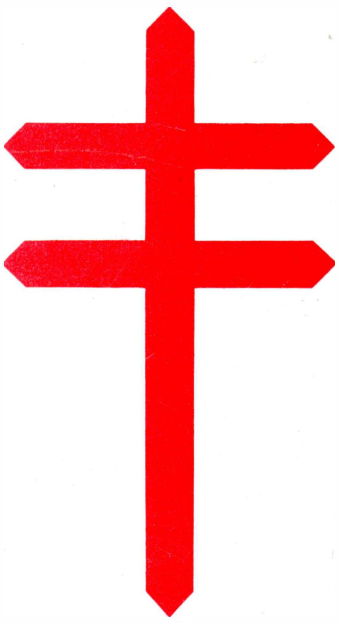
Miss Mary Gray

ANNUAL REPORT 1962



SANATORIUM BOARD OF MANITOBA

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 1962

Winnipeg, Manitoba

Contents

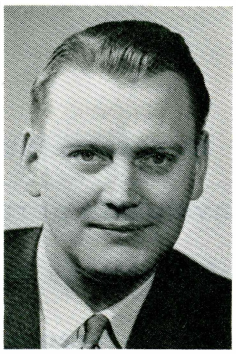
Printed in Canada

Statement by
THE HON. JUDY LA MARSH

I am grateful for this opportunity to record the thanks of my department for the invaluable part played by the Sanatorium Board of Manitoba in our fight for the control of tuberculosis among Indians and Eskimos. Though the health of these groups is a concern of my department, I am most grateful for the excellent care and treatment they have received in sanatoria under your management. The prevalence of tuberculosis among Indians and Eskimos has, in past years, created the most challenging aspect of our treatment service. Statistics show that much headway has been made. This is a matter of great satisfaction to me. Certainly this success as evidenced in the province of Manitoba is due in largest part to the vigour and efficiency of the Sanatorium Board of Manitoba in its campaign in the finding and the treatment of tuberculosis among the Indians and Eskimos as well as all other residents of the province who come into your hands.

I should like to congratulate the Sanatorium Board of Manitoba on its splendid record of distinguished public service, and to wish you continued success in this good work.

JUDY LA MARSH,
Minister of National Health and Welfare.



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

Several very important messages to the people of Manitoba are contained in this annual report of the Sanatorium Board. The first of these is, I believe, confirmation that the work of the Board, one of the largest and most successful of Manitoba's health agencies, remains under the control and guidance of a very capable group of staff and volunteers whose services are respected not only by the doctors in practice but also by the large numbers of individual citizens and citizen groups who have continued to participate in its work during the year.

The second message is one of encouragement with a warning. During 1962 Manitoba's Tuberculosis death rate reached the lowest figure ever recorded, (2.9 per 100,000 of population). During the time, however, there was a slight increase in the number of new active cases found and in the total of sanatorium care days. As the reports very rightly point out, tuberculosis control still demands continued vigor.

The third message concerns the successful expansion of the role and responsibility of the Sanatorium Board into the field of operating hospital facilities for the treatment and rehabilitation of chronic non-tuberculosis diseases. This has been dramatically climaxed during the year by the opening of Manitoba's new rehabilitation hospital.

Once again it is a privilege to pay tribute to the work of the Sanatorium Board and to the fine relationship that is evidenced in these reports between the Board staff and the many citizens and citizen groups who provide such valuable support and guidance.

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

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
Vice-Chairman, Clearwater Lake Hospital Committee	MR. R. L. BAILEY
Chairman, Manitoba Rehabilitation Hospital Committee	MR. S. PRICE RATTRAY

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.
and
Four members appointed by the Minister

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. J. B. CRAIG
MR. H. T. DECATUR
MR. D. V. GONDER
MR. S. M. GOSSAGE
DR. J. E. HUDSON
MR. T. A. MOORE
MR. E. B. PITBLADO, Q. C.
MR. S. PRICE RATTRAY
MR. J. W. SPEIRS
MR. H. T. SPOHN

MEDICAL ADVISORY COMMITTEE

DR. F. HARTLEY SMITH, Chairman

DR. R. L. COOKE
DR. H. S. EVANS
DR. F. R. TUCKER
DR. J. E. HUDSON
DR. C. B. SCHOEMPERLEN

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

Courtesy Medical Staff

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

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.

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

Pediatrics: HARRY MEDOVY, M.D., L.M.C.C., Cert. Paed., F.R.C.P. (Can.)

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. ZENON MATWICHUK
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. MICHAEL SEIFER

Active Medical Staff

DR. M.E. BRISTOW
DR. H.P. CAMRASS
DR. R.P. CROMARTY
DR. A.E. ELLIOTT
DR. H.S. EVANS
DR. F. FJELDSTED
DR. R.K. HAY
DR. JAMES HENDRY
DR. W.P. HIRSCH
DR. H.B. HUNTER
DR. D.D. IRELAND
DR. N.Y. JOUBERT
DR. I.A. KORMAN
DR. M. KOZAKIEWICZ
DR. J.M. MATHESON
DR. R.O. McDIARMID
DR. T.J. MILLS
DR. R.F.M. MYERS
DR. S. O'BRIEN-MORAN
DR. F.J. PURDIE
DR. L.C. ROSE
DR. J.E. ROWLANDS
DR. J.H. SCOTT
DR. H.S. SHARPE
DR. V.J.H. SHARPE
DR. E.J. SKAFEL
DR. R.H.D. SYKES

Assiniboine Hospital cont'd

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 & Internal Medicine: V.J.H. SHARPE, M.D., L.M.C.C., Cert. Int. Med.

Neurosurgery: R.K. HAY, M.B., B.Sc., 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. D.A.B.P.N.

Radiology: R.H.D. SYKES, M.D., M.R.C.S. (Eng.), L.R.C.P. (Lond.), 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.M. HERNANDO

Active Medical Staff

DR. D.L. GEMMILL
DR. RALPH HAYWARD
DR. JOSEPH LEICESTER
DR. J. LOPEZ
DR. H.C. ROLFE

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., A.M.C.G.P.

Ophthalmology: J.E.L. BENDOR-SAMUEL, M.B., B.S., G.M.C., M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.O.M.S., 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

Honarary Consultants

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.

Sr. Specialist in Internal Medicine: I. H. K. STEVENS, M. B., L. R. C. P., M. R. C. S., D. Obst., R. C. O. G., M. R. C. P.

Clinical Assistants: F. D. BARAGAR, M.D., L. M. C. C., F. R. C. P. (Can.)
MORLEY LERTZMAN, M.D., L. M. C. C., Cert. Int. Med.

Chief of Anaesthetic Services: D. M. HUGGINS, M. D., L. M. C. C., Cert. Anaes., D. A. B. R., F. A. C. A.

Chief of Laboratory Services: L. P. LANSDOWN, M. D., D. P.H., Cert. Bact.

Chief of Medical Electronics Services: M. G. SAUNDERS, M. Sc., M. B., Ch. B., V.U. Manc., G. M. C.

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

Consultants

Cardiology: LEON MICHAELS, M. B., B. S., Ph. D., L. M. C. C., F. R. C.P. (Can.), M. R. C. P. (Lond.)

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

Dermatology: R. A. L. DAVIS, M. B., B. S., G.M. C., M. R. C. S. (Eng.), L. R. C. P. (Lond.), R. C. P. S. (Can.), Cert. Derm.

General Surgery: HARVEY CHOCHINOV, M. D., L. M. C. C., B. Sc. (Med.), F. R. C. S. (Can.), Cert. Gen. Surg.

Gynecology: R. F. FRIESEN, M. D., L. M. C. C., Cert. Obst. Gyn., F. R. C. S. (Can.)

Internal Medicine: B. B. FAST, M. D., L. M. C. C., F. R. C. P. (Can.), Cert. Int. Med.

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

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

Ophthalmology: H. N. REED, M. B., M. R. C. S. (Eng.), L. R. C. P. (Lond.), D. O. (Oxon.), D. O. M. S. (Eng.), F. R. C. S. (Eng. & Can.), R. C. P. S. (Eng.), F. A. C. S., Cert. Ophth.
G. M. KROLMAN, M. D., L. M. C. C., F. R. C. S. (Edin.), F. R. C. S. (Can. Ophth.)

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

Otorhinolaryngology: WALTER ALEXANDER, M. D., L. M. C. C., D. A. B. O., Cert. Ophth. Otol.

Pathology: J. G. FOX, M. D., L. M. C. C., Cert. Path.

Pediatric Anaesthesia: T. J. McCAUGHEY, M. B., B. Ch., D.A., Cert. Anaes.

Plastic Surgery: D. A. KERNAHAN, M. B., Ch. B., G. M. C., F. R. C. S. (Edin. & Can.), Cert. Plas. Surg.

Radiotherapy: R. J. WALTON, M. B., Ch. B., D. M. R. (Lond.), D. M. R. T.,

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

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
Nursing Consultant	MISS E. L. M. THORPE, M. B. E.
Director of Dietary Services	MISS NAN T. CHAPMAN
Assistant Director of Dietary Services	MISS JEAN ALEXANDER
Director of Pharmacy Services	C. G. BONNEY
Rehabilitation Supervisor (Tuberculosis)	MISS MARGARET BUSCH
Supervisor, Special Rehabilitation Services	EDWARD LOCKE
Supervisor, Christmas Seal Sale	MISS MARY GRAY
Surveys Officer	J. J. ZAYSHLEY
Chief Radiographer	W. J. ANDERSON

CENTRAL TUBERCULOSIS CLINIC

Hospital Manager	A. H. ATKINS
Director of Nursing	MISS E. G. COULL
Radiographer	E. W. ACKROYD

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

CLEARWATER LAKE HOSPITAL

Hospital Manager	HILARY DAVIES
Director of Nursing	MISS V. E. APPLEBY
Charge Physiotherapist	MISS DIANNE HOUGHTON
Chief Engineer	L. A. BOYCHUK
Laboratory Technician	MISS DONNA EDWARDS

ASSINIBOINE HOSPITAL

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

MANITOBA REHABILITATION HOSPITAL

Hospital Manager	A. H. ATKINS
Director of Nursing	MISS E. G. COULL
Supervisor, Out-Patient Department	MRS. D. L. WHIMSTER
Chief Physiotherapist	MISS J. K. EDWARDS
Chief Occupational Therapist	MRS. JOY HUSTON
Sr. Speech Therapist	MISS M. C. RICKARDS
Supervisor, Social Services	MISS MARY HAMILTON
Medical Records Librarian	MISS ETHEL BROWN
Director, Volunteer Services	MRS. W.E. BARNARD
Plant Superintendent	W. O. D. EVANS
Radiographer	E. W. ACKROYD

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

LADIES AND GENTLEMEN: It is once again my very great privilege and pleasure to welcome you here today to this the 52nd Annual Meeting of the Sanatorium Board of Manitoba. Your interest in the activities of our Board as shown by your presence here today has always been a source of encouragement to all of us and particularly to all those men and women who are doing so much in the Care and Prevention of Tuberculosis.

The year 1962 has been another active and satisfactory year in the Board's affairs. In all, there were 41 Meetings of the Board itself or its Committees, plus a number of special meetings of various kinds that were called especially to meet pressing problems as they arose. It is surely a tribute to the busy and responsible business and professional men who are elected to the Board that they devote themselves so faithfully to the direction of the Board's many responsibilities. In particular, I would like to acknowledge and express appreciation, to the members of the Executive Committee: Mr. J.N. Connacher, Mr. R.L. Bailey, Mr. Price Rattray, Mr. Frank Boothroyd and Mr. R.H.G. Bonnycastle.

The Sanatorium Board of Manitoba can look back with some justifiable pride on more than half a century of operation. As a voluntary, non-profit corporation, the Board has exercised its initiative, judgement and responsibility in the interest of the people of our province for more than 50 years. In this era of rising health-care costs, the Board has been able to reduce the provincial cost for tuberculosis treatment annually ever since 1958. In that year the tuberculosis treatment and control program costs amounted to almost 1-1/4 millions of dollars and this has been reduced in successive steps in the six-year period to date by nearly 1/2 million dollars per year, so that today it stands at $771,824.00.

It is significant also that the Board was able to maintain the same tuberculosis per diem rate in 1962 as in the previous year. I am sure that you will forgive our Board's pride in its accomplishment when I state that only recently a prominent Civil Servant from Ottawa, who has charge of the arrangements for the treatment of tuberculosis veterans, stated that it cost 55% more per day for this same treatment in another province under provincially controlled and operated sanatoria. With the sharply increased Government interest in hospital operation today, and the great rise in costs, it is perhaps proper for the guidance of those who may be planning for the future, to point out the record achieved by a responsible and voluntary Board, making independent and responsible decisions.

The most memorable event in the year 1962 was the opening of this fine and stately edifice, the Manitoba Rehabilitation Hospital. This is one of the finest institutions of its kind in North America. It accommodates 158 in-patients and up to 200 out-patients per day.

The first patients were admitted to the Hospital on May 4th, 1962. The official opening, at which the Honorable George Johnson, M.D. was principal speaker, was on September 14th. We must pay tribute to

the Minister of Health and to the Government of the Province of Manitoba for their leadership and interest in requesting the Sanatorium Board of Manitoba to build this new facility for the health care of the people of Manitoba.

I am sorry to report to you that there has been some rise in the number of new cases of tuberculosis, as the Medical Director will report. The Sanatorium Board, in co-operation with Federal and Provincial health personnel, has been studying the situation closely and measures are being taken which we hope will restore the gradual reduction in new cases that has taken place in recent years. The preventive services have been maintained at the same high level as in the past.

The Sanatorium Board has been an active participant in the work of the Manitoba Medical Centre Council with Mr. Rattray and Mr. Bailey continuing to act as our representatives. Mr. Cunnings has continued to act as the Honorary Secretary of the Council.

In the field of tuberculosis research, the Board has contributed 2% of its Christmas Seal Sale to the Research Fund of the Canadian Tuberculosis Association. Two research projects have been established in Manitoba under research grants from the Canadian Tuberculosis Association as well as a Fellowship in the Department of Respiratory Disease at the Winnipeg General Hospital.

The Board has initiated studies with respect to replacing the old hospital buildings at the Assiniboine Hospital. In addition, careful study has been under way for some months with respect to future hospital needs for tuberculosis and extended treatment either at Clearwater Lake Hospital on its present site, or at a new site in The Pas.

Once again we gratefully acknowledge the bequests and gifts received by the Sanatorium Board of Manitoba during the past year. To meet needs and situations with promptness and in the interest of the patients and the preventive services, it is essential that funds be provided over and above Government Grants or Hospital Commission payments. We are deeply grateful therefore for the bequests and gifts that have assisted the Board substantially in carrying out its responsibilities at a high standard.

During the calendar year 1962, the sale of Christmas Seals brought revenue of $177,207.00. This is made up of individual contributions mainly in the $2.00 to $3.00 range from thousands and thousands of donors throughout the Province. It is a tangible and encouraging demonstration of the widespread support for our work in preventing tuberculosis.

I would also like to express special gratitude to the Associated Canadian Travellers of Winnipeg and Brandon for their continued and enthusiastic support. The Brandon Club has almost completed its pledge of $85,000 towards the cost of the Physiotherapy-Occupational Therapy Unit at Assiniboine Hospital. The Winnipeg Club continues to make progress toward the fulfilment of its pledge of $100,000 for special equipment for the Manitoba Rehabilitation

Hospital.

We offer our warmest congratulations to the Associated Canadian Travellers, Brandon, on their award by the City of Brandon of a Certificate of Merit for outstanding community service. This is only the fourth time that any Club or individual has been so honoured in Brandon. Their Certificate of Commendation reads in part:

> "This Certificate is presented as a token of sincere appreciation of the fine contribution made to the community life of our City and in grateful recognition ... of personal, unstinted efforts of Club Members and in particular for the Club's work in humanity ... and the pledging of $85,000 for the Physiotherapy-Occupational Therapy Unit at Assiniboine Hospital."

This is indeed a high honour and is an indication of the esteem of the people of the City of Brandon.

Many hundreds of people give extensive volunteer services to the Board throughout the year in all parts of our province. A great deal of the Board's success is due to this widespread interest and support, without which it would be difficult, or indeed, impossible to function. We extend our sincere thanks to each and every one of these volunteer workers.

We gratefully acknowledge the co-operation of officials of both the Provincial and Federal Governments. We appreciate the mutual confidence that has marked our relationships throughout the year.

The Board can carry on its work only through the loyal and devoted services of its staff. On behalf of the Sanatorium Board of Manitoba I would like to extend to each of them our sincere and deep appreciation for their efforts in the year 1962.

J. W. SPEIRS,
Chairman of the Board.

REPORT OF THE EXECUTIVE DIRECTOR

TO: Chairman and Members, the Sanatorium Board of Manitoba

The main principles guiding our work in 1962 were two-fold:

1) To continue unabated our campaign to control tuberculosis in Manitoba.

2) To maintain and develop a high standard of extended treatment and rehabilitation care in the Board's hospitals designated for this service, in co-operation with the Minister of Health and his department officers, the medical profession, and other interested agencies.

The extent of the services of the Sanatorium Board to the people of Manitoba is indicated by the following statistical summary:

	1960	1961	1962
Admissions for treatment	1,649	1,979	2,493
Out-patients visits	7,506	10,602	14,537
TB Preventive Service & Rehabilitation	244,775	249,214	202,949
	253,930	261,795	219,979
Treatment days for in-patients	179,897	194,254	240,389

Institutional and departmental reports have already been presented and circulated to all members of the Board, and they will give you detailed information on our operations. This report is by way of consolidation and summary, to present an over-all picture of the year's work.

ASSETS AND LIABILITIES

Assets held by the Board as at December 31, 1962, including Special Funds but not including buildings and equipment at Clearwater Lake owned by the Government of Canada and only in part carried as fixed assets in our books of account, totalled $6,886,802, after deducting accumulated depreciation of $1,204,956. This is an increase of $450,245. The largest part of the increase relates to the Manitoba Rehabilitation Hospital.

Liabilities of $3,509,813 decreased $130,155 from the preceding year.

Reconciliation

Increases:		
Bank loans	$ 216,094	
Accounts payable	51,479	
Un-redeemed coupons	35,045	$ 302,618
Decreases:		
Construction holdback		432,773
Net decrease -		$ 130,155

HOSPITAL OPERATIONS

Our total treatment capacity is 804 beds.

Assiniboine Hospital - We are most grateful to the Federal Government for turning over to the Board the buildings and equipment at Assiniboine Hospital. We deeply appreciate the co-operation of the City of Brandon in granting the land to the Board. There have been no structural changes at the hospital in 1962 but the old buildings are beginning to deteriorate to the point where specific plans have to be made to replace them Preliminary studies have now been undertaken in this respect.

Occupancy in 1962 was 88% with average length of stay of 62 days.

Central Tuberculosis Clinic - with 64 beds had an occupancy rate of 87% in 1963.

Clearwater Lake Hospital - There have been many special problems at Clearwater Lake Hospital, due in part to a much higher demand for tuberculosis beds than had been anticipated. The Extended Treatment Section was reduced temporarily towards the latter part of the year. Occupancy based on the assigned 66 beds was 68%. On the tuberculosis side, with a nominal capacity of 84 beds, there was an occupancy rate of 104%, achieved in part by encroaching on extended treatment space.

A good deal of study has been given to future planning for Clearwater Lake Hospital.

Manitoba Rehabilitation Hospital - This Hospital was opened on May 4, 1962, and is presently operating at 80%- 85% of capacity.

Manitoba Sanatorium - with a capacity of 255 beds, has operated at 90% capacity in 1962.

Inventories

As at December 31, 1962, supplies on hand, including food stocks, drugs, engineering supplies, fuel and miscellaneous supplies, totalled $187,481. This is an increase of $49,564 as compared to the previous year, mainly as a consequence of adding the Manitoba Rehabilitation Hospital as an operational unit.

Tuberculosis Preventive and Rehabilitation Services

The following are comparative expenditures for tuberculosis preventive and rehabilitation services:

Preventive Services	1961	1962
X-Ray Field Services	$ 14,425	$ 13,296

	1961	1962
Indian Clinics	$ 4,538	$ 5,333
Travelling Clinics	6,500	4,963
Survey Services	35,102	39,197
National Employment Service	4,566	3,879
	$ 65,131	$ 66,668
Hospital Admission Chest X-rays	62,287	62,027
Tuberculin Surveys	20,838	18,627
Health Education	7,067	8,174
B.C.G. Vaccinations	1,880	1,994
	$157,203	$157,490

Expenditures on tuberculosis rehabilitation services in 1962 amounted to $82,202, about $4,349 more than in the previous year. Expenditure on the Special Rehabilitation Service for Indians and Metis was $52,600.

Food Services

We served just under one million meals in 1962. The quality of the service and cost controls are carefully maintained under the Director of Dietary Services.

NATIONAL HEALTH GRANTS

Appropriation available for 1962-63 was $167,410. The following is a comparative statement of expenditures on the respective projects for the fiscal years ended March 31, 1962 and 1963 respectively:

	1962	1963
Streptomycin and other antibiotics	$ 21,258	$ 24,639
X-Raying and admissions to general hospitals	62,287	62,027
Assistance to Sanatorium Board of Manitoba	20,489	14,357
Assistance to St. Boniface Sanatorium	3,640	-
Assistance to Manitoba Sanatorium	40,060	44,986
Extension of B.C.G. vaccination program	1,880	1,994
Tuberculin Surveys	18,245	17,949
	$167,859	$165,952

INSURANCE

Fire insurance including supplementary perils was carried on the Board's property in the amount of $5,667.00. Public liability, professional liability, boiler steam vessel, motor vehicle and fidelity and robbery cover is carried in appropriate amounts.

PERSONNEL

As at December 31, 1962, the staff of the Sanatorium Board of Manitoba numbered 829 an increase of 249 over the previous year. The increase was of course due to the opening of the Manitoba Rehabilitation Hospital.

The success of any large organization must rest on the integrity and conduct of each member of the staff. I should like to record my gratitude for the support and assistance of our staff throughout the service, who not only fulfill their responsibilities capably, but frequently go much beyond the normal obligation to meet the demands of changed, unexpected, and often difficult situations.

The main shortage has been in proffessional nursing staff, the problem being particularly acute at Clearwater Lake Hospital.

A continuous process of education is carried on, both within our organization and by enrolling selected staff members in useful courses elsewhere.

At the year end 220 employees were enrolled in the Pension Plan, an increase of 20 during the year. Under the Group Insurance, $31,555 was paid in benefits in 1962.

APPRECIATION

Once more I would like to express my deepest appreciation for the guidance and good counsel of the Chairman and members of the Board, and in particular the members of the Executive Committee. As your Executive Director, I am very much aware of my singular good fortune in that the many and varied problems brought to the Board are dealt with promptly and wisely, and I am most grateful.

The cordial relationships enjoyed with the Medical Director and members of the medical staff, with the Medical Advisory Committee, the Federal and Provincial officials, and other health and welfare agencies are recalled with pleasure and satisfaction.

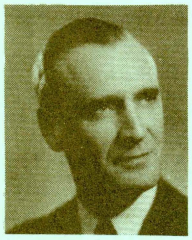
T. A. J. CUNNINGS,
Secretary-Treasurer and
Executive Director.

Section 2

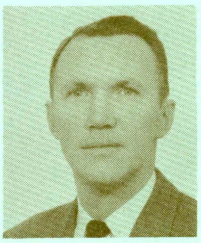
TUBERCULOSIS CONTROL

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

In recent years the Sanatorium Board's responsibility has been broadened beyond the treatment and control of tuberculosis to include the operation of facilities for the treatment and rehabilitation of long-term, non-tuberculous diseases. This report will deal with the anti-tuberculosis work in the province.

The significant features in the tuberculosis field were: A further decrease in the death rate; an increase in the number of new cases of tuberculosis, particularly among Indians; and, for the first year in many, an increase in the hospital treatment days. At the time of writing (April 1, 1963), practically all the tuberculosis beds in the province are filled.

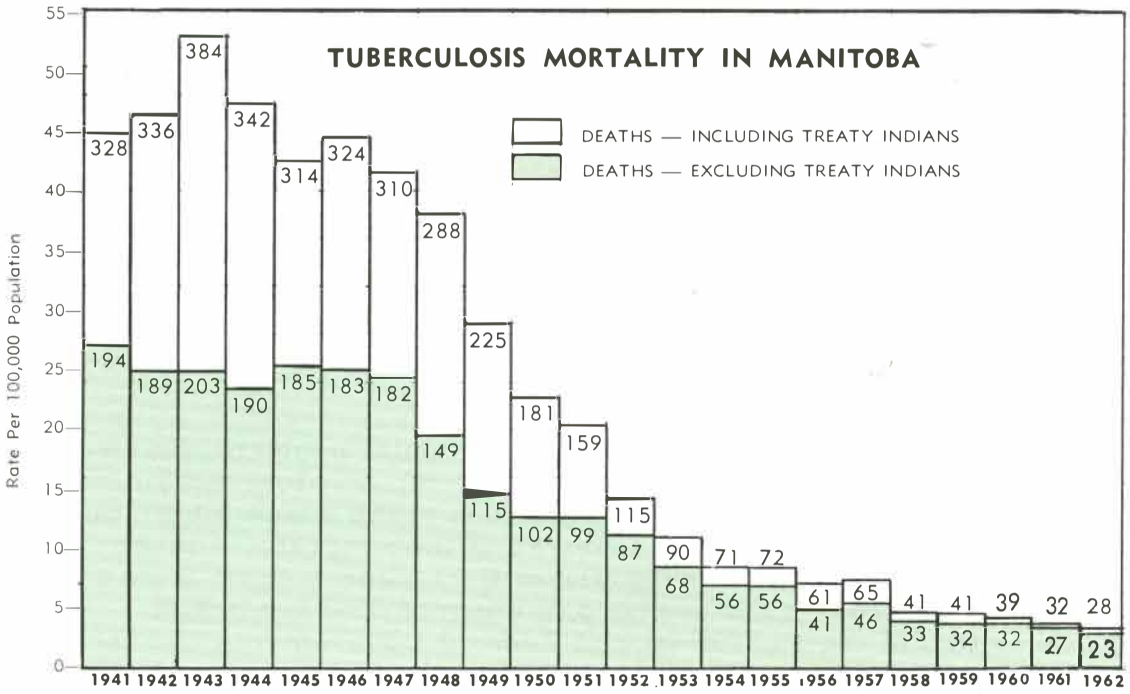
Tuberculosis is still a real public health problem, and we cannot say that we have reached complete control, let alone eradication which is the ultimate goal. To take a new look at the whole tuberculosis situation and to study all the basic features of the program, a tuberculosis conference was held in Winnipeg in December. Apart from the Sanatorium Board department heads, participants included public health authorities of the Provincial and Federal Governments and the City of Winnipeg, representatives of the medical and nursing professions, and the Executive Secretary of the Canadian Tuberculosis Association, Ottawa. All parts of the tuberculosis control program in Manitoba were reviewed in detail, particularly those pertaining to case-finding and prevention. Certain recommendations were made.

TUBERCULOSIS DEATHS

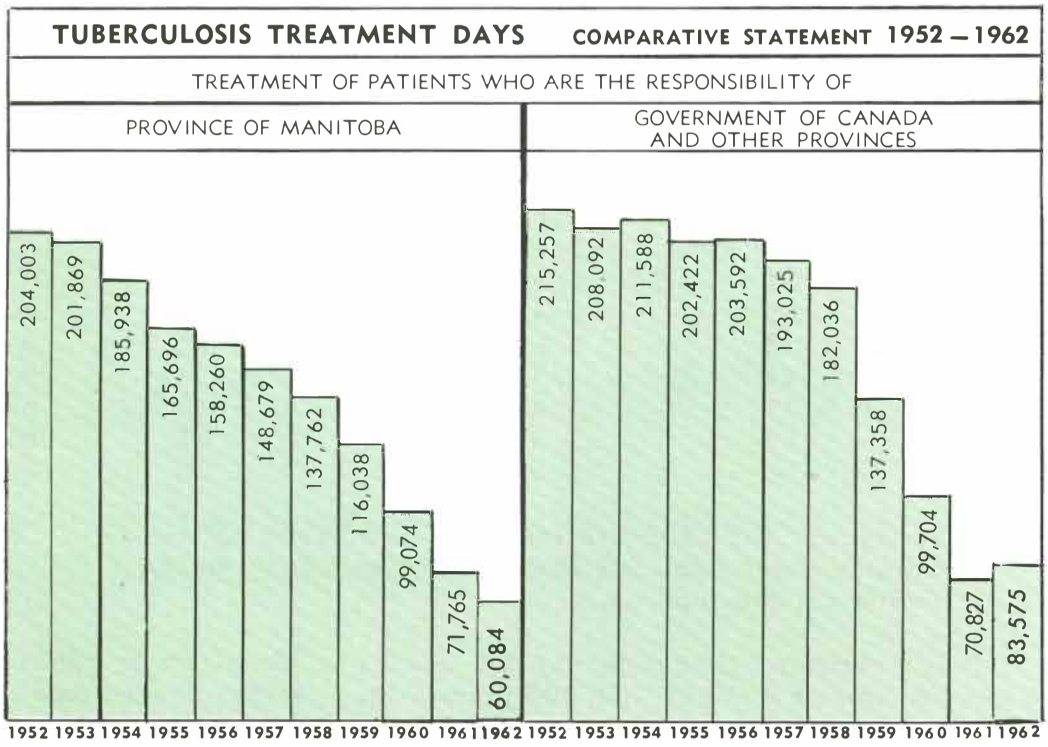
	Whites and Indians Combined		Whites		Indians	
Year	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths	Rate per 100,000	Total Deaths
1940	50.3	369	27.7	203	1,140	166
1945	42.7	314	25.1	185	793	129
1950	22.8	181	12.8	102	438	79
1955	8.5	72	6.8	56	80	16
1956	7.2	61	4.9	41	100	20
1957	7.5	65	5.4	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	4.2	39	3.5	31	32	8
1962	2.9	28	2.5	23	20	5

(The figures for 1962 are tentative and based on the estimated population for Manitoba of 940,000, which includes 25,000 Indians.)

It is gratifying that tuberculosis deaths in Manitoba in 1962 reached a record low of 2.9 per 100,000 population. With present day treatment, death from tuberculosis should be rare, but in spite of this and the readily available facilities for early diagnosis, many patients



	1952	1962
CASES under supervision in Manitoba	4,644	5,663
TOTAL EXAMINATIONS	280,688	209,982
NEW ACTIVE CASES	552	283
DEATHS	115	28



still do not get treatment until their disease is very advanced. Then there is the increasing danger of treatment being less effective due to the development of tubercle bacilli which are resistant to the anti-tuberculosis drugs.

Twelve of the 28 deaths occurred in general hospitals. Many of these were elderly persons who were being treated in hospital for other serious conditions, and the finding of tuberculosis was in some respect incidental to the final illness. Three others died at home (two whites and one Indian) and the remaining 13 died in sanatorium.

Not many years ago the greatest toll was among the younger people, but in recent years more older people are breaking down with tuberculosis. Of the 28 deaths, 19 were over the age of 50 and 12 were over 70. Most of the elderly had other serious and debilitating diseases besides tuberculosis. Two children under the age of nine died of tuberculous meningitis and only five others between 10 and 40 died of tuberculosis.

Although there is a relationship between tuberculosis control and the tuberculosis death rate, the deaths reveal only part of the story. The important criterion today is the number of new cases of the disease and the number who are ill with it. This is why it is misleading to headline the decrease in deaths.

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
1962	197	86	283

New active cases of tuberculosis increased 20 percent in 1962 -- from 235 in 1961 to 283 in 1962. The increase was 10 percent among the white population and 53 percent among Indians. (Eskimos are not included in these figures because they are from outside the province and their record is kept nationally.)

This upsurge of tuberculosis was not general, but was localized to a few areas, particularly Brochet in the North and Norway House Indian Agency. From the Dauphin Health Unit area there were 18 cases, Brandon reported eight, Selkirk, seven, and St. James, seven. Out of the 145 municipalities and unorganized territories in Manitoba, 86 had no new active cases in 1962 and 31 others had only one each. Most of the others had two.

Another feature about the new cases is that the increase was

almost entirely due to more children with primary disease -- 26 being under the age of 10 and 27 others between 10 and 19 years. Obviously, sources of infection still exist and it is our responsibility to find them. We think that this increase is more apparent than real and is due to the fact that examinations of contacts have been more aggressive and prompt.

It is always difficult to determine the source of discovery -- that is, by clinics, surveys, hospitals, doctors. Fifty-two percent of the new diagnoses were finalized at the Central Tuberculosis Clinic and most of these were referrals from private physicians. This points out the physician's important role in tuberculosis case-finding.

Altogether, a total of 333 active cases of tuberculosis were reported in the province in 1962. Of these 283 were new cases and 30 were reactivations (relapses). This latter group is 15 percent of the total, compared with 20 percent in 1961, so some improvement is evident. Known old cases are a high yielding group of active disease and require more prolonged and careful follow-up than in the past. Twenty percent of those who broke down again did so within one year after being considered "cured," 40 percent within the first five years and 60 percent within 10 years. However, taking into account all old treatment cases, only about five percent relapse. We have records of all known cases of tuberculosis and our policy in the past has been to follow them at least by yearly x-rays for the first five years after they leave the sanatorium. During the past year, however, the Central Tuberculosis Registry has been bringing back into the current follow-up files all of the old cases for the past 20 years.

INDIANS (and ESKIMOS)

Of the 411 patients in sanatorium on December 31, 1962, a total of 225 (or 55 percent) were Indian or Eskimo. The Sanatorium Board assists the Department of Indian and Northern Health Services in the tuberculosis preventive program through surveys, clinics and follow-up of known cases. Considerable technical service is provided, thousands of x-ray films are read by the Board's medical staff, and treatment is provided by the Board's hospitals.

There has been remarkable progress over the past 25 years toward solving the tuberculosis problem among Indians but there still is a problem. The aggressive program and policies of the Department of National Health to accomplish complete control is highly commendable. Combing of reserves and Eskimo settlements for tuberculosis and sources of infection is much more intensive. Concentration is not only on removal and treatment of sources of infection but also upon treating children with primary disease and the vaccination with B. C. G. of those not already infected.

I think the Sanatorium Board of Manitoba has had an outstanding role in promoting the program of tuberculosis control among the Indians of Canada. The Chairman of the original advisory committee to the Federal Government on Indian tuberculosis was the Chairman of the Sanatorium Board of Manitoba.

TREATMENT

This is the first year for ten years that treatment days for tuberculosis have not decreased - in fact, have just slightly increased (o. 7%). You will note the trend shown in the table. The number of beds occupied has slightly increased as would be expected. Early in 1963 at the time of writing this report, occupancy had increased to 472, 61 over the year-end figures of 411. This increase, which is almost fully occupying treatment facilities in the province, has been due mainly to the increased admission of Indians and Eskimos. For example, in March, 1963, an outbreak of tuberculosis at Eskimo Point required the admission of 65 Eskimos. In 1962 a much larger number of Indians than expected were found with active tuberculosis in the Norway House Agency and at Brochet. Besides these outbreaks, a more aggressive policy of treatment for Indian children has been adopted; in fact, at present 90 children, mostly Indian and Eskimo, are on treatment at Ninette and Clearwater Lake. The average length of hospital treatment in 1962 was 290 days but for Indians and Eskimos it is longer because drug treatment for most needs to be continued in hospital up to 18 months and these people cannot be depended upon to take their drugs at home. Besides those treated in hospital, 84 received their treatment at home. Most of these were non-Indian children in the early stage of infection and before disease is evident by x-rays.

During 1962, a total of 503 tuberculous patients were admitted to sanatorium for the first time. They comprised 284 whites, 153 registered Indians and 66 Eskimos. This compares to 422 in 1961, which is an increase of 81 and is accounted for mainly by the admission of more children with primary disease, an increase of pleurisy with effusion and more patients with non-pulmonary tuberculosis. Of the 208 first admissions with re-infection type of pulmonary tuberculosis, disease was minimal in 47%, moderately advanced in 33% and far advanced in 20%. The number of re-admissions remained about the same: namely, 128 in 1961 and 138 in 1962. But it is noteworthy that of the re-admissions, 41% had reached a far advanced stage compared to the 20% for first admissions.

A total of 439 patients were discharged from tuberculosis hospitals during 1962. A gratifying observation is the decreased number of patients leaving sanatorium against medical advice, viz., 5% in 1962 compared to 11% in 1961. In number this is 22 (16 Whites and 6 Indians). Nineteen of the 22 are either back in sanatorium or have since been examined and are doing well at home. Of the three who had positive sputum, one has returned to sanatorium and attempts are being made to re-admit the other two.

I will not dwell upon treatment methods because there has been little change in the past year and full reports have been submitted to the Board from the treatment hospitals. We are becoming more aware of the problem of increasing resistance to the anti-tuberculosis drugs, not in first treatment cases but among the chronic cavitary and bacillary patients in sanatorium who have never been suitable for surgery. This demands a sound understanding of chemotherapy in general and beyond the use of primary drugs. Although the trend has been toward less surgery, resectional and other thoracic surgery

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	212,521	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	457
1961	71,765	70,827	142,592	28.2	388
1962	60,084	83,575	143,659	.7(increase)	400

Tuberculosis

	Bed Capacity		Bed Occupancy	
	Dec. 31/61	Dec. 31/62	Dec. 31/61	Dec. 31/62
Manitoba Sanatorium	260	255	226	233
Central Tuberculosis Clinic	18	64	15	60
Clearwater Lake Hospital	50	99	122	107
St. Boniface Sanatorium	-	-	25(temp.)	-
	328	418	388	400
On treatment in Mental Hospitals			12	11
			400	411

Extended Treatment

	Dec. 31/61	Dec. 31/62	Dec. 31/61	Dec. 31/62
Clearwater Lake Hospital	71	71	56	33
Assiniboine Hospital	198	198	161	148
	269	269	217	181

continue to play an important role in Manitoba. We have some special reasons for this. We believe that the incidence of relapse is reduced by resecting residual open "negative" cavities 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 resectional surgery gives. The increase in the number of alcoholics and irresponsible people being treated adds to the surgery for the same reasons. All tuberculosis chest surgery is now being done at Manitoba Sanatorium, Ninette.

The overall treatment requirements of the Board are difficult to predict. As pointed out earlier, treatment days after a 10-year steady decline have reached a plateau; in fact, there is now an increasing demand for treatment to almost the extent of capacity and I think this situation will continue in 1963. Now and in the future we are going to be faced with dealing with localized outbreaks of the disease and a more aggressive program in treating those with early infection.

THE CENTRAL TUBERCULOSIS REGISTRY

The Central Tuberculosis Registry is the medical accountancy department, which provides the facts for appraisal and informed 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 5,663 tuberculosis patients, which includes 1,152 Indians and 521 Eskimos, was on the active follow-up files of the Registry on December 31, 1962, as well as the medical records of over 10,000 persons with inactive disease.

TUBERCULOSIS PREVENTION

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
1962	7,348	1,257	63,515	137,862	209,982

TUBERCULIN AND X - RAY SURVEYS

Surveys were down in number in 1962 due to the selection of less populated centres. However, the total amounted to 137,862 - 99,231 being combined tuberculin and x-ray surveys and 38,631 x-ray only. Through these surveys 43 new diagnoses of tuberculosis were made, which is one in 740 for Indians and one in 6,042 for whites. Twenty-seven of the 43 had active disease.

At the December conference the role of surveys in case-finding and in relationship to costs was critically reviewed. It was considered that in the search for sources of infection we had no replacement for surveys and that they should continue. We have become more and more selective in the areas to be surveyed - that is, where the infection and case rates are known to be higher. Many municipalities have had no new cases for years. Although on the average there is an 80 percent coverage of the population in the areas surveyed, it was emphasized that the 20 percent missed were probably the most important and greater effort was needed to get as close as possible to 100% turnout. This year we have further limited the extent of surveys, are devoting more time in each community and have added one additional staff member, so that greater concentration can be given to getting the delinquents to attend.

TUBERCULIN SURVEYS

Age Groups	Negative Reactors	Positive Reactors	Total	Percentage of Positives
Under 5	6,756	12	6,768	.17%
5 - 9	12,291	165	12,456	1.31%
10 - 14	14,798	697	15,495	4.49%
15 - 19	17,307	1,229	18,536	6.63%
20 - 24	5,123	802	5,925	13.53%
25 - 29	3,009	926	3,935	23.53%
30 - 39	6,377	3,349	9,726	34.41%
40 - 49	4,829	4,599	9,428	48.78%
50 - 59	2,328	3,597	5,925	60.70%
60 - 69	1,182	2,256	3,438	65.62%
70 and over	786	1,280	2,066	61.95%
	74,786	18,912	93,698	20.18%

Special attention is given to high incidence groups and in this regard several special surveys have been carried out in schools and industries and elsewhere to examine contacts of tuberculous cases. Prisoners entering Headingly, Portage la Prairie, Brandon and Dauphin Gaols are routinely x-rayed. An x-ray unit is in operation full time at the National Employment Service building and all seeking employment are requested to have an x-ray. This service X-rayed 8,638 in 1962 and five cases of tuberculosis were found, four active and one inactive. A program of industrial tuberculin and x-ray surveys is carried out in the Greater Winnipeg area.

TRAVELLING CHEST CLINICS

Travelling chest clinics provide a more concentrated ser-

vice 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 less need for this type of clinic and these clinics are planned mostly for the less populated communities with limited health services. In 1962 a total of 1, 257 people were examined at 42 clinics held at 27 sites. Three new cases were discovered by this means. Ex-patients reviewed numbered 226 and contacts, 555.

STATIONARY CLINICS

These are the out-patient clinics at each sanatorium and at Assiniboine Hospital, but the main one is the Central Tuberculosis Clinic in Winnipeg. Examinations totalled 7, 348 - 2, 587 being reviews of ex-patients and 2, 938 being tuberculosis contacts. Of the 283 new active cases reported in the province last year 153 of these had their diagnosis finalized by Stationary Clinics, most of them at the Central Tuberculosis Clinic.

GENERAL HOSPITAL CHEST X-RAY PROGRAM

Hospitals	75
Number of Admissions X-rayed	47, 598
Number of Out-Patients X-rayed	7, 090
Number of Hospital Staff X-rayed	8, 827
	63, 515

During the year there were 148, 394 patients admitted to the 75 hospitals that are participating in the hospital admission x-ray program. Out of this number 47, 598 had routine admission chest films, which is only 32%. The percentage chest filmed by this program has been gradually decreasing. However, I am assured by the Chief Radiologist at the Winnipeg General Hospital that the number of admissions having a chest x-ray is actually increasing due to the fact that the attending physician is ordering more chest films as part of his clinical and hospital investigation, and, of course, in these cases the film should not be repeated under the Board's program. I have similar reports from other hospitals. Nevertheless, hospitals need to be reminded about the value of this program or their interest tends to lag.

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 47, 598 admissions x-rayed, 21, or one in 2, 266, had apparently active tuberculosis.

2. 278, or one in 171, had tuberculosis that was considered inactive.

3. 32, or one in 1,487, had tuberculosis of doubtful activity.

4. 113, or one in 421, were considered tuberculosis suspects.

5. Taking into account all the above, 444, or one in 107, had evidence of present, past or suspected tuberculosis.

6. Of the 7,090 out-patients, 19, or one in 373, had apparently active tuberculosis.

7. Among 8,827 hospital staff x-rayed, three 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 among 47,598 patients x-rayed on admission, 1,923 (one in 24) had non-tuberculous chest conditions, and 2,142 (one in 22) had suggested cardiac abnormalities.

The amount of tuberculosis found in general hospitals has decreased steadily since this chest x-raying program began in 1948. However, since about one out of every 100 x-rayed shows evidence of present, past or suspected tuberculosis, we think the program should be continued. This program is also a great convenience for the referral for x-rays of tuberculosis contacts and the follow-up of old cases or tuberculosis suspects, and it helps to maintain the interest of physicians and hospitals in tuberculosis contro.

B. C. G. VACCINATIONS

Tuberculosis Contacts	- 136
Graduate Nurses	- 10
Student Nurses (General Hospital)	- 308
Student Nurses (Mental Hospital)	- 25
Student Nurses (Practical)	- 119
Nurses' Assistants	- 65
Sanatorium and Hospital Staff	- 50
Brandon Mental Hospital Patients	- 213
Dental Students	- 8
Medical Students	- 34
Laboratory Technicians and Students	- 33
X-ray Technicians and Students	- 6
Others	- 1
By Indian and Northern Health Services	- 822
Total	1,830

The B. C. G. vaccination program has remained much the same in Manitoba for a number of years - that is, it is confined to those who by their enviroment or work have an above average opportunity of becoming infected with the tubercle bacillus. The young people of our country have a very low infection rate, as has been noted in the tuberculin testing figures. We have therefore

thought that vaccinating on a mass scale was not indicated and this view is held by most workers in this field. Besides this, we rely greatly on the tuberculin test in case-finding and differential diagnosis, and B.C.G. does create a tuberculin reaction. However, it is felt that in some areas where tuberculosis infection is higher, a modified program of vaccination should be carried out. The Board strongly supports Indian Health Services in their renewed and more aggressive B.C.G. program. The Dauphin Health Unit has more tuberculosis than elsewhere in Southern Manitoba so plans are now under way to vaccinate high school students in that area. B.C.G. vaccination does provide a considerable degree of protection to subsequent exposure to infection but it is not absolute nor comparable to the protection against small-pox given by small-pox vaccination.

APPRECIATION

I appreciate the advice and direction of 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 hospitals and their medical staffs, the Nursing Consultant and the nursing and technical staffs. I wish to acknowledge to contribution made to the Board's tuberculosis control program by the Government of Manitoba, the Government of Canada, the Manitoba municipalities and the numerous voluntary groups and the thousands of people who assist with our surveys and support the Christmas Seal Sale.

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

SUMMARY

1. The Sanatorium Board now has a wider responsibility for the treatment and rehabilitation of people with chronic disease other than tuberculosis. A noteworthy event in 1962 was the opening and operation of the Manitoba Rehabilitation Hospital in Winnipeg. Assiniboine Hospital in Brandon provided 198 beds for the care and rehabilitation of the chronically ill and 71 beds at Clearwater Lake Hospital were also devoted to this service.

2. The above newer functions of the Board have in no way detracted from its traditional responsibility of tuberculosis control, which needs to be and is being carried out with greater vigor than ever before.

3. Regarding tuberculosis, new active cases in Manitoba increased from 235 to 283 (20%). The increase was mainly among the Indians.

4. Tuberculosis deaths were the lowest in our history - namely, 28, or a rate of 2.9 per 100,000 population. Ten years ago there were 115 annual tuberculosis deaths.

5. Treatment days and the number of patients in sanatorium have been steadily decreasing for the past ten years but in 1962 there was a levelling off - indeed, a slight increase due to more new cases. There were 411 persons receiving hospital treatment for tuberculosis at December 31, 1962. By April 1, 1963, the number had increased to 472. This latter increase was due mainly to an unusual number of Eskimos admitted.

6. For the production of 283 new active cases many sources of infection must still exist. To identify them, case-finding activities are being further intensified, especially among the higher yielding segments of the population. A total of 209,982 persons were examined at tuberculin and x-ray surveys other special surveys and clinics in 1962.

7. Remarkable progress has been made but the fact must be faced that tuberculosis is still very much with us. Complacency would not only hinder progress but could set back what has taken years to accomplish.

CITY OF WINNIPEG

Tuberculosis Control 1962

The efforts of the City Health Department are mainly in the direction of epidemiology, the surveillance of old cases and those under home treatment. A combined operation is carried out with the major work in case-finding and treatment done by the Sanatorium Board of Manitoba. The Tuberculosis Central Registry operated by the Provincial Health Department has been found extremely useful in all aspects of this work.

The tuberculosis situation in Winnipeg does not improve greatly from year to year. Deaths gradually decrease in numbers but new active cases do so at a lower rate. There is still the struggle with the recalcitrant and the indifferent. The majority of new cases arise from the area of low income and poor housing.

The conquest of tuberculosis is far distant but with the excellent help of the Sanatorium Board, the Provincial Department of Health and the devotion of those valuable troops, the public health nurses, steady progress continues.

DEATHS

The steady decrease in deaths from tuberculosis continues:

Year	Number	Rate per 100,000
1910	164	123.6
1940	52	23.0
1950	21	8.3
1960	16	6.3
1961	10	3.8
1962	7	2.7

Deaths were predominently in older age groups and most were accompanied by other debilitating diseases:

Age groups	Number of Deaths
0 - 19	0
20 - 39	0
40 - 69	2
70 +	4
Total	6

NEW ACTIVE CASES

As a measure of improvement in tuberculosis control the number of new active cases is a better gauge than the number of deaths:

New Active Cases of Tuberculosis 1962

	New Cases	Rate per 100,000	Found on Surveys
1959	79	26.5	4
1960	45	17.4	4
1961	68	26.5	3
1962	65	25.3	4

Ages of new active cases at the time of discovery reveals an unusual number found in the older age groups.

Age Group	Number	Reactivated
0 - 4	2	
5 - 14	6	
15 - 24	9	2
25 - 39	11	4
40 - 59	17	5
60 - 79	18	7
80 +	2	
Total	65	18

How were these new active cases of tuberculosis discovered? The most fruitful source is the general hospital with private physicians next. Community surveys yielded only four new cases and if continued should be on a more selective basis.

How New Active Cases and Reactivations of Tuberculosis are Discovered:

	New	Reactivated
General Hospital - admissions	9	1
General Hospital - others	20	3
Private physicians	22	6
Community Surveys	4	1
Chest Clinics	2	7
Contacts	4	
Jails	2	
Vital Statistics	1	
Total	65	18

Diagnosis of New Active and Reactivated Cases 1962

		Active	Reactivated
Pulmonary -	Primary	3	
	Minimal	19	5
	Moderately advanced	13	3
	Far advanced	8	5
	Total	43	13
	Glandular	5	2
	Pleurisy	4	2
	Renal	5	1
	Bone	1	

	Active	Reactivated
Meninges	1	
Miliary	1	
Other	5	
Total	65	18

SURVEYS

A. Tuberculin Tests were carried out chiefly on college and high school students and selected industrial firms. Students revealed 10% positive and 90% negative. Employees of industrial firms showed 48% positive and 52% negative. These tests were carried out by the staff of the Sanatorium Board:

	Tests	Positive	Negative	Tests Read
Schools and Colleges	14, 193	1, 385	11, 854	13, 239
%		10%	90%	100%
Industrial	6, 427	2, 918	3, 107	6, 025
%		48%	52%	100%
Total	20, 620	4, 303	14, 961	19, 264
%		22%	78%	100%

B. X-ray Surveys. The positive reactors to tuberculin tests among students and industrial workers were x-rayed. One student was found with active tuberculosis and none in industry. However in 8, 371 x-rays taken at the National Employment Service four new active cases were found.

X-ray Surveys in Winnipeg 1962

	Number	New Active Cases
Industrial	7, 105	
Schools and Colleges	2, 812	1
National Employment Service	8, 371	4
Total	18, 288	5

Admissions to Sanatoria	53
Readmissions to Sanatoria	18
Discharges from Sanatoria	79

Average number of cases under supervision by the City Health Department - 906.

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

CENTRAL TUBERCULOSIS CLINIC

The Central Tuberculosis Clinic, which in January, 1962, moved to a separate, four-storey wing of the Manitoba Rehabilitation Hospital, has several important functions.

First, it serves as a centre for the diagnosis and prevention of tuberculosis and for reviewing and advising ex-patients. Thousands of chest films from surveys, travelling clinics and general hospital admission programs are read and reported upon.

Secondly, it serves as a 65-bed unit for the treatment of tuberculosis patients, mostly from metropolitan Winnipeg. However, patients requiring long-term treatment, especially if surgery is indicated, are transferred to Manitoba Sanatorium at Ninette.

Finally, it performs another important service in the supervision of out-patient chemotherapy. Nearly all non-Indian patients need to continue with drug therapy after leaving the sanatorium. Altogether, a total of 505 out-patients attended the clinic for this purpose in 1962.

During 1962 the work in all departments continued at a high level of efficiency. There was a total of 8, 883 visits to the Clinic for diagnosis, review or treatment, a total of 399 admissions to the wards and a total of 20, 370 treatment days, compared to 415 admissions and 15, 525 treatment days in 1952. Tuberculosis is a chronic disease involving generations and it is interesting to note in the following figures the slow decline in new diagnoses over a period of years:

1933	202
1942	229
1952	181
1962	171

Of the 171 new diagnoses in 1962, 82 were cases of active pulmonary tuberculosis. The extent of disease was as follows:

Far Advanced	20 or 24.4%
Moderately Advanced	30 or 36.6%
Minimal	32 or 39.0%

The age classification of the new cases is also of interest, the highest incidence occurring in the group from 30-39 and the next highest (with only one less case) in the 70-and-over age group.

TREATMENT

The use of anti-tuberculosis drugs continues to play an important role in the treatment of tuberculosis, and by continuing the use of these drugs at home many patients are discharged much sooner than they would otherwise be. During the year 164 patients came to the clinic for streptomycin treatment. PAS was given to 153, and INH to 505. In combination with the streptomycin, these out-patients received INH or PAS, or both. Many children with positive tuberculin tests were treated with INH alone. On the wards our main chemotherapy treatment

is also the use of these drugs and during 1962 streptomycin was given to 223 patients, PAS to 53, and INH to 240, most of the patients receiving either two or three of these drugs in combination.

Of 399 admissions to the wards, 226 had respiratory tuberculosis, 57 were cases of non-pulmonary tuberculosis, and 116 were found to be non-tuberculous.

There were 355 discharges. Of this number 102 were discharged on medical advice, only eight went home against medical advice, 122 transferred to sanatorium for further treatment, 26 were reviews, and 87 were discharged to carry on with anti-microbial therapy at home. There were 10 deaths, only four of which were due to tuberculosis. Of the other six, three were due to lung malignancy, one to bronchial pneumonia, and one to Hodgkin's Disease (all patients suspected of having tuberculosis). The other death was an old sanatorium patient who had developed hypertensive disease.

The average number of days treatment was 49.4.

LABORATORY

Tests in this department have increased because of the increasing demands of medical staff, and during the year a total of 12,408 various tests were done, which is an increase of more than 2000 over the previous year. We have continued our B.C.G. vaccination program of student nurses, medical students and family contacts. Tuberculin testing is an important routine procedure and 2,312 Mantoux tests were done in 1962. Another service that our laboratory performs is to examine specimens of urine, sputum, etc. sent in by private practitioners. There were 1,038 such specimens received and reported on during 1962.

X-RAY DEPARTMENT

Our X-ray Department is very busy taking care of the needs of both the Manitoba Rehabilitation Hospital and the Central Tuberculosis Clinic. In the Central Clinic alone in 1962, 4,264 individual persons had a total of 5,083 x-ray examinations requiring 5,706 x-ray films.

PREVENTION

Our program of prevention includes travelling clinics, surveys, and the chest x-raying of patients admitted to general hospitals. From these three sources there were 47 new diagnoses of tuberculosis, 10 probably active tuberculosis, and 68 suspected of having tuberculosis. In all, 82,681 films were reviewed by the Central Clinic medical staff for Preventive Services in 1962.

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

MANITOBA SANATORIUM

In 1962 Manitoba Sanatorium completed its first full year of operation since returning (after 30 years) to its original role as the main tuberculosis treatment centre for the Province; a reversion brought about by the withdrawal of St. Boniface Sanatorium and the Assiniboine Hospital from the field of tuberculosis. The resulting increase in work, plus attendant problems, was the most significant factor in the functioning of the Sanatorium in 1962. At the beginning of the year it was anticipated that the initial rise from transfers would be followed by a slackening off in occupancy. Such was not the case. Indeed, the average daily occupancy rose from the previous year's figure of 213 to 229 and patient days from 77, 785 to 83, 742.

The increases were in all groups but mainly in Treaty patients. Thus on December 31, 54% of all patients were Treaty and if one adds the Metis, 68% of all patients were of native blood. Children and old age groups showed a gradual increase: 52 children under 14 and 46 adults over 60 at year's end. The proportion of men to women remained roughly two to one. Considerable adjustment and re-allocation of housing has been necessary to accommodate the patient increase. Generally there has been more work for all departments.

ADMISSIONS AND DISCHARGES

There were 305 admissions, classified as follows: First admissions 71, re-admissions 45, transfers 186, to continue treatment 4, review 7. Of all admissions, 262 had tuberculosis and 36 proved to have other conditions after investigation. Of the 234 with respiratory tuberculosis 214 were pulmonary-21% minimal, 36 moderately advanced and 43% far advanced. Thirteen patients had pleural tuberculosis, 6 primary infection and one tracheobronchial. Of the 28 with non-respiratory tuberculosis sites were as follows: Genito-urinary 12; bone and joint 5, meninges 3, cervical glands 5, mediastinal glands 1, dessiminated 1. Of the 262 tuberculous admissions 130 were bacillary, 95 non-bacillary and 16 undetermined. Thirty-four, or 13% had suffered relapse of which 25 had had chemotherapy and three also had lung resection.

The 298 discharges were classified as follows: On Medical advice 205, against advice 12, disciplinary 5, transfers 45, reviews 7, deaths 20. Of all discharges 239 were from tuberculosis and 52 from other causes. Of the 232 patients discharged home, 86 are continuing anti-microbial therapy. Only four patients with bacillary findings were discharged home, three under supervision with medical consent and one against advice. Of the 20 deceased patients tuberculosis was the cause of death in six while 14 died of other associated conditions. Autopsies were performed in 9.

OUT-PATIENTS

Total attendance at the Out-Patient Department was 1, 167. Non-tuberculous chest conditions were diagnosed in 20. Contacts totalled 433 and 407 old patients came back for review.

TREATMENT

Principles of treatment have changed very little in the last year. Average length of stay in hospital was 282 days. Due to centralization of facilities at Ninette and the transfer of long-term patients from other institutions, there was a significant increase in treatment problem cases in 1962. This had a considerable effect on anti-microbial therapy. A survey of the patient population in late September showed a sharp rise in the use of second line drugs, due mainly to the admission of chronic drug-resistant patients. At that time, of the 206 patients on chemotherapy we had placed 46, or 22% on second-line drugs. Twenty of the 46 patients were resistant to first-line drugs, another 20 were both resistant and allergic and the remaining six were allergic alone. Resistance tests are done routinely on all bacillary patients in controlling chemotherapy. Aside from laboratory findings, failure to convert after prolonged trial is, in our opinion, an indication for changing drugs. Our standard use of first-line drugs is the usual triple drug routine; streptomycin, 1 gram bi-weekly; INH, 300 mgms daily; and PAS to tolerance aiming at 12 grams daily. Second line drugs in use are viomycin, cycloserine, pyrazinamide and ethionamide. We have had indifferent success with ethionamide due to gastro-intestinal intolerance.

Lung surgery still plays a major role in treatment, although there has been some decline in use due to the greater number of children and old people in sanatorium. Also, most of the chronically ill transferred to us recently are not suitable for surgery. We are still doing salvage operations on selected cases and using either resection or collapse, according to the risk. Three patients with chronic empyema were also treated by operation. Removal of residual foci to prevent relapse, especially in those of native blood, continues to be an important part of resection surgery. Major chest operations totalled 69 - three less than last year. Procedures were as follows: Pneumonectomy 4; (2 with decortication), lobectomy 11, segmental resection 9, wedge resection 28; thoracotomy 4; thoracoplasty 7; extra-periosteal plombage 1; decortication 1; Schede thoracoplasty 3, Schede repair 1. There was one operative death from cardiac arrest. The only significant post-operative complications were four patients with air leak following resection (all successfully repaired at thoracotomy) and one patient with bronchial pleural fistula (responding at present to Schede thoracoplasty).

Dr. W. B. MacKinnon performed 7 orthopaedic operations during the year, as follows: Spinal fusion 5, ankle fusion 1, knee fusion 1. All patients have done well.

X-RAY AND LABORATORY DEPARTMENTS

Radiographic examinations totalled 2, 877, an increase of 155 over 1961. Eighty-one electrocardiographs were done and 65 coloured slides were made of surgical specimens.

The laboratory procedures numbered 17, 704, an increase of 21% over 1961 and a work unit increase of 20. 5%. Culture work for isolating tubercle bacilli and testing for drug resistance showed special increase, with 1, 100 made. For the last three months of the year all

cultures from the Central Tuberculosis Clinic have been sent to us for resistance testing.

EDUCATION AND STUDY

Education and study is an integral part of treatment, and the Rehabilitation Department continues to provide a program of academic schooling, vocational training and occupational therapy. The importance of education cannot be stressed too much, especially for those who must remain a long time in sanatorium.

The Department of Nursing gave affiliate training to 15 students from the Graduate School of the Brandon General Hospital and to 98 from the Manitoba School of Practical Nursing. This included classroom and ward demonstrations, supervised ward work and a lecture course in which medical, nursing, laboratory, dietary, public health and rehabilitation staffs all participated. A course for nurses' assistants has also been in operation during the year and 34 were graduated.

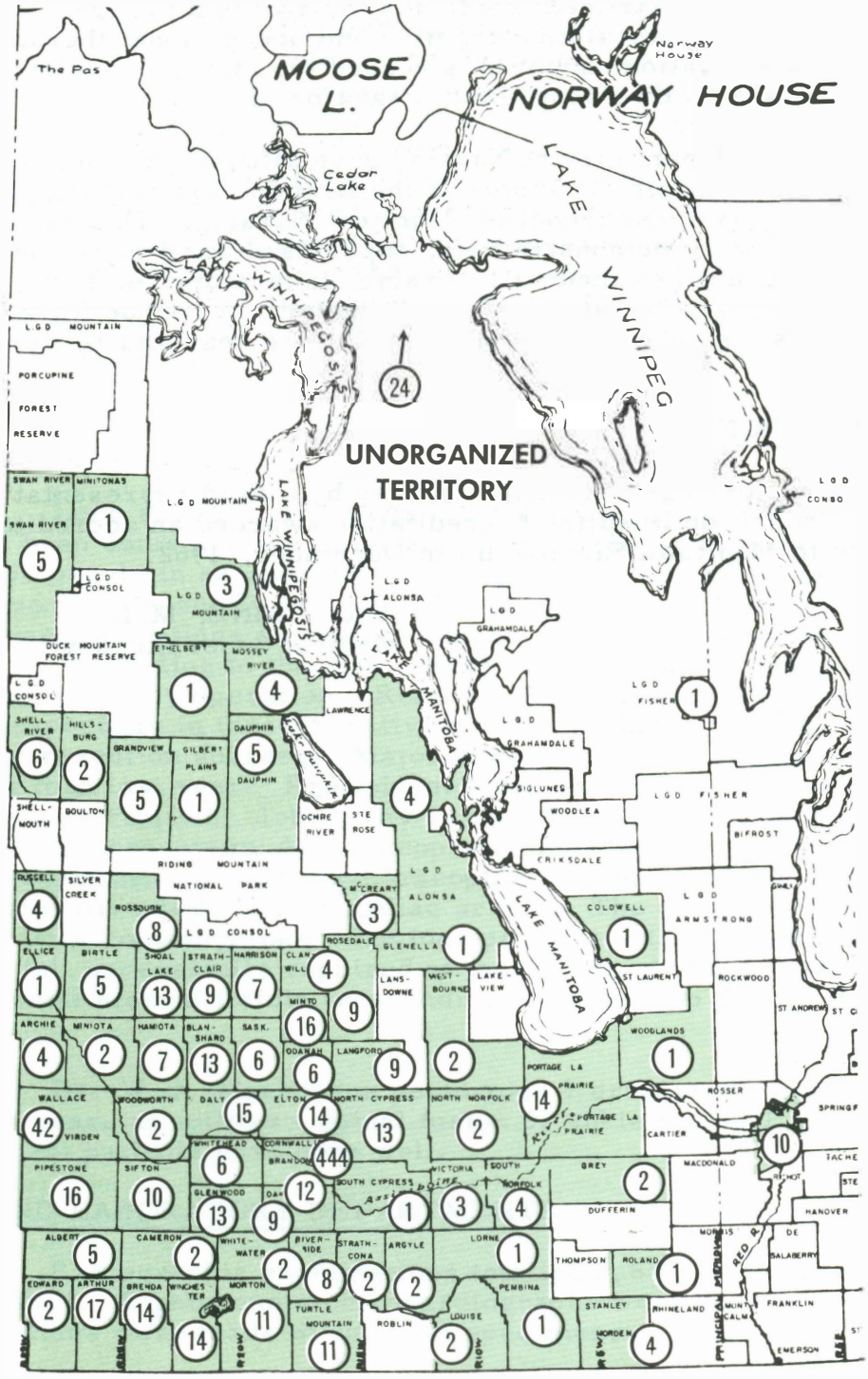
ACCREDITATION

Following an intensive survey by a field representative, the Canadian Council on Hospital Accreditation awarded an accreditation certificate to Manitoba Sanatorium in December, 1962.

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

Source of Admissions – 1962

To Assiniboine Hospital – Brandon



OTHER PROVINCES — 20
NORTHWEST TERRITORIES — 9
U S A — 1

LGD stands for Local Government District

CLEARWATER LAKE HOSPITAL

As eradication of tuberculosis in Northern Manitoba appeared to be a possibility, a sense of optimism prevailed in the Annual Reports submitted from Clearwater Lake Hospital during the past decade, but let us pause at this stage and view the current situation objectively.

Statistics reveal the fact that during the high incidence year of 1955, 65 advanced cases of tuberculosis were admitted to Clearwater Lake Hospital for treatment, and although a marked decline occurred in the intervening years, the pendulum swung the other way during the past two years.

Of the 220 admissions to Clearwater in 1962, far advanced disease was present among 48 patients, and tuberculous meningitis, a comparatively rare medical entity, manifested itself in five others. This was almost unprecedented. It is of little consolation to realize that tubercle bacilli were demonstrated in 51 instances during the past two years, particularly when it is realized that these open cases account directly for the development of primary disease among the younger contacts. This fact was most apparent at Clearwater where the children's ward was often filled to overflowing.

However, there are indications that real progress has been made. There has been a radical reduction in mortality, and case-finding programs conducted throughout Northern Manitoba have revealed, with a few notable exceptions, that most areas may be considered free of active disease. It should be realized that a large proportion of active admissions during 1962 emanated from two main sources - 10 from Brochet and 35 from the Norway House Agency. Prince Albert Sanatorium has closed and several Saskatchewan patients were re-routed to Clearwater.

Although there were 220 admissions, 13 were found to be free of disease after investigation. Patient days of treatment increased by over 7000 compared to 1961, to reach the high figure of 32, 130.

It is most apparent that tuberculosis constitutes a major health problem in the North, and no doubt will remain so for a decade or more. It is equally apparent that a Tuberculosis Preventive Centre must remain in this area and function similarly to the Central Tuberculosis Clinic in Winnipeg. Plans for the future should incorporate the construction of a well equipped diagnostic unit of this nature. If there is to be any hope of controlling the spread of tuberculosis, the case finding programs must be intensified and become an all-out effort.

MEDICAL STAFF

The location of the hospital in an isolated area has accounted in part for the short-term employment of medical officers. Over the past ten years, 22 men have been employed at Clearwater. More recently the situation has improved.

LABORATORY AND X-RAY

At the beginning of 1962, a registered technician was in charge of the department. At the year end she was replaced by two non-registered laboratory assistants. A total of 6720 tests representing 10,912 units were performed and the services of outside laboratories were utilized to an increasing degree.

X-ray examinations of in-patients totalled 1,209 and of staff and out-patients, 491.

Films were interpreted for the medical staff at St. Anthony's Hospital, The Pas, Norway House Hospital, Fort Churchill, Chesterfield Inlet, Baker Lake, Rankin Inlet and other agencies.

OUT-PATIENTS

Post-sanatorium follow-up of tuberculosis patients is an important facet of any preventive program, and yet, a mere 136 examinations were carried out during the year, compared to an average of 350 annually in the past. With an increasing incidence of tuberculosis, it is important that ex-patients return regularly for thorough investigation, including X-ray, sputum examination, gastric wash and other essential tests. An X-ray taken in the field is inadequate in these cases. It is sincerely hoped that this situation will be rectified in the coming year.

ACCREDITATION

At the end of the year a certificate of accreditation was awarded to Clearwater Lake Hospital by the Canadian Council on Hospital Accreditation.

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

TUBERCULOSIS CONTROL AMONG NATIVE CANADIANS

Tuberculosis control is still one of the major health programs in the Department of National Health and Welfare, since the incidence of this disease remains very high among the Indian and Eskimo people. In fact, it can be assumed that tuberculosis is still at least ten times more prevalent among Indians than among other segments of the population. Mortality from tuberculosis is also at least ten times higher. During 1962 the incidence of disease among Indians in Manitoba rose somewhat over 1961 and has brought a sharper focus of attention to bear on our existing program.

DETECTED NEW ACTIVE & REACTIVATED TUBERCULOSIS
1958 - 1962

CENTRAL REGION MEDICAL SERVICES

YEAR	1958	1959	1960	1961	1962
NEW ACTIVE	226	131	143	105	144
REACTIVATED	36	67	26	24	18
TOTAL	262	199	169	129	162

Over the past few years there has been a definite downward trend in the number of detected cases of tuberculosis. It must be remembered that this does not necessarily reflect the true incidence of the disease since there may be many undiscovered cases which have not been brought to light by our case-finding methods. I do feel, however, that there has been a true downward trend, but I am also certain that the intensification of case-finding methods will cause the number of detected cases to rise, as was the case in 1962. Among the native population, therefore, our program of tuberculosis control is far from complete.

The tuberculosis death rate in the Central Region has gradually declined from 85.1 per 100,000 population in 1954 to 16.9 in 1962. This, of course, reflects much improved treatment methods and earlier detection of cases.

During 1962 a total of 25,910 Indians and 1,089 Eskimos were examined in tuberculosis x-ray surveys in the Central Region. An additional 4,166 children were x-rayed in the schools. By means of these surveys, which are the combined efforts of the Sanatorium Board of Manitoba and our Medical Services, 33 new cases were discovered among Indians and 11, among Eskimos.

The 1962 survey figures depict a more complete coverage -- one reason for the apparent increase in the incidence of the disease. In order to be more effective, surveys must attempt to obtain even better coverage, and we must increase our efforts to x-ray those people who

were missed by regular surveys, so as not to miss a nidus of infection. This is easier said than done, but every effort will be made in this direction. It is much too early to consider reducing the frequency of surveys in this Region.

The BCG program has been fluctuant, due in part to changing concepts and attitudes toward this method of prevention. This year our Directorate has a stated policy of administering BCG to all tuberculin negative reactors using the per cutaneous method of administration with the 20 point Heaf Gun and utilizing freeze Glaxo Allenbury BCG especially prepared for use by this method of administration. This program has just been begun. With the implementation of this program, the tuberculin testing program must also be greatly expanded and this is now under way. We are standardizing the testing method by using the Heaf method.

Our present tuberculosis control program was reviewed in view of certain changes in policy regarding tuberculin testing and BCG vaccination programs. The emphasis of the program will be on Health Education (in its broadest sense), prevention, early detection, prompt treatment and follow-up. Details of some aspects of the program will be increased and it is hoped that it will be even more effective than in past years.

In respect to treatment of Indian and Eskimo patients, it is felt that home treatment of patients cannot be considered. These people are not sufficiently educated in health matters nor do they have adequate home conditions to undertake this therapeutic approach. In the past, active tuberculosis patients have been sent home and advised to continue therapy and this has proven most unsatisfactory. We therefore trust that sanatoria will not send tuberculosis patients home before their disease is inactive by present day standards.

In respect to treatment of primary disease in children where there is clinical and radiological evidence it is felt that hospital therapy is indicated for Indian and Eskimo people. In regard to natural tuberculin converters such cases should be individually assessed and if not admitted to hospital should be followed closely.

The following are some recommendations which we hope will be implemented with the co-operation of all participants in the general tuberculosis control program:

1. Intensify efforts to obtain better coverage during annual chest x-ray surveys on reserves and among Indian and Metis groups and x-ray those who miss regular surveys.

2. Establish more effective medical control over following up ex-patients and ensure that they receive an adequate standard of living through their own or other resources.

3. Establish better control in regard to examination of contacts.

4. Intensify tuberculin testing program.

5. Intensify BCG vaccination program among the Indian and Eskimo populations.

6. Continually advise appropriate governmental and voluntary organizations that the high incidence of tuberculosis in Indian, Metis and Eskimo groups is directly related to the poor standard of living and even poorer living conditions of these groups, and that every effort must be made to improve the socio-economic status of these groups of people, the majority of whom live in underdeveloped areas of this country.

In conclusion it is felt that the incidence of tuberculosis among the Indians and Eskimos will reach a plateau in spite of program intensification, due to the fact that there is a low educational level and poor standard of living in this group. The raising of these socio-economic levels in a developing society is a slow and painstaking process, and therefore it will take some years before we will be in a position to state that tuberculosis is approaching eradication. This note of pessimism, however, should not be interpreted as complacency of health workers but should and will serve as a stimulus to greater effort in our respective fields of endeavour.

I would like to take this opportunity to thank the Sanatorium Board of Manitoba for its excellent co-operation and dedicated spirit of service and all the medical and para-medical confreres with whom we work so closely in striving to the common goal - the control and eventual eradication of tuberculosis.

O. J. RATH, M.D., M. P. H.
Regional Superintendent, Medical Services,
Department of National Health & Welfare.

REHABILITATION SERVICES FOR TUBERCULOSIS PATIENTS

Twenty years ago on May 1, 1942, the Rehabilitation Division of the Sanatorium Board of Manitoba was established. The plan then provided for vocational counselling, vocational training and placement assistance, and the philosophy underlying these fundamental factors has remained the same since the inception of the program. However, because of modern medical treatment, resulting in shorter periods of hospitalization, more pre-vocational and vocational training opportunities, and a change in patient personnel (more Indian and Eskimo patients) there have been gradual changes in technique through the years.

The objectives of assisting an individual to maintain, improve, or if necessary to change his vocational status, have been achieved whenever possible. The in-sanatorium program continues to play an important role in rehabilitation, although all of the students registered were not immediate, vocational rehabilitation problems.

IN-SANATORIUM PROGRAM

Manitoba Sanatorium

Monthly visits were paid to the Manitoba Sanatorium with the triple purpose of interviewing new patients who were potential rehabilitants, re-interviewing, when necessary, those who were engaged in some in-sanatorium rehabilitation program with a definite goal in mind, and also re-interviewing the patients who were likely to be discharged before the next visit. This latter was done to ensure a carry-over to the post-sanatorium rehabilitation services.

The importance of the assistance given by the medical staff cannot be over-emphasized and it is herewith acknowledged.

For the third consecutive year the staff of the rehabilitation department at Manitoba Sanatorium has remained the same, and the continuing co-operation of the supervisor and instructors is much appreciated.

There was a slight increase over last year in enrollments in the three divisions of the department as shown:

	1961	1962
Registered in Pre-vocational Courses.....	211	234
Registered in Vocational Courses	18	23
Registered in Handicraft Courses	267	280

There were students registered in all grades from 1 to X11. Almost 70% of these were of Indian or Eskimo origin.

Subjects completed.....	322
Promotions to higher grades.....	115
Students returning to regular schools	25
Pre-vocational students on Dec. 31, 1962	88
Vocational students on Dec. 31, 1962	10
Handicraft students on Dec. 21, 1962	75

The principals of the various schools concerned have been most co-operative and the transfer from the in-hospital school to regular classroom work is easily made. One high school student who had been in the sanatorium for over a year was most reluctant to leave because he felt he would not be able to fit into a regular class again. However, when he learned that the principal was expecting him and had already set up a course of studies for him to follow, he left the hospital and is happily completing the next year's work. He hopes ultimately to become a detective.

The co-operation of the Correspondence Branch of the Department of Education is also again gratefully acknowledged.

As in other years the handicraft division held successful displays of work, much of it Indian and Eskimo craftmanship, at the Manitoba Education Association Conference, the Red River Exhibition and the Rural Folk Festival, sponsored by the Manitoba Wheat Pool Elevators.

Central Tuberculosis Clinic

The In-Sanatorium Rehabilitation Program was extended in February 1962 by employing a part-time teacher in the Central Tuberculosis Clinic. Thus the opportunity to begin pre-vocational or vocational study was given to a group who do not usually need a long term of in-hospital treament, but who could benefit from the Rehabilitation Department's counselling, assessment, training and placement services. Here again we acknowledge the co-operation of the medical and nursing staff as well as that of the teacher in this new venture.

From February to December 31, 1962:

Registered in pre-vocational courses		30
Returned to regular schools Grades IV to XII	11	
Continuing sudies at University	2	
Registered at M. T. I.	1	
Transferred to Ninette	4	
Discontinued courses	2	
Carried over to 1963	10	
	30	

Registered in vocational courses		14
Continuing in vocational schools	4	
Returned to former employment	4	
Carried over to 1963	6	
	14	

To illustrate what can be done in even a short period of hospital treatment we cite the following examples:

In the vocational group two students were registered in elementary bookkeeping courses through correspondence, and these were followed by registration in the October classes of the Registered Industrial Accountants course. One of these students is now gainfully employed and is continuing with the R. I. A. evening lectures, and the other student is carrying on through correspondence, while completing his cure, and will write the same examination in April as the regular

students. In both of these cases the men concerned had been unhappy in their former employment as a sales clerk and untrained bookkeeper respectively. The future looks much brighter for both because of a brief sojourn in hospital.

Clearwater Lake Hospital

There was one change in personnel in the teaching staff at Clearwater Lake Hospital during the year. Reports show that there were 120 students registered during the year. On December 31, 1962, a total of 25 students were enrolled. Most of the students here are of Indian or Eskimo origin and the major portion of the teaching load is at an elementary level.

POST-SANATORIUM PROGRAM

As has been stated before, the individuals who, while in Sanatorium became sincerely interested in improving or changing their vocational status, are not serious problems following discharge. A course begun in hospital can be followed by formal training in the chosen vocation, and this in turn leads to almost certain employment.

Sometimes the fear of a recurrence of the disease leads a man to search for a more sedentary occupation. One man, who had been a welder by trade, was extremely nervous about returning to this occupation. On testing him, he showed clerical aptitude and began a course in elementary bookkeeping while still in hospital. An interview with his former employer disclosed that the company would give the man an opportunity to change his employment category within the same firm if at all possible, and he is now training as a clerk typist. In a year or so, the fear of a physical breakdown may disappear and he could then return to his old job of welding, but in the meantime he has learned other skills. An almost identical history could be given about a man who had surgery for Potts' Disease and was in a cast for seventeen months, but whose former occupation had been truck driving.

The pre-vocational schools set up by the Vocational Branch of the Department of Education serve those rehabilitants who were not in sanatorium long enough to up-grade sufficiently to enter a trade school following discharge. Two of our students took advantage of this program last year.

Some of the major post-sanatorium problem cases have been those who did not participate in any self improvement or up-grading program while in the sanatorium, but who became aware of this need when searching for employment. Where possible these have been directed to training.

Completed training and employed in 1962	14
Still in training on December 31, 1962	7
Discontinued training	3

Two of those who discontinued training were hard core cases, but who were nevertheless given the opportunity to train with remunerative work and regained self-respect as objectives. However, habits formed through years of shiftless living reasserted themselves

when constant supervision had to be withdrawn.

The Winnipeg General Hospital Orderly Training has proven popular to ex-sanatorium patients. The familiarity of hospital routine compared to unknown training fields is probably a strong factor in making this choice as well as the appeal of a short course leading to almost certain employment if successful. The five who chose this course are all gainfully employed and happy in their choice of vocation.

The one on-the-job trainee carried over to 1963 is a young man who attended ungraded classes in a city school before admission to sanatorium, and further academic training following discharge was not acceptable to him. He is receiving training as a cabinet maker.

Number of interviews	911
Accepted cases during the year	66
Carried over from 1961	53
Cases closed as rehabilitated	37
Job Placements	39
Carried over to 1962	52

Follow up service is given until the rehabilitant can successfully function without assistance.

PUBLICITY AND MEETINGS

Several industrial plants have been visited for ex-patient employment possibilities. Monthly lectures to student Practical Nurses and to student nurses from Brandon General Hospital were given at Manitoba Sanatorium on "Rehabilitation Services for the Tuberculous Patient". Talks were given on the same topic to the Delta Kappa Gamma Society and to a service club.

The Supervisor of Rehabilitation Services (Tuberculosis) took part in a panel discussion on "Post-Sanatorium Training" at the Canadian Tuberculosis Association Conference in Edmonton, Alberta, in June 1962.

ACKNOWLEDGEMENTS

Appreciation is again expressed to the Zonta Club of Winnipeg for their annual monetary gift for indigent rehabilitants, and for their Christmas gifts to the children at Manitoba Sanatorium.

The courtesy extended and assistance given by National Employment Service, the Departments of Education, Welfare and Health as well as that of the different voluntary agencies are also gratefully acknowledged.

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

SPECIAL REHABILITATION SERVICES

The Special (Indian) Rehabilitation Program was conceived when it became evident that few Indian patients were benefiting from post-hospital services to anywhere near the same extent as their white counterparts. Shortly after the inception of the Program it was concluded that the real barriers to successful rehabilitation of the Indian did not stem from physical or mental limitations but were rather of a social nature - the result of lack of opportunity and background. The solution was found in an intensive, personal, individual-centred approach - rehabilitation in the broadest sense, with one agency, one person responsible for the total needs of the individual. Later, it was further concluded that the same approach might be applied successfully as a preventive measure, and in 1961 a few persons, who had no physical impairment but similar backgrounds, were accepted. At the same time the Program was extended to include (in addition to Indian and Eskimo) some Metis, on referral from the Provincial Department of Welfare, and in 1962 two persons of Indian origin were accepted on referral from the City of Winnipeg Welfare Department.

A further development in 1962 was the re-location of six families. Previously the policy had been to have wives and children remain at home during the training period. The criteria for acceptance of these six families were need and indicated interest. In total the group numbered thirty: Two families having five children each; one with six children; two with one child only; and one recently married couple. The complexity of the problems encountered in working with these six couples was staggering. Housing and furniture, schooling and medical care for the wives and children, budgeting, shopping and recreation, suggest only a few of the areas of need. One of the wives spoke no English. However, supported by an intelligent and considerate husband, she appears to be making a good adjustment. Five of the six couples are still struggling along. The sixth left the city after four months, the wife rather reluctantly. It is interesting to note that, even in this short period, the man had set what was for him an employment record. It was also the longest period he had ever been away from the family group. His failure cannot be attributed to any single factor. Loneliness, low wages, the demands of the job, all contributed. Perhaps next time he will make the grade.

Another experiment which took place in 1962 was the acceptance of a married couple to the Rehabilitation Unit at Brandon. This young couple and their infant were housed in one of the suites previously reserved for staff at Assiniboine Hospital. The wife had never before kept house and knew nothing of cooking, budgeting or, for that matter, the care of her child. While her husband attended classes in the Unit the wife received instruction in home economics in the Occupational Therapy Department of the hospital. Receptive to training and counselling, she is now a creditable housekeeper and mother. She manages her money well, sometimes despite her husband who, although he has made considerable progress, has not kept pace with the wife socially. The results of this experiment suggest the establishment of a more permanent practice house.

STAFF

The extension of services to other agencies mentioned previously resulted in an increase in the number of referrals and inquiries and, although the number of cases accepted increased only slightly in 1962, considerably more time was required for intake, administration and follow-up. As there is only so much time available the tendency was to spend less time with individuals, with the result that there was less of the personal approach and greater dependency on other agencies, individuals, and particularly on other staff. Fewer visits were made to Ninette during the year but thanks to Miss G. L. Manchester and the other teachers at Manitoba Sanatorium, and to Miss Margaret Busch, Supervisor of the Tuberculosis Rehabilitation Program, the high standard of in-hospital training was maintained.

At Brandon the Rehabilitation Unit operated at approximately ninety percent capacity, or fifteen percent above what was anticipated. The development by the Provincial Government of the facilities for pre-vocational and vocational services further increased the work load at Brandon, as more students remained in that city for training. Placements in Brandon also increased during the year, and at one point the need for follow- up services outside the Unit became quite critical. However, this was remedied at the first of December when Mr. Harold Weitman was taken on staff on a full-time basis. Both Miss Ruth Snuggs, Supervisor of the Unit, and her assistant, Mrs. Phyllis Watt were on the sick list during the year and would, I am sure, have been away much longer had it not been for their dedication to the Program. Both deserve commendation.

The Program in Brandon was further strengthened in 1962 by the re-establishment of the Advisory Sub-Committee and I would like to take this opportunity of expressing my appreciation to: Dr. A.H. Povah, Chief of Medical Services, Assiniboine Hospital; Mr. C. Christianson, Hospital Manager, Assiniboine Hospital; Mr. W.A. Sutherland, District Supervisor, Provincial Department of Welfare; and Mr. R.A. Jones, Supervisor, Vocational Training Centre. The counsel given by these gentlemen at the monthly meetings was only incidental to the services rendered to the Program by them, and their respective staffs, during the year.

In June of 1962 Mr. R.G. Butterfield, on loan from Community Development Services, Provincial Department of Welfare, joined our staff in Winnipeg. Mr. Butterfield, who is originally from Norquay, Saskatchewan, was well acquainted with Indian people. In addition to having grown up with Indian children, he later served three years with the Hudson's Bay Company at various northern posts. After spending six weeks at the Rehabilitation Unit in Brandon, Mr. Butterfield summed up the sentiments of all our staff when he remarked that he felt he had gained more insight and more understanding of Indian people during this short period of working with them as individuals than he had during all his previous contact with Indian people.

VOCATIONAL

There were significant changes in the vocational program during the year. The number of accepted cases rose slightly - approx-

imately nine percent over 1961. The percentage of accepted cases who were ex-tuberculosis patients dropped from sixty-four percent to forty-eight percent. The increased admissions to sanatoria during the year will not be reflected until 1963.

ACCEPTED CASES:

105 Indians		
6 Eskimo		
15 Metis	Total	126

This figure includes only those persons who, following preliminary assessment, showed some chance of achieving a measure of social and economic independence.

DISPOSITION OF ACCEPTED CASES:

Closed - Lost contact, lacking interest, or otherwise no longer considered capable of benefiting from service	29
Closed - Returned to regular schools, or transferred to other agencies	7
Closed - Rehabilitated, no longer requiring services	14
Closed - Returned to regular schools	7
Attended the Rehabilitation Unit, Brandon	44
Attended school outside of the Unit	5
Received pre-vocational (academic training)	11
Received vocational training	12
Received vocational training on the job	4
Completed vocational training	5

EMPLOYMENT:

(a) First placements -	28
(b) Second placements -	26
Of the thirty-two persons placed for the first time in 1962 there are known to be still employed -	16
Lost contact but believed still employed -	4
Transferred to training -	3
Married (women) -	3
Lost contact and believed to be unemployed -	2

Of the last two, one was a married man who, although a good worker, could not command a wage sufficient to maintain his family in the city due to his lack of schooling, lack of previous work experience and physical limitations.

The second man was an alcoholic, but despite his drinking his work record was good and his employer was most reluctant to let him go. A very conscientious and considerate person, he explained when asking to be returned home that he lived in fear that sooner or later he would let us down. This man has been given a good recommendation and it is hoped that suitable employment may be found for him on or near the reserve.

I am most grateful to the Sanatorium Board for the assistance given to one of our rehabilitants in the form of a Nursing Bursary.

GENERAL

Considerable time and thought were given to the future development and expansion of the Program during the year, with the proposal that the Program be transferred to the Provincial Government, the thought being that it form the nucleus of a much broader program geared to meet the needs of all socially as well as physically handicapped persons of Indian origin in the province. As a result of this proposal, referrals and inquiries began to flood in from every conceivable source - District Welfare Offices, Community Development Workers, Probation and Family Court Workers, and Children's Aid Societies. The far reaching implications of this proposal were soon apparent. It was obvious that the development of the large-scale program which would be required to make any significant impact on the demand for services could not be undertaken lightly. It was therefore agreed that in 1963 the Program would remain with the Sanatorium Board and would continue to strive to meet its first responsibility - namely that of serving the needs of the physically handicapped of Indian origin.

A good deal of public interest has been stirred up during the past year, the general theme being, "Lo, the poor Indian". I would like to suggest that it is time we stopped thinking of the Indian as an object of pity, stopped making excuses for him, stopped expecting him to be boot-licking grateful every time anything is done for him. It is time we started accepting the Indian on equal terms, and time he himself acknowledged this equality by accepting responsibility for his destiny - not in total, but simply to the same degree as other Manitobans. Understanding and sympathy, financial and social assistance need not be doled out as charity with murmurs of pity. With every individual accepted for rehabilitation services, care is taken to explain the purpose of the Program, the manner in which it is financed and the costs involved. It is further explained that this is not something to which just anyone is entitled, but that it is an investment and becomes charity only when the individual accepting services fails through his own lack of effort to obtain the maximum benefit from the Program. It has been our experience that the majority of Indian men and women do not need excuses made for them. Paid the courtesy and respect of being dealt with honestly, truthfully and with equality, they are quite able to hold their own and accept this basic truth: That to be accepted one must first be acceptable: To benefit one must first contribute.

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, a 198-bed institution serving Western Manitoba, is located in the City of Brandon. It is a Rehabilitation and Extended Treatment Hospital to which are admitted patients with chronic illnesses, respiratory diseases, rheumatoid and rheumatic ailments and other orthopaedic conditions. An important aspect of the treatment program is the admission of patients for assessment of disability. Where there is an actual disability, surgical or medical correction is carried out or the patient is referred to other treatment facilities so that optimum rehabilitation is achieved. To accomplish maximum rehabilitation we have a complete respiratory disease service, a modern fully equipped physiotherapy and occupational therapy unit (including a hydrotherapy pool), and consultants in orthopaedics (visiting monthly) and physical medicine (visiting bi-monthly) as well as specialists and general practitioners on the medical staff, who are interested in all fields of medicine.

ADMISSIONS AND DISCHARGES

During the year 1962 there were 956 admissions to hospital as compared with 805 the previous year. Forty-four percent of these admissions came from the City of Brandon and the remaining 56% from rural Manitoba.

Total patient days were down slightly from 1961. Patient days for 1962 were 63,825; for 1961 - 64,687. However, the average length of stay of patients separated during the year was decreased from 87.53 days in 1961 to 62 days in 1962. This I think reflects an improved type of patient being admitted. The percentage of occupancy for 1962 was 88% as compared with 89.5% the previous year. Seventy-five percent of the patients admitted were cared for by the resident medical staff and 25% were cared for by their private physician.

During 1962, 960 patients were discharged. Of these 182 or 18.9% were deceased. Autopsies for the year totalled 90 or 49.45% of deaths. It is interesting to note that of the patients discharged from hospital the conditions treated fell into the following categories: Respiratory 37%, cardiovascular 13%, musculo-skeletal 19%, central nervous system 18%, other 13%.

TREATMENT

We are indebted to our consultants who make it possible for us to provide a comprehensive rehabilitation program for the chronically ill and disabled. This includes consultation in surgery, medicine, pathology, radiology, anaesthesia, psychiatry, E.N.T. The Brandon Hospital for Mental Diseases very kindly provides the services of a speech therapist according to the demand. We are also indebted to the dentists of Brandon who provide dental care on an emergency basis.

During the year a total of 65 major operations and 1,160 minor operations were performed. There was one post-operative infection in a clean case. There were three post-operative complications and one death within 48 hours of operation and three deaths within 10 days of operation. The deaths were all in poor risk patients.

A breakdown of the major surgical procedures were as follows: Chest 28, Abdominal 11, Genito-Urinary 9, Miscellaneous 17.

PHYSIOTHERAPY DEPARTMENT

The Chief Physiotherapist did a tremendous amount of work during 1962, although his department was seriously understaffed because physiotherapists were not available to fill the vacant positions. This department, with a quota of five physiotherapists, operated with four full-time physiotherapists during 1961 but during the greater part of 1962 was reduced to only two physiotherapists. This situation was partially alleviated during the three months period when two interns from the School of Medical Rehabilitation of the University of Manitoba worked in the department. The physiotherapy department during the year gave 27, 853 treatments to 912 in-patients and 2, 485 treatments to 192 out-patients - a grand total of 30, 338 treatments.

A Mist-O-Gen machine and a Bird Mk. Eight intermittent positive pressure breathing machine were added to the Oxygen Therapy department so that more effective treatment can now be given patients with chronic lung disease. Included in the above physiotherapy treatments are 13, 407 intermittent positive pressure breathing treatments given to 375 patients.

OCCUPATIONAL THERAPY DEPARTMENT

The Occupational Therapy Department gave 4, 467 treatments to 197 patients during the year. We are indebted to the Ladies Auxiliary of the Associated Canadian Travellers who during the year undertook to purchase an Oliver Rehabilitation Machine for use in this department.

OUT-PATIENT DEPARTMENT

The amount of work done in the Out-patient Department was about equivalent to previous years. In the Out-patient Department new and prospective admissions to hospital are examined as well as follow-up examinations of patients discharged. A tuberculosis case-finding and follow-up program is provided for Brandon and Western Manitoba. All Brandon schoolteachers and members of the Royal Canadian Mounted Police are x-rayed every second year. Arrangements have again been made whereby all inmates of the Brandon Gaol are x-rayed. During the year there were 3, 053 visits to the Out-Patient Department. These were broken down as follows: Sanatorium Board of Manitoba, 646; Department of National Health and Welfare 125; Staff 398; General 1, 884.

A total of 136 old cases of tuberculosis were rechecked and 13 active cases followed. Three cases of new active tuberculosis were discovered and transferred to sanatorium for treatment.

Consultation in chest dieseases is provided to the Brandon General Hospital for Mental Diseases. The chief function is to find and treat and prevent tuberculosis. During the year 648 large chest x-rays were read and one new active case of tuberculosis was discovered. During the year three male patients and eight female patients were on anti-tuberculosis drugs and as at December 31st, 1962, 210

patients with abnormal x-ray findings were on the recheck list. During the year a policy of tuberculin testing all staff and patients was established. Reactors are x-rayed and those with negative tests are given B. C. G.

LABORATORY SERVICES

In this very active department 60, 566 units of work were done in 1962, an increase of 26. 5% over the previous year. In addition 16, 399 units of work were referred to other laboratories. These were chiefly electrolyte studies. The laboratory also looked after the blood bank from which 241 transfusions were given during the year.

X-RAY DEPARTMENT

During the year 4, 273 radiological examinations were made as compared with 4, 260 the previous year. We are very grateful to the Associated Canadian Travellers Brandon Club who have agreed to purchase a new x-ray unit. We expect that this equipment will be installed in 1963.

SOCIAL SERVICE DEPARTMENT

This department has also been very active during the year. It has greatly facilitated the rehabilitation program and has arranged the discharge of problem patients most efficiently. It is impossible to record the number of services rendered by this department. However, 102 social histories were made and 360 patients in all were interviewed an average of four times each. Of these 360, 69 are still in the hospital, 117 have been placed in their own homes, 12 in licensed boarding homes, 61 in nursing homes, 26 in the senior citizens home, 9 in other hospital, 1 in a foster home. There were 65 deaths.

A "Social Service Progress Notes" form has been introduced into the hospital records and forms parts of the patient's file. Prior to discharge the family or the matron of the home are given a full report of the care required for the patient and when the patient goes into a nursing home or senior citizens home a full medical report and a daily activity report accompanies him.

PHARMACY

The basic prices for drugs has remained much the same throughout the year. The ward drug list was revised and ward stocks were reduced. Tri-monthly ward drug checks are carried out so that surpluses on the wards will not arise. During the year 12, 342 prescriptions were filled.

NURSING

Since the introduction of the Nurses' Assistants Training Program, 53 nurses' assistants and five nursing orderlies have received their certificates. Only two have terminated services. Thus we realize the stabilizing effect of the program on staff who are interested enough to take the course.

ACCREDITATION

A field representative of the Canadian Council on Hospital Accreditation made a survey of the hospital in September, 1962. Following his report full accreditation was again awarded to the hospital.

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

CLEARWATER LAKE HOSPITAL

The function of the Extended Treatment Unit at Clearwater is to treat and rehabilitate the physically handicapped, and to restore those suffering from cardio-respiratory diseases to an improved state of health.

Early in the year an experienced physiotherapist was employed, but with an increase in tuberculosis admissions, beds were utilized in the Extended Treatment Unit and occupancy diminished. As a result the physiotherapist was transferred to the Assiniboine Hospital, Brandon. Occupancy varied from 34 to 60%. By December the physiotherapy vacancy was filled and the service was restored.

These factors are reflected in the statistics, as only 191 cases were admitted during the period under consideration compared to 319 the year before, and 350 during 1960. Distribution by age revealed 61 admissions under the age of 14 years, and 66 over the age of 60. The children were admitted for acute and chronic infections of the respiratory system.

Average days stay increased from 56 to 104.9. This is a result of more admissions of geriatric patients. Patient days decreased from 20, 699 during 1961 to 16, 450.

Of 215 patients discharged from hospital, 158 were either cured or improved and 24 were deceased.

MEDICAL DEPARTMENTS

Shortages within the medical and nursing departments were often acute, and in the case of the latter, a point of crisis was approached. Despite the problems encountered, the standard of patient care remained of the highest order, and all staff deserve a great deal of credit.

Operating Room: Procedures are restricted to those of a diagnostic or minor surgical nature. Bronchoscopic examinations numbered 21, cystoscopic 12, and bronchograms 27. Chest aspirations were indicated in 32 instances and 250 cases required treatment of a minor surgical nature.

Physiotherapy Out-Patient: The function of this department is dealt with in Dr. Truelove's report, but it should be noted that there were only 58 attendances throughout the year.

X-Ray and Laboratory: These departments perform a dual function and in addition to the procedures referred to in the Tuberculosis Report, 3, 537 tests, representing 5, 764 units of work, were carried out. X-ray films taken on in-patients numbered 493, and out-patients 64.

Medical Meetings: Meetings were held in accordance with the requirements of the C. C. H. A. and Medical Records, Pharmacy, and Disaster Plan Committees were constituted. The Chief of Medical Services continued to function as Chairman of the Medical Records Committee of the Sanatorium Board.

ACCREDITATION

In 1955, as a tuberculosis sanatorium Clearwater Lake Hospital was granted full accreditation. In 1959, during the formative stage of the Extended Treatment Unit, a survey was undertaken with a satisfactory outcome. Both sections of the hospital were surveyed in the fall of 1962 and a full accreditation certificate was awarded.

MEDICAL PUBLICATIONS

At the end of the year a paper entitled "Kartegener's Syndrome", was prepared for presentation early in 1963 at a meeting of the American College of Chest Physicians. The publication was a joint effort between Dr. B. Schoemperlen and S. L. Carey.

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

MANITOBA REHABILITATION HOSPITAL

Facilities for the treatment of out-patients first became available on March 5, 1962, and the first ward was opened on May 4. Since then there has been a steadily growing demand on the services of the treatment departments. All patients have been referred to the hospital by physicians who have retained responsibility for directing their treatment, or who have delegated this to members of the hospital's senior consulting staff. The three largest groups of patients admitted to hospital have been those suffering from orthopaedic disablities, arthritis and hemiplegia. An organized program for the treatment in hospital of arthritics has been developed with the co-operation of doctors interested in this specialty. A paraplegic unit has also been formed with the co-operation of the Canadian Paraplegic Association.

OUT-PATIENT DEPARTMENT

From March 5, 1962, to December 31, 1962, a total of 586 new patients were examined in the Out-patient Department and during this time 703 patients were reviewed medically. The majority of patients were referred for treatment to the appropriate departments.

In addition to the regular medical staff, the Out-patient Department has been attended on a once weekly basis by consultants in orthopaedics, neurology and urology.

An important function of the department is the provision of transport for patients from the Society of Crippled Children and Adults of Manitoba, who are attending for out-patient treatment. This often avoids the need for admission to the hospital.

A weekly prosthetics clinic is conducted by the Chief of Prosthetic Services and is attended by a member of the hospital's physiotherapy department and a local prosthetist who attends in a private capacity.

IN-PATIENT SERVICES

The first in-patient ward was opened on May 4, 1962, but owing to staff shortages and the gradual development of treatment facilities, the complement of beds available remained at 70 until the beginning of December. During the period under review, 422 patients were admitted. Their average length of stay was 37 days.

It has been found that the facilities of the hospital are best adapted to the treatment of those patients who are able to take part in a program of treatment, and that if the proportion of patients requiring considerable individual attention rises above a certain level the tempo of the hospital falls, thus interfering with the programs which are already established. For this reason it has been necessary from time to time to place some restriction on certain categories of patients. This has applied particularly to the elderly and to those with severe disabilities who require a great deal of individual attention -- especially where the patients' mental state has not been adequate to enable them to co-operate with the program desired. This latter factor is so

variable that an attempt has been made to select patients on an individual basis rather than using an arbitrary criterion of age. Experience has shown, of course, that those in the younger age groups have benefited most from the program of treatment.

The hospital wards have been divided roughly to accommodate the various types of patients: The fourth floor has been retained for the treatment of orthopaedic conditions and paraplegia; the fifth floor for hemiplegia and miscellaneous conditions including other neurological conditions, chronic chest diseases and burns; and the sixth floor has been used predominantly for the treatment of arthritis.

The patients' programs of treatment are arranged so that the greatest amount of physical activity is undertaken in the therapeutic departments. Patients are encouraged to be up and dressed as much as possible within the limits of their physical capacities. Meals are taken in the cafeteria and a gradually increasing program of activity is designed so that at the time of their discharge from hospital the patients are able to undertake such physical activities as are demanded of them in their jobs and in their homes.

CONSULTATION SERVICES AND TEACHING COMMITMENTS

Weekly consultation services have been provided by the consultants in orthopaedics, neurology and urology. In addition a panel of consultants in the various subspecialties has been available. A staff service both for a day to day care and necessary consultations for those in need have been provided.

Therapeutic Conferences are held weekly. During these sessions each therapeutic department in turn presents clinical problems. Two of the weekly seminars in the Orthopaedic Post-Graduate Course were given in the hospital by members of the staff and were well attended. Clinical sessions of the Third Manitoba Symposium on Rehabilitation and Orthopaedic Disabilities were held in the auditorium and members of the staff took part and on occasion acted as chairmen of these sessions.

The teaching of medical students in Physical Medicine and Rheumatology is undertaken in the hospital and the clinical facilities of the hospital are extensively used by the School of Medical Rehabilitation of the University of Manitoba.

Members of the staff have taken part in regular consulting clinics at Assiniboine Hospital in Brandon, Clearwater Lake Hospital, The Pas, and various consulting clinics organized in the country by the Canadian Arthritis and Rheumatism Society. A special session of the University of Manitoba summer extension course in hospital administration was held in the hospital.

SOCIAL SERVICE

The development of the Social Services Department was hampered in the early months by shortages of staff, but it is now functioning smoothly. Members of the Social Service Department review all new in-patients and see a fair proportion of the out-patients.

They attend ward rounds and assume much of the responsibility of attending to the social needs of patients, including the initiation of steps necessary for vocational rehabilitation where indicated. Regular meetings are held with representatives of the Society for Crippled Children and Adults of Manitoba, and a close liaison is maintained with other agencies, particularly the rehabilitation services of the Workmen's Compensation Board, Indian Health Services, rehabilitation services of the Sanatorium Board of Manitoba, City Health Department, and Victorian Order of Nurses.

PHYSIOTHERAPY DEPARTMENT

This department, with its large gymnasia, is particularly designed for the treatment of patients in groups. The staff consists of ten physiotherapists as well as three remedial gymnasts and many different types of classes are available for patients to join. Attempts are made to arrange an integrated program so that patients move from one department to another within the physiotherapy department and between the physiotherapy department and other departments, particularly occupational therapy and speech therapy. If physical tolerance permits, very little time during the day is spent in the wards. Similarly, programs are arranged for out-patients so that they attend for the most part on a half-day or whole day basis. Classwork is interspersed with such individual treatment as may be necessary. Extensive use is made of the hydrotherapy pool. All modalities of treatment are available but exercise is the chief one used. A considerable effort is made to avoid duplicating services which are available in physiotherapy departments of general hospitals or elsewhere. The work of the department has been steadily increasing. Reference has been made to the development of programs of treatment for arthritics and paraplegics and other specialized co-ordinated programs will develop as the need arises and as experience in the use of the department grows. Members of the department give treatment on the wards where necessary. At present this is particulary applicable in the earlier stages of the arthritic program.

OCCUPATIONAL THERAPY DEPARTMENT

The occupational therapy department provides graded activities ranging from light finger movements in a sitting position to any activities in the heavy work shop or metal shops. The aim is to use specific activity for the therapeutic purpose of developing strength or range of movement in order to help a patient to become fit to return to his former mode of life, or to train him physically to be able to adapt to a new one. In addition to these aims, the department performs the useful function of assessment to determine the patients' physical limitations in relation to respective employment. Thus it serves as a useful link in the process of vocational rehabilitation.

Finally, the combined bedroom and bathroom and kitchen areas of the Occupational Therapy Department serve as a department for assessment and training in the activities of daily living. Here a realistic estimate can be made of the patient's ability to live in the environment which is proposed for him.

Weekly visits are paid to the department by therapists from

the Canadian Arthritis and Rheumatism Society. They supply assessment of the patients' home conditions and continue to follow the patients when they have been discharged home, assisting in advice and provision of structural modifications, appliances, etc.

SPEECH THERAPY DEPARTMENT

This department was staffed on a part-time basis until November 1, 1962, during which time approximately 27 new patients were treated. During the latter two months of the year, when the department was staffed by one full-time therapist as well as the previous part-time assistants, 63 patients were seen, 45 of whom were out-patients. Patients have a wide range of communicative disorders. The most common seen in in-patients are those associated with hemiplegia. Of the patients assessed during November and December, seven suffered from dysphasia, four from dysarthria, four from stammer, two from dysphonia, and two from a hearing problem. The department will be further enlarged and will be the only full-time speech therapy department for the treatment of adults in the province.

ELECTROMYOGRAPHY DEPARTMENT

This department was established as a central diagnostic service for the province in August, 1962. Facilities include electromyography, estimation of nerve conduction velocity, assessment of the effects of repetitive stimulation, strength duration tests and other electrophysiological procedures. Between August and December, 1962, 102 patients were examined. Of these 85 were out-patients. The department is staffed by one full-time secretary technician and has the part-time services of two physicians.

X-RAY SERVICES

A diagnostic x-ray department is shared with the Central Tuberculosis Clinic and is used for relatively simple investigations, mainly of the skeletal system. The majority of referrals are in-patients.

LABORATORY SERVICES

The small laboratory within the hospital provides the results of simple investigations of blood and urine. More extensive services are available from the Provincial Laboratory. Additional facilities are obtained from the Pathology Department of the Winnipeg General Hospital.

IN-PATIENT AND OUT-PATIENT ADMISSIONS FOR 1962

Diagnosis	In-Patient	Out-Patient
Cardiovascular Accident	14%	15%
Rheumatoid Arthritis	29%	14%
Osteoarthritis	15%	16%
Fractures	24%	26%
Amputees	4%	78%
Other Orthopaedics	3%	4%
Total Number	422 In-Patients	586 Out-Patients

CONCLUSION

During the first few months of operation, the hospital services have been developing satisfactorily. Each department has been rapidly gaining experience in what is proving to be a large-scale operation in the field of rehabilitation. At present, particular emphasis is being placed on methods of communication between departments and between the hospital and the many outside agencies with whom it is concerned. Attempts must be made to clarify the role of the hospital and avoid duplication of services which are available elsewhere. Physiotherapy, for example, is available in many departments throughout the city and rather than compete with these departments there is a need for the hospital to find its place as a major rehabilitation centre primarily concerned with the total rehabilitation of a patient rather than the provision of one particular modality of treatment.

There are still many deficiencies in the organization and services of the hospital. In assessing these at present one must remember that this is the largest comprehensive rehabilitation centre in Canada, and, although many of the lessons learnt in smaller centres can be included in the organization of the institution, there is much that is new and that has to be worked out afresh. We should pay tribute to the many agencies with whom we work and who by their patience and forebearance are helping us to develop our service. I believe that a great deal has been achieved in the first few months and hope that satisfactory development will continue.

L. H. TRUELOVE, M. A., M. R. C. P.
Chief of Medical Services.

Section 4

NURSING AND FOOD SERVICES

Miss Ethel L. M. Thorpe, M.B.E., R.N., R.M.N., R.M.P.A., C.M.B. (1), became Nursing Consultant for the Sanatorium Board of Manitoba in March, 1963 Prior to her appointment she served for 13 years as matron of Bellevue Hospital in Jamaica, and during World War II she was a Lt-Colonel and Principal Matron in Queen Alexandra's Royal Army Nursing Corps (T.A.N.S.). She was born in Norwich, England, and is a graduate of the Royal Free Hospital, London, and (in psychiatric nursing) from Hellesdon Hospital, Norwich.

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 DEPARTMENTS

The event of the year was the transfer of patients into the new Central Tuberculosis Clinic and the reception of handicapped patients into the Manitoba Rehabilitation Hospital. The Central Tuberculosis Clinic moved into its new location in the Manitoba Rehabilitation Hospital on January 3, 1962. The first out-patients to attend the M. R. H. out-patient department arrived for consultation and assessment on March 5th. The wards opened later.

The sixth floor of the Manitoba Rehabilitation Hospital opened on May 4th with the admission of 15 patients and by the end of June the total number of patient days was 992. By the end of July this had increased to 1057.

The fifth floor opened on June 13th with the admission of 18 patients, and by the end of the month the total number of patient days was 422, increasing to 914 one month later.

The fourth floor opened on November 19th, with the admission of 9 patients to the ward, the total number of patient days for the months being 353.

Since then the hospital has been consistently busy and it is already apparent that the amount of nursing care it was thought would be needed was under-estimated, partly because "Rehabilitation" has been interpreted more broadly than was at first envisaged, and partly because of the great demand for the type of help the Manitoba Rehabilitation Hospital provides.

QUANTITY OF NURSING STAFF

Nursing Staff Quotas were well maintained in most hospitals. At Assiniboine Hospital and the Central Tuberculosis Clinic the staff situation has been satisfactory, with all positions filled. At Ninette, the position has been better than usual but there have been occasional vacancies which have been difficult to fill. In December, 1962, permission was given for the Senior Staff Nursing Quota at Ninette to be increased from 19 to 22 and steps were initiated to recruit the additional staff.

Clearwater Lake Hospital has continued to experience staffing difficulties, partly as the result of periodic shortages of professional staff, and partly as a result of frequent changes of personnel in the non-professional category. The Manitoba Rehabilitation Hospital experienced an initial shortage of Licensed Practical Nurses.

Nursing Care Hours per patient per 24 hours were computed for each ward or unit in all our hospitals. The yearly average was:

Assiniboine Hospital:	0.7 professional 2.4 non-professional
Clearwater Lake Hospital: Extended Treatment:	0.6 professional 2.3 non-professional

Tuberculosis Unit:	0.2 professional 1.5 non-professional
Manitoba Sanatorium:	
Infirmary:	0.4 professional 1.4 non-professional
Pavilions:	0.4 professional 1.9 non-professional
Manitoba Rehabilitation Hospital:	
(Figures for 7 months only) R6	1.9 professional 2.6 non-professional
(Figures for 7 months only) R5	1.8 professional 2.95 non-professional
(Figures for 2 months only) R4	2.2 professional 3.1 non-professional
Central Tuberculos Clinic:	
C.2	0.9 professional 1.7 non-professional
C.3	0.9 professional 1.2 non-professional
C.4	0.8 professional 1.2 non-professional

QUALITY OF NURSING CARE

Post-Graduate In-Service Education for Registered Nurses was encouraged.

Mrs. I. A. Cruikshank, Director of Nursing at Assiniboine Hospital, attended an Institute for Instructors in Schools of Nursing, and an Institute for Promotion and Improvement of Nursing Service, both at the University of Manitoba. She also attended the Eleventh Annual Manitoba Hospital and Nursing Conference, held at the Royal Alexandra Hotel on October 4th, 1962.

Mrs. M. O. McCabe and Mrs. M. Klimczak, members of the staff of Assiniboine Hospital, successfully completed the Extension Course in Nursing Unit Administration sponsored by the Canadian Nurses Association and the Canadian Hospital Association. Registered Nurses from Assiniboine Hospital and Manitoba Sanatorium have attended meetings of the M. A. R. N. District 11, which are still being held in the Staff Lounge of Assiniboine Hospital. Mr. William Broadhead, Nursing Instructor and Day Supervisor at Ninette, was awarded a scholarship by the Canadian Tuberculosis Association. Mrs. A. L. Paine, Mrs. R. Towns, Mrs. A. L. Hart and Miss B. A. Jones, all members of the Supervisory Staff at Ninette, successfully completed

the Extension Course in Nursing Unit Administration sponsored by the Canadian Nurses Association and the Canadian Hospital Association.

Courses of training for Nurses' Assistants continued at Clearwater Lake Hospital, Manitoba Sanatorium and Assiniboine Hospital. Many of our non-professional staff have successfully concluded these courses and have been better able to contribute to total patient care as the result of knowledge gained.

FACILITIES AND EQUIPMENT

At Assiniboine Hospital numerous improvements have been made on the wards and in the ward offices and these have helped to make working conditions easier. The introduction of the Bradma System, early in 1962, has been a major step forward as a time-saving device.

The shortage of equipment in wards and departments has been relieved and there now appears to be an adequate supply of wheelchairs. Easy chairs and side-rails for beds have gradually been procured.

THE DIRECTOR OF NURSING SERVICES

Miss Bente Hejlsted, Director of Nursing Services to the Sanatorium Board of Manitoba, terminated her services in August in order to return to University to further her professional education. Her services to the Sanatorium Board of Manitoba have been exceptional and she is greatly missed.

MISS E. L.M. THORPE, M. B. E., S. R. N.,
R. M. N., R. M. P. A., C. M. B. (1)
Nursing Consultant.

NURSING STAFF

Quota, Vacant and Filled Positions, December 31, 1962

	MANITOBA REHAB. HOSPITAL			CENTRAL T.B. CLINIC			ASSINIBOINE HOSPITAL			MANITOBA SANATORIUM			CLEARWATER LAKE HOSPITAL		
	Quota	Filled	Vacant	Quota	Filled	Vacant	Quota	Filled	Vacant	Quota	Filled	Vacant	Quota	Filled	Vacant
DIRECTOR OF NURSING	1	1	-	-	-	-	1	1	-	1	1	-	1	1	-
NURSING INSTRUCTOR	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-
SUPERVISORS	6	6	-	3	3	-	3	3	-	3	3	-	3	3	-
HEAD NURSES	4	4	-	1	1	-	4	4	-	2	2	-	1	1	-
ASSISTANT HEAD NURSES	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-
GENERAL STAFF NURSES	23.4	23.4	-	8.5	7	0.3	15	11	4	10	8	2	3	2	1
LICENSED PRACTICAL NURSES	14.9	15	-	7.4	6	0.6	12	12	-	6	2	4	6	5	1
NURSES' ASSISTANTS	22	22	-	9	9	-	75	74	1	33	40	-	17	12	5
NURSING ORDERLIES	25.4	25.4	-	1	-	1	11	10	1	4	4	-	3	2	1

FOOD SERVICES

During 1962 the Food Services of the Sanatorium Board of Manitoba supplied 995, 201 meals, an increase of 249, 281 meals as against 1961. These meals represent a total food cost of $243, 649. 85, a labor cost of $187, 885. 97 (or 18. 87 cents a meal) and a supply cost of $20, 840. 10.

The beginning of January, 1962, saw the opening of food services from the kitchen of the new Manitoba Rehabilitation Hospital to the patients in the Central Tuberculosis Clinic. By June 1, these services were in full swing for patients in the rehabilitation hospital as well as the clinic.

CAFETERIAS

The month of June also marked the opening of the cafeteria at the Manitoba Rehabilitation Hospital. During the next seven months the new cafeteria served 93, 971 meals to customers, in addition to between five and six thousand patient meals each month, and approximately 1, 000 patients each month at "coffee break".

The Manitoba Rehabilitation Hospital's kitchen provided 4, 216 guest meals in 1962. Many of these were small dinners, while others were relatively large receptions. It is felt that these guest meals not only furthered good public relations, but were also a considerable convenience to scientific, social welfare and other community groups who use the facilities of the hospital or contribute their skills and experience to help fulfill its purpose.

	Cafeteria Meals Served (Non-Patient)		Average Cheque	
	1961	1962	1961	1962
Manitoba Sanatorium	74, 790	73, 053	33. 73¢	33. 46¢
Assiniboine Hospital	56, 698	62, 779	27. 17¢	25. 89¢
Clearwater Lake Hospital	52, 366	48, 938	35. 25¢	33. 65¢
Manitoba Rehabilitation Hospital	-	93, 971	-	19. 66¢
All Institutions	183, 854	278, 741	30. 32¢	27. 14¢

The cafeterias in Sanatorium Board Hospitals served a total of 278, 741 non-patient meals as shown in the chart. The total revenue for these meals was $75, 649. 46, but the cost of food issued was $51, 858. 93. With a labor and supply cost of 20. 98 cents per meal, it will be realized that the cafeteria represents a public service, rather than a profit making enterprise.

The average cheque was 27. 14 cents, as against 30. 32 cents in 1961. The average cheque for 1962 is substantially below that of 1961 for two reasons: (1) The Manitoba Rehabilitation Hospital's figure is a conglomerate of about 50 percent "Main Meal" cheque and 50 percent "Coffee Break" cheque with an average value of 11 cents; (2) All our cafeterias show lower average cheques for 1962 than they did in 1961.

PATIENT MEALS

The Sanatorium Board provided 716, 555 patient meals during 1962. This represents an increase of 154, 379 meals over the 1961 figure.

Selective menus were offered to all patients at the Manitoba Rehabilitation Hospital and Assiniboine Hospital, and to infirmary patients at Manitoba Sanatorium and extended treatment patients at Clearwater Lake Hospital.

ACTIVITIES

Throughout the year the Director of Dietary Services made regular visits to each of the Sanatorium Board's institutions. These visits included close inspection of the facilities and operation of each food service, consultation and detailed recommendations wherever needed.

Among the conventions attended by the director was the American Dietetic Assocation's annual convention in Miami, Florida, November 9 to 13.

MISS NAN TUPPER CHAPMAN, B. Sc.,
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, 1962, have contributed $392,194.15 to our work.

TB RECORDS

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Reported as: Treaty Indians		Eskimos	
	1961	1962	1961	1962	1961	1962
PATIENTS ON FILE, Dec. 31	2,080	3,990	960	1,152	431	521
Primary Type	84	94	48	49	55	56
Re-infection Type	1,996	3,896	912	1,103	376	465
NEW CASES DIAGNOSED IN MANITOBA January 1 - December 31	224	241	69	99		
Primary Type	9	20	8	12		
Re-infection Type	215	221	61	87		
OF THESE, NEW ACTIVE CASES CLASSIFIED	179	197	55	86		
Primary Type	9	20	8	12		
Minimal	51	49	19	20		
Moderately Advanced	45	32	12	18		
Far Advanced	24	23	7	7		
Pulmonary Tuberculosis, extent not stated	3	7	-	1		
Tuberculosis Pleurisy	8	17	1	8		
Non-pulmonary Tuberculosis	39	43	9	19		
Miliary Tuberculosis	-	6	-	1		
NEW DIAGNOSES ADMITTED TO SANATORIA	135	160	51	82		

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
EXAMINATIONS at all clinics and surveys January 1 - December 31, 1962	54,289	17,113	1,056
Stationary Clinics	7,322	26	
Travelling Clinics	1,198	59	
Surveys	45,769	17,028	1,056
TOTAL NUMBER TUBERCULIN TESTED	99,231		
NEW CASES of tuberculosis diagnosed at clinics and surveys	165	51	
Stationary Clinics	142	28	
Travelling Clinics	3	-	
Surveys	20	23	
OLD TUBERCULOUS PATIENTS REVIEWED	3,142	724	
Stationary Clinics	2,587	-	
Travelling Clinics	220	6	
Surveys	335	718	
CONTACTS EXAMINED AT CLINICS	3,489	4	
Stationary Clinics	2,938	-	
Travelling Clinics	551	4	

INSTITUTIONAL STATISTICS

	Whites		Reported as: Treaty Indians		Eskimos	
	1961	1962	1961	1962	1961	1962
PATIENTS IN SANATORIA as at December 31	194	186	123	142	83	83
PATIENTS ADMITTED TO SANATORIA January 1 - December 31	333	376	190	199	64	108
Of these the number found to be tuberculous	254	284	130	153	38	66
FIRST ADMISSIONS	167	169	62	101	20	48
Primary type	3	15	7	15	4	8
Re-infection type						
Minimal	59	45	27	32	9	20
Moderately advanced	50	32	11	24	2	13
Far advanced	26	29	6	10	1	3
Tuberculous pleurisy	8	16	3	7	1	-
Non-pulmonary tuberculosis	21	32	8	13	3	4
RE-ADMISSIONS	70	86	47	38	11	14
Primary type	-	1	-	-	-	1
Re-infection type						
Minimal	13	19	19	11	7	6
Moderately advanced	25	17	16	12	3	2
Far advanced	22	33	3	11	-	4
Tuberculous pleurisy	-	3	2	-	1	1
Non-pulmonary tuberculosis	10	13	7	4	-	-
PATIENTS ADMITTED FOR REVIEW	17	29	21	14	7	4
TUBERCULOUS PATIENTS TRANSFERRED	127	135	71	66	75	52
PATIENTS DISCHARGED FROM SANATORIA January 1 - December 31	435	386	180	175	77	108
TUBERCULOUS PATIENTS DISCHARGED	343	283	153	125	58	78
Discharged after review	17	28	28	14	7	5
Discharged with inactive tuberculosis	156	106	96	69	49	67
Discharged with active improved tuberculosis	140	127	21	38	2	4
Discharged with active unimproved tuberculosis	12	13	4	3	-	1
Discharged dead	18	9	4	1	-	1
NUMBER DISCHARGED AGAINST MEDICAL ADVICE	38	16	15	6	-	-

PATIENTS ADMITTED AND DISCHARGED

	Manitoba Sanatorium	Central Tuberculosis Clinic	Clearwater Lake Hospital
ADMISSIONS			
First admissions	63	249	151
Re-admissions	45	76	38
Transfers	186	45	15
To continue treatment	4	3	1
For diagnosis, review	7	26	15
Newborn	1	-	-
Total	305	399	220
Male	188	246	116
Female	177	153	104
Bacillary	130	136	23
Non-bacillary	95	147	120
Bacillary status undetermined	37	-	2
Diagnosis on Admission			
Minimal	54	68	58
Moderately advanced	78	62	36
Far advanced	82	57	12
Miliary	—	5	1
Primary	6	15	25
Pleurisy