were 85 patients in the older age groups and, at the other end of the scale, 99 pediatric cases received treatment, mainly for diseases of the ear, nose and throat. Three babies were delivered in the hospital.

Of the 319 patients discharged, 242 were released from hospital in either a cured or an improved state. There were 27 deaths, with an autopsy rate of 62.9%. Findings at necropsy often revealed previously unsuspected conditions and several rare diseases were diagnosed.

DEPARTMENTS

Medical - The medical staff and trained nursing complement were maintained at a high level throughout the year.

Physiotherapy - Necessary additional equipment was purchased and 3,393 treatments were administered. At the regular monthly clinics, conducted by Dr. L. H. Truelove of Winnipeg, 84 patients were in attendance. If this service had not been available, many of the patients would have been sent to other centres, incurring considerable personal expense.

Operating Room - The 105 procedures included 26 bronchoscopic and two cystoscopic examinations, and, in order to investigate suspected cases of bronchiectasis, 23 bronchographic studies were performed. There was a marked increase in the application of plaster casts necessary in the splinting of arthritic and hemiplegic limbs.

In May a young Indian female child, who inhaled a small plastic object, was flown in at night from Nelson House Nursing Station. This was extracted through a bronchoscope by forceps from the left main bronchus, and the child recovered.

Casualty and Out-patient Department - A total of 164 pupils of the Guy Indian School were treated throughout the year, and there were 325 other visits to the Casualty Department.

A very bad car accident, which occurred three miles from the hospital, was attended by the medical staff at Clearwater and the life of a 10-year-old girl was saved. The Hospital Disaster Plan was also put into operation at The Pas airport when an aircraft attempted to land with a defective undercarriage. Fortunately the defect was remedied.

Laboratory and X-ray Department - Chest x-rays were given to 88.6% of all hospital admissions, and 552 other examinations were made. Procedures in the laboratory became more specialized and a total of 3,545 tests, representing 6,158 units of work, were performed.

MEDICAL MEETINGS

Within the institution regular meetings were held between the medical staff, the senior nursing staff and the physiotherapist to discuss and plan treatment for the disabled patients. As a result a closer working liaison developed.

Three medical staff meetings were well attended by The Pas physicians, all of whom are members of the hospital's active medical staff.

In Winnipeg, monthly reports of the hospital activities were submitted to the members of the Sanatorium Board. The Medical Record Committee usually met at the same time. All records were reviewed and revised so that they would conform to the requirements of the modern hospital.

STUART L. CAREY, M.D.,
Chief of Medical Services.

PHYSICAL MEDICINE CLINICS

Assiniboine Hospital - Clinics have been held throughout the year at two or three weekly intervals, and patients seen in consultation with the resident medical staff and private physicians. Approximately 15 patients have been seen on each occasion, and it is now impossible to review every patient attending the Physical Medicine Department. This has necessitated a careful selection of cases for discussion at these clinics, which in turn has resulted in some obvious changes in the type of problem discussed, as patients who present no particularly unusual problem in their treatment are no longer considered in these clinics. This emphasizes the growing need for a specialist in physical medicine to spend more time at our Brandon hospital.

Clearwater Lake Hospital - Visits have been made throughout the year every four to six weeks. During these visits in-patients having treatment in the Physical Medicine Department have been reviewed together with out-patients referred by outside doctors. Because of other pressing commitments it has not been possible to visit this department as often as I would have liked and consequently there has not been a large increase in out-patient referrals. The number of out-patients seen on any one visit has been about six. Occasionally it has proved necessary to refer a patient for further treatment and investigation in Winnipeg, and the follow-up of these patients is proving a useful function of these visits.

Winnipeg General Hospital - A weekly clinic is held in the Physical Medicine Department, patients being seen in consultation with private physicians. The weekly Rheumatic Clinics are also attended.

Children's Hospital of Winnipeg - Frequent visits are made to this hospital and patients are seen as problems arise. When time allows, I attend the Cerebral Palsy Clinic held weekly by the Society for Crippled Children and Adults of Manitoba.

FUTURE COMMITMENTS

Extended treatment units are being attached to local hospitals in various areas, in accordance with the regulations of the Hospital Survey Board. As these are completed the local hospital staff are being asked to express their wishes with respect to the affiliation between these units and an extended treatment hospital. Such hospitals as selected (e. g. the Assiniboine Hospital) will require the establishment of regular Physical Medicine Clinics.

PHYSICAL MEDICINE DEPARTMENTS

ASSINIBOINE HOSPITAL

Physiotherapy Department - The department has had four physiotherapists for most of the year. A total of 20, 703 units of treatment were given to in-patients and 2, 519 units of treatment to out-patients. In addition, 10, 477 intermittent positive pressure treatments were given. A total

of 504 new in-patients were seen and 102 new out-patients. Approximately 70 patients were under treatment at any one time. The equipment at present is satisfactory and the hydrotherapy pool is now in operation. Shortage of space in the department is proving a problem and should be taken into account in any plans for a new hospital building.

Occupational Therapy Department - The department is functioning well. An average of 30 patients are treated each day and approximately 10 new patients are seen each month. There is a need for further equipment, especially that suitable for the treatment of the lower limbs.

CLEARWATER LAKE HOSPITAL

Physiotherapy Department - The physiotherapy department has functioned well throughout the year, and its influence has been reflected in the general atmosphere of activity in the hospital. The number of in-patients has averaged 19 and the number of out-patients, seven.

MEETINGS

I attended the 1961 annual meeting of the Canadian Rheumatic Association in Montreal and read a paper entitled, "Diagnostic Problems Encountered in the Rheumatic Clinic." I also attended the annual meeting of the Canadian Association of Physical Medicine and Rehabilitation in Saskatoon and spent five days at the workshop on rehabilitation held under the auspices of the Department of Health and Welfare and gave a paper on the place of a doctor in the vocational phase of rehabilitation. Through the generosity of the Sanatorium Board, I was able to study for three weeks in the Department of Electromyography at the Mayo Clinic, and gained valuable experience which will be a help in establishing a service in this field at the Manitoba Rehabilitation Hospital.

Various talks were given throughout the year to groups of public health nurses, the Manitoba Association of Registered Nurses, the Canadian Hospital Association's summer course and physicians' groups in Brandon.

TEACHING

The teaching of medical students and illustrating techniques of rehabilitation medicine to qualified physicians is an important part of our work. A start is being made this year to teach fourth year medical students; the development of the Manitoba Rehabilitation Hospital will greatly help this task.

CONCLUSION

As our rehabilitation services develop, two important problems stand out. First, there is the need for adequate social services so that maximum benefits can be derived from physical treatment facilities. Second, these treatment facilities can develop satisfactorily only if we have sufficient staff, and the particular shortage now is of physiotherapists and occupational therapists. The School of Physiotherapy and Occupational Therapy, located at our Manitoba Rehabilitation Hospital, will be a great help in this area, but its effects will not begin to be seen for another year, and even then the shortage of occupational therapists

will remain acute. There is, therefore, a great continuing need for publicity to let people know what we are trying to do and what opportunities there are for work in this field.

DR. L. H. TRUELOVE,
Chief of Medical Services.

Section 4

NURSING AND FOOD SERVICES

A graduate of Municipal Hospital in Copenhagen, Miss Bente Hejlsted came to Canada in 1955 and joined the nursing staff at Manitoba Sanatorium, Ninette. Following study at the University of Manitoba, she became Superintendent of Nurses at Clearwater Lake Hospital, The Pas, in 1957. In January, 1959, she was appointed Director of Nursing Services for the Sanatorium Board.

Miss Nan Tupper Chapman, Director of Dietary Services, joined the Sanatorium Board staff in 1948. She holds a B.Sc. degree, summa cum laude, in Nutrition and Dietetics from the University of Illinois and an M.Sc. in Foods and Nutrition from the University of Alabama. Prior to her appointment with the Board she taught at the University of Saskatchewan.

NURSING SERVICES

Nursing is defined as "assisting the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And doing this in such a way as to help him gain independence as rapidly as possible."

In our four institutions the nursing staff have progressed toward the aim embodied in this definition.

Good nursing care is made up of many elements, tangible and intangible. Most of the intangible elements cannot be written into an annual report as they cannot be measured. To these belong attitudes, compassion, empathy and co-operation. Without them good nursing care is not achieved.

QUANTITY OF NURSING STAFF

A nursing staff quota was established for each institution, based on previous experience and new developments. A revision was made necessary during the year to include more professional staff for our extended treatment wards. The increasing amounts of medications administered, treatments given and special care required necessitated this.

At Assiniboine Hospital and the Central Tuberculosis Clinic all positions were filled; in our rural institutions we had the usual shortage of professional staff from time to time and the usual large turn-over of the non-professional staff. Appended is a chart of the quota, the filled and vacant positions on December 31, 1961 for each institution.

Nursing care hours per patient per 24 hours were computed for each ward or unit. The yearly average was:

Assiniboine Hospital:	0.6 professional
	2.45 non-professional
Central Tuberculosis Clinic:	2.6 professional
Clearwater Lake Hospital:	
Extended Treatment:	0.8 professional
	1.8 non-professional
Tuberculosis Unit:	0.3 professional
	1.5 non-professional
Manitoba Sanatorium:	
Infirmary:	0.5 professional
	1.5 non-professional
Pavilions:	0.2 professional
	0.6 non-professional

NURSING STAFF

Quota, Vacant and Filled Positions, December 31, 1961

	ASSINIBOINE HOSPITAL			CENTRAL TUBER-CULOSIS CLINIC			CLEARWATER LAKE HOSPITAL			MANITOBA SANATORIUM		
	Quota	Filled	Vacant	Quota	Filled	Vacant	Quota	Filled	Vacant	Quota	Filled	Vacant
DIRECTOR OF NURSING	1	1	-	-	-	-	1	1	-	1	1	-
SUPERVISORS	4	4	-	-	-	-	3	2	1	4	4	-
HEAD NURSES	4	4	-	1	1	-	2	1	1	2	2	-
GENERAL STAFF NURSES	12	12	-	5	5	-	4	5	-	9	9	-
LICENSED PRACTICAL NURSES	10	10	-	2	2	-	9	7	2	6	5	1
NURSES' ASSISTANTS	74	75	-	1	1	-	38	37	1	41	41	-
NURSING ORDERLIES	8	8	-	-	-	-	5	5	-	3	2	1

QUALITY OF NURSING CARE

The basis of improvement in nursing care is a staff who is willing to obtain increased knowledge and additional skills. That our staff have been willing to do this is shown in the following:

1. Eight of our registered nurses enrolled in the Extension Course in Nursing Unit Administration, offered by the Canadian Nurses' Association and the Canadian Hospital Association. These nurses commenced in September 1961 studying and writing assignments on topics relating to ward administration and management, supervision, personal relations, organization and legal aspects of nursing. It is evident that our nursing departments will benefit from the knowledge these registered nurses are gaining.

2. The N. A. T. P. (Nurses' Assistants Training Program) was commenced in March, and several groups (two at Assiniboine Hospital, two at Manitoba Sanatorium and one at Clearwater Lake Hospital) have successfully completed the thirty hours of class-room instruction. These have consisted of theoretical instruction, tests, demonstration of and practice in procedures, and a final examination. Intensive ward supervision and frequent evaluations have been given during the 12-week period. A total of 61 non-professional staff have been given this opportunity of improving their skills and knowledge. They are, therefore, better able to contribute to the total care of the patient. Professional staff in other departments as well as nursing have given of their own knowledge, skills and time to make this teaching program successful.

3. Several of our registered nurses have attended conferences and institutes. Our three Directors of Nursing attended the Institute for Nurse Administrators of Hospitals at the University of Manitoba in May. They also participated in the Manitoba Hospital and Nursing Conference in October. One Head Nurse from Manitoba Sanatorium participated in a one week workshop on tuberculosis at the University of Western Ontario in June. The two-day annual meeting of the Manitoba Association of Registered Nurses was attended by several staff members in May. Registered Nurses from Assiniboine Hospital and Manitoba Sanatorium have attended meetings of the M. A. R. N. District 11. (These meetings are often held in the staff lounge at Assiniboine Hospital).

4. Other continued activities to improve the care to patients are: An orientation program for new staff, regular meetings of staff, frequent evaluations of all levels of nursing staff, a continued revision of procedure books, and attendance of senior nursing staff at staff conferences.

FACILITIES AND EQUIPMENT

The care and treatment of patients is possible only with adequate physical facilities and special equipment and supplies.

We are still hampered by some inadequacies in the physical lay-out of some buildings. We still lack some equipment for our patients' comfort, such as easy chairs and high-low beds. Certain equipment for treating extended treatment patients and patients in casts is not available in sufficient quantity. (e. g. Wheelchairs, overbed frames, suction machines, and side rails). However, within the limitations of the budget, additional equipment has been bought and renovations have been made.

ACTIVITIES OF THE DIRECTOR OF NURSING SERVICES

It has been a busy and satisfying year. Some of the developments dreamt of and hoped for have been achieved.

As well as participating in the nursing department activities during the twenty-four visits made, continual communication has taken place with each institution. Recruitment of staff, and correspondence and interviews relating to this, have continued. A great deal of time has been spent in connection with the Manitoba Rehabilitation Hospital. Activities have included: regular visits to the physical plant throughout the construction period; setting up equipment lists and a nursing staff quota; interviews and correspondence with prospective staff; visits to suppliers of furniture, bedding and equipment; attendance at conferences on hospital policies and patient care.

It was a privilege to attend in June a two-week course in Rehabilitation Nursing at the University of Syracuse. The contents of the course covered both the principles and the special techniques in this field of nursing. The knowledge acquired has been most valuable in the planning stages of the Manitoba Rehabilitation Hospital.

MISS B. HEJLSTED, R. N.,
Director of Nursing Services.

FOOD SERVICES

During 1961 the Food Services of the Sanatorium Board of Manitoba supplied 745, 920 meals at a raw food cost of $184, 487. 54 and at a cost of $134, 128. 37 in labor and $12, 147. 32 in non-edible supplies. These meals represent the consumption of approximately 99, 377 pounds of meat, 24, 844 pounds of poultry, 17, 391 pounds of fish, 33, 125 dozen eggs, 130, 257 quarts of milk and an expenditure of $37, 201. 87 on fruits and vegetables.

CAFETERIAS

The Sanatorium Board provides a pay cafeteria in each of its institutions. These cafeterias supplied 183, 854 meals at an average cheque cost of 32. 12 cents. This is reasonable indeed considering current food costs. Patrons may obtain three good meals a day at an average cheque cost of around 96 cents -- a difficult thing to attain elsewhere!

CAFETERIA OPERATION DURING 1961 AS COMPARED WITH 1960

	Cafeteria Meals Served		Revenue	
	1960	1961	1960	1961
Manitoba Sanatorium	68, 688	74, 790	$21, 458. 65	$25, 228. 47
Assiniboine Hospital	49, 878	56, 698	12, 919. 82	15, 380. 31
Clearwater Lake Hospital	52, 779	52, 366	17, 645. 56	18, 460. 17
All Institutions	171, 345	183, 854	52, 024. 03	58, 968. 95

	Food Issued to Cafeterias		Average Cheque	
	1960	1961	1960	1961
Manitoba Sanatorium	$16, 323. 63	$16, 355. 49	31. 24¢	33. 73¢
Assiniboine Hospital	8, 782. 17	10, 982. 26	25. 90	27. 17
Clearwater Lake Hospital	11, 138. 35	14, 720. 22	33. 84	35. 25
All Institutions	36, 244. 15	42, 057. 97	30. 32	32. 12

As the chart shows the patronage of the cafeterias in 1961 increased by about 12, 000 over 1960; the cost of food issued to the cafeterias increased by nearly $6, 000; and the revenue also showed an increase of around $6, 000. This, too, would indicate an increased appreciation of these facilities.

PATIENT MEALS

In the over-all picture the Board supplied 562, 176 patient meals, with a Selective Menu for all of the patients at our Assiniboine Hospital and in the Extended Treatment Section at our Clearwater Lake Hospital. One of the features of 1961's development was the introduction of a Selective Menu Service to all infirmary patients at Manitoba Sanatorium.

The Sanatorium Board's Selective Menu offers at each meal: Soup and/or juice; the choice of two entrees; a vegetable and/or salad choice; a choice of breads and beverages; the choice of a featured dessert or pie with ice cream, jello or baked custard in lieu or in addition.

ACTIVITIES

During 1961 the director of dietary services made regular visits, of one to four days duration, to the Sanatorium Board's institutions. These visits included close inspection of the facilities and operation of each food service, consultation and detailed recommendations whenever needed.

The year's work also saw the completion of the plans for the kitchens and food service at the Manitoba Rehabilitation Hospital in Winnipeg. All non-contract equipment was specified and purchased and, in some instances, custom-built equipment was designed. Guiding specifications were laid down for in-contract equipment. All purchases were "checked in".

As a small but interesting feature, the end of the year also saw the preparation of our new hospital's first meal. This was a simple luncheon for a noonday meeting of 30 Board members, which was served on December 28 in the room destined to be the Central Tuberculosis Registry. It was prepared on a one-burner hotplate in a small ward on the second floor of the tuberculosis section.

Conventions and conferences attended included: The Canadian Restaurant Association's annual convention in Toronto, and the Third Annual Congress of Dietetics in London, England.

MISS NAN TUPPER CHAPMAN, M. Sc.,
R. P. Dt., M. C. F. A.
Director of Dietary Services.

Section 5

RECORDS

The Sanatorium Board of Manitoba extends sincere thanks to the thousands of people who have supported our tuberculosis and other health programs. We are especially indebted to the volunteer workers who have helped with our tuberculin and x-ray surveys, our Christmas Seal Campaign, and our rehabilitation and library services. We are grateful to the many persons in the province who have contributed toward the building and equipping of our new health facilities. We particularly appreciate the magnificent support of the Associated Canadian Travellers, Winnipeg and Brandon Clubs, who from 1945 until December 31, 1961, have contributed $358,623.50 to our work.

TB RECORDS

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as: Treaty Indians		Eskimos	
	1960	1961	1960	1961	1960	1961
PATIENTS ON FILE, DEC. 31	2,321	2,080	1,009	960	414	431
Primary Type	108	84	55	48	71	55
Re-infection	2,213	1,996	954	912	343	376
NEW CASES DIAGNOSED IN MANITOBA January 1 - December 31	277	224	84	69		
Primary Type	11	9	13	8		
Re-infection Type	266	215	71	61		
OF THESE, NEW ACTIVE CASES - CLASSIFIED	218	179	66	56		
Primary Type	11	9	13	8		
Minimal	57	51	18	19		
Moderately advanced	54	45	10	12		
Far advanced	25	24	7	7		
Pulmonary tuberculosis, extent not stated	6	3	-	-		
Tuberculosis pleurisy	13	8	5	1		
Non-pulmonary tuberculosis	52	39	13	9		
NEW DIAGNOSES ADMITTED TO SANATORIA	160	135	59	51		

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
EXAMINATIONS at all clinics and surveys January 1 - December 31, 1961	63,657	12,446	1,221
Stationary Clinics	8,179	189	
Travelling Clinics	1,906	63	
Surveys	53,572	12,194	1,221
TOTAL NUMBER TUBERCULIN TESTED	135,769		
NEW CASES of tuberculosis diagnosed at clinics and surveys	148	34	
Stationary Clinics	116	14	
Travelling Clinics	6	-	
Surveys	26	20	
OLD TUBERCULOUS PATIENTS REVIEWED	3,436	847	
Stationary Clinics	2,785	78	
Travelling Clinics	215	5	
Surveys	436	764	
CONTACTS EXAMINED AT CLINICS	4,241	59	
Stationary Clinics	3,291	42	
Travelling Clinics	950	17	

INSTITUTIONAL STATISTICS

	Whites		Reported as: Treaty Indians		Eskimos	
	1960	1961	1960	1961	1960	1961
PATIENTS IN SANATORIA as at December 31	295	194	139	123	50	50
PATIENTS ADMITTED TO SANATORIA January 1 - December 31	449	333	226	190	60	64
Of these the number found to be tuberculous	345	254	148	130	37	38
FIRST ADMISSIONS	200	167	70	62	20	20
Primary type	5	3	9	7	1	4
Re-infection type						
Minimal	62	59	18	27	11	9
Moderately advanced	62	50	10	11	5	2
Far advanced	25	26	7	6	3	1
Tuberculous pleurisy	13	8	6	3	-	1
Non-pulmonary tuberculosis	33	21	20	8	-	3
RE-ADMISSIONS	116	70	44	47	17	11
Primary type	1	-	-	-	2	-
Re-infection type						
Minimal	29	13	17	19	10	7
Moderately advanced	35	25	12	16	3	3
Far advanced	35	22	7	3	-	-
Tuberculous pleurisy	1	-	-	2	1	1
Non-pulmonary tuberculosis	15	10	8	7	1	-
PATIENTS ADMITTED FOR REVIEW	29	17	34	21	-	7
TUBERCULOUS PATIENTS TRANSFERRED	114	127	75	71	39	75
PATIENTS DISCHARGED FROM SANATORIA January 1 - December 31	470	435	307	180	82	77
TUBERCULOUS PATIENTS DISCHARGED	362	343	230	153	59	58
Discharged after review	34	17	34	28	1	7
Discharged with inactive tuberculosis	170	156	165	96	55	49
Discharged with active improved tuberculosis	122	140	23	21	2	2
Discharged with active unimproved tuberculosis	13	12	2	4	-	-
Discharged dead	23	18	6	4	1	-
NUMBER DISCHARGED AGAINST MEDICAL ADVICE	38	38	6	15	-	-

PATIENTS ADMITTED AND DISCHARGED

	Manitoba Sanatorium	Central Tuberculosis Clinic	Clearwater Lake Hospital
ADMISSIONS			
First admissions	71	170	114
Re-admissions	46	65	60
Transfers	176	14	80
To continue treatment	3	6	3
For diagnosis, review	5	14	25
Newborn	3	-	-
Total	304	269	282
Male	184	164	147
Female	120	105	135
Bacillary	144	99	34
Non-bacillary	102	77	154
Bacillary status undetermined	42	1	2
Diagnosis on Admission			
Minimal	68	45	77
Moderately advanced	76	56	53
Far advanced	62	30	12
Miliary	-	3	-
Primary	4	1	31
Pleurisy with effusion	6	7	3
Tracheo-bronchial	-	-	-
Other respiratory	-	-	-
Non-pulmonary TB	48	34	13
Non tuberculosis	40	78	67
DISCHARGES			
On medical advice	140	83	151
Against medical advice	37	5	4
Disciplinary	6	-	-
Transfer	47	110	39
Deaths	14	1	4
To continue anti-microbial treatment	24	55	9
Total	244	268	232
Respiratory Cases			
Inactive	97	11	92
Active improved	61	29	34
Active unimproved	1	95	3
Undetermined	4	3	1
Died	11	1	-
Total	174	139	130
Bacillary	25	87	3
Non-bacillary	141	51	126
Bacillary status undetermined	8	-	1
Non-respiratory TB	24	37	15
Average Days Treatment (tuberculosis)	261.8	21.2	107.8
Outpatient exams	1,201	8,385	175

COMMUNITY SURVEYS, BY MUNICIPALITY

Municipality	Negative Reactors	Positive Reactors	Total	Percentage of Positives
Glenella	627	270	899	30.08
Old Kildonan	487	184	671	27.42
Thompson	904	330	1,234	26.74
Rosedale	1,381	439	1,820	24.12
Woodlands	1,057	333	1,390	23.96
St. Boniface	15,129	4,631	19,760	23.44
North Kildonan	3,415	1,033	4,448	23.18
Dufferin	2,271	663	2,934	22.59
Rosser	706	204	910	22.42
Edward	774	210	984	21.34
Lawrence	825	210	1,035	20.29
W. St. Paul	863	219	1,082	20.24
De Salaberry	2,343	584	2,927	19.95
Langford	2,855	684	3,539	19.32
McCreary	1,012	238	1,250	19.04
Clanwilliam	957	223	1,180	18.89
Franklin	1,800	415	2,215	18.74
Portage	8,494	2,181	11,675	18.68
Riverside	621	141	762	18.50
Lansdowne	775	174	949	18.30
Winchester	1,458	322	1,780	18.09
North Cypress	1,354	294	1,648	17.84
Glenwood	1,322	283	1,605	17.63
Whitewater	644	135	779	17.33
Harrison	1,217	254	1,471	17.27
Minto & Odanah	2,621	539	3,160	17.06
Victoria	1,020	199	1,119	16.89
Wallace	3,298	670	3,968	16.88
East St. Paul	621	126	747	16.87
Cameron	883	178	1,061	16.77
Arthur	1,260	249	1,509	16.50
Archie	674	132	806	16.38
Woodworth	823	160	983	16.29
Whitehead	530	103	633	16.27
Sifton	889	169	1,058	15.97
Roland	831	157	988	15.89
Oakland	756	138	894	15.44
Pipestone	1,758	300	2,058	14.57
Albert	401	67	468	14.32
Brooklands	1,628	268	1,896	14.13
Brenda	1,472	253	1,725	14.09
Dauphin	4,581	747	5,328	14.02
Strathcona	717	116	833	13.92
Daly	1,959	312	2,271	13.74

ASSINIBOINE HOSPITAL

Total Number of Admissions		805
Total Number of Discharges		693
Number of Deaths		125
Percentage of Discharges Who Died		18%
Total Operations (Major)		66
Postoperative Infections in Clean Cases		2
Total Operations (Minor)		654
No. of Deaths Postoperatively (Within 48 hours)		1
(Within 10 days)		1
No. of Complications		8
Hospital Autopsies		53
Percentage of Deaths Autopsied		42.4%
Newborn		1
Out-patient Visits		
For Tuberculosis Examinations	1,367	
For General Examinations	1,227	
For Physiotherapy	1,865	4,459
Physiotherapy - No. of Patients		685
Occupational Therapy - No. of Patients		135
Average Days Stay of patients separated during the year		87.53 days
Total Patient Days		64,687
Percentage of Occupancy for 1961		89.5074%
Responsibility of Patient Care		
Resident Medical Staff		75.13%
Care by Resident Medical Staff for Private Physicians		2.1%
Private Physician		22.68%
No. of Patients referred from outside Brandon		443 or 55%
No. of Patients referred from Brandon		362 or 45%
No. of Tuberculosis patients in hospital January 1, 1961		25
No. of Tuberculosis patients in hospital January 31, 1961		0

CLEARWATER LAKE HOSPITAL

Total Number of Admissions	319
Total Number of Discharges	319
Number of Deaths	27
Percentage of Discharges Who Died	11.8%
Total Operations (Major)	Nil
Total Operations (Minor)	105
Hospital Autopsies	
Percentage of Deaths Autopsied	62.9%
Newborn	3
Out-Patient Department	
Casualty - No. of Patients	105
No. of Visits	325
Out-Patients - No. of Patients	164
No. of Visits	164
Physiotherapy	
In-Patients - No. of Treatments	3,214
No. of Units	2,872
Out-Patients - No. of Treatments	179
No. of Units	98
Occupational Therapy	
No. of Patients	26
Average Days Stay	56.1
Total Patient Days	20,669

RESULTS OF TREATMENT

Cured	74
Improved	165
Unimproved	10
Not Treated	39
Died	27
No Desease	4

ASSETS

Institutional Accounts:			
Cash on hand and in bank		$ 85,910.00	
Temporary Investments (including accrued interest of $857)		750,422.00	
Accounts receivable		328,618.00	
Inventories, prepaid expenses and deferred charges		170,608.00	
Land, buildings, plant and equipment, net (after deducting accumulated depreciation of $1,028,344)		4,336,548.00	
The above amount does not include buildings and equipment at Brandon and Clearwater Lake owned by the Government of Canada			$5,672,106.00
General Account:			
Accounts receivable			285,834.00
Endowment Funds:			
Cash on hand in bank		116,274.00	
Canada Trust Company, deposit account		4,229.00	
Accounts receivable		48,388.00	
Investments at par	$263,955.00		
Accrued interest on investments	6,328.00	270,283.00	
Bequest at nominal value		2.00	
Inventories and prepaid expenses		8,365.00	
Vehicles and equipment, net (after deducting accumulated depreciation of $86,436)		16,869.00	464,410.00
Employees' Emergency Funds:			
Cash in bank		1,176.00	
Investments at par	12,500.00		
Accrued interest on investments	169.00	12,669.00	13,845.00
Research Fund:			
Cash in bank			362.00
			$6,436,557.00

RD *of* MANITOBA

1st December, 1961

LIABILITIES

Institutional Accounts:		
Bank:		
Overdrafts	$ 46,545.00	
Demand Loans	56,000.00	
Accounts payable	451,592.00	
Accrued bond interest payable	13,219.00	
Construction holdbacks payable	467,773.00	
Debentures payable	2,750,000.00	
Patients store and contingent accounts	20,597.00	
Capital surplus	239,945.00	
Surplus and plant capital	1,626,435.00	$5,672,106.00
General Account:		
Bank overdraft	59,515.00	
Accounts payable	219,861.00	
Old Age Assistance Trust Fund	458.00	
Group insurance reserve	6,000.00	285,834.00
Endowment Funds:		
Accounts payable	58,369.00	
Capital accounts	406,041.00	
		464,410.00
Employees' Emergency Funds:		
Capital accounts		13,845.00
Research Fund:		
Capital accounts		362.00
		$6,436,557.00

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

Sir James Aikins, K.C., LL.D.
Mr. W. F. Alloway
Mr. J. H. Ashdown
Mr. Allan S. Bond
Mr. H. H. Bradburn
Mr. J. R. Brodie
Hon. Colin H. Campbell, K.C.
Mr. John Chadbourn
Miss Anna Maude Chapman
Mr. Robert A. Christian
Mr. John R. Clements
Mr. L. R. Clements
Mr. T. R. Deacon
Mr. and Mrs. C. E. Drewry
Mr. E. L. Drewry
Mr. F. W. Drewry
Mr. C. H. Enderton
Mrs. C. R. Erickson
Mr. Mark Fortune
Messrs. G. F. and J. Galt
Dr. Wilfred Good
Mr. Leslie Hamilton
Mr. H. W. Hammond
Mr. E. F. Hutchings
Mr. H. W. Kennedy
Mr. H. Leadlay
Associated Canadian Travellers (Winnipeg and Brandon Clubs)
Canada Packers Ltd.
The T. Eaton Co. Ltd.
Great West Coal Co. Ltd.
Great-West Life Assurance Co. Ltd.
Mrs. Agnes F. Lothian
Mr. Wm. J. K. McCracken
Mr. D. A. McDonald
Dr. W. S. McInnes
Mr. William McKenzie
Mr. Martin McKitterick
Mr. A. R. McNichol
Mr. David L. Mellish
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Mr. F. Nation
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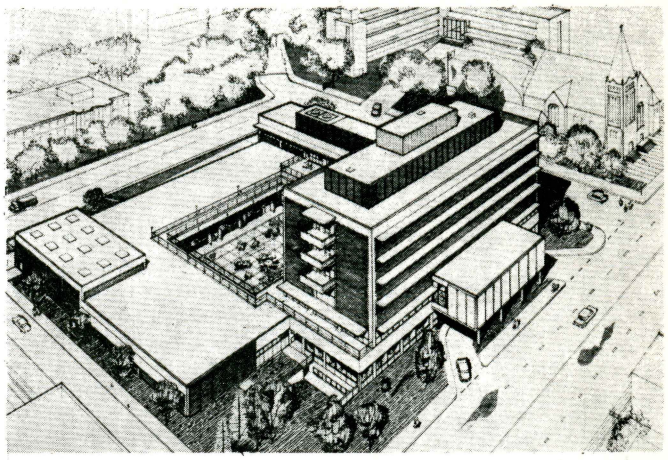
Mrs. Noel Rawson
Mrs. Jessie I. Scott
Mr. H. E. Sellers, C.B.E.
Mr. G. Shields
Mrs. Margaret Shea
Hon. Clifford Sifton, K.C.
Dr. D. A. Stewart
Mr. F. W. Thompson
Mr. G. Velie
Mr. W. Warnock
Mr. A. R. Welch
Miss Hazel F. Winkler
Mrs. Valentine Winkler
Mrs. R. Wood
Labatt's Manitoba Brewery Ltd.
Manitoba Brewers' and Hotelmen's Welfare Fund
Moore's Taxi Ltd.
Rat Portage Lumber Co. Ltd.
Riverside Lions Club
Ladies Auxiliary, Associated Canadian Travellers (Winnipeg and Brandon Clubs)

THE SANATORIUM BOARD OF MANITOBA *is a voluntary agency which conducts the province-wide tuberculosis control programme, including prevention, treatment and rehabilitation. It also operates rehabilitation and extended treatment hospitals for patients disabled by other diseases.*

Although the government now supplies a large part of the income for hospitals, it is still necessary to depend on private donors to finance tuberculosis prevention, certain medical and research equipment, and many special services for patients.

We are grateful to the many people who make special gifts or bequests to assist the work of the Sanatorium Board of Manitoba, and we invite the continued remembrance and support of those interested in our hospital and health services.

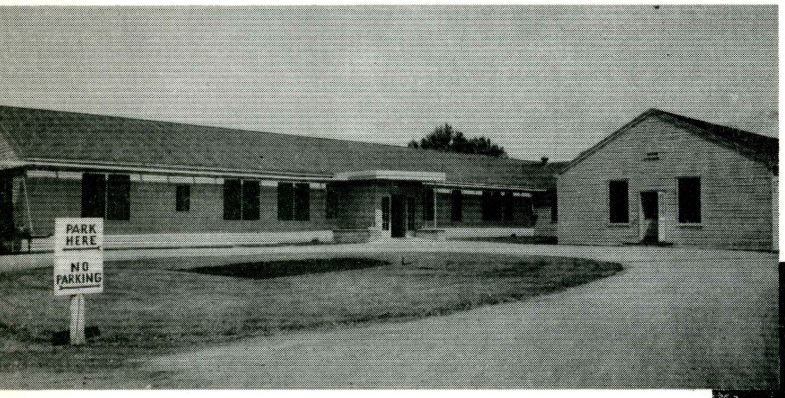
Manitoba Sanatorium, Ninette.



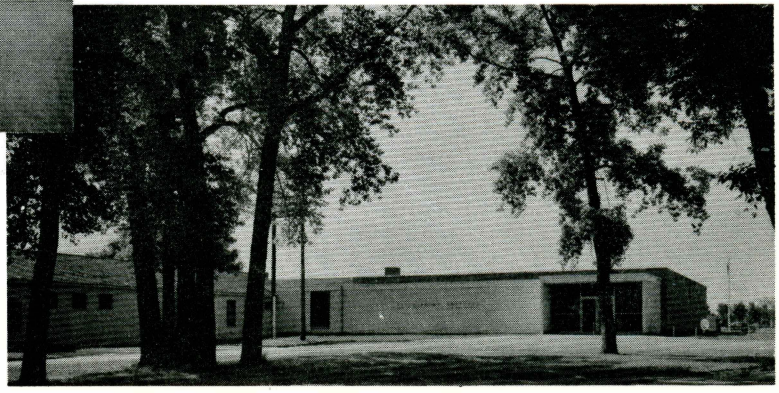
The Manitoba Rehabilitation Hospital, Winnipeg.

Central Tuberculosis Clinic, Winnipeg

Clearwater Lake Hospital, The Pas.



Assiniboine Hospital, Brandon



Physiotherapy and Occupational Therapy Unit, Assiniboine Hospital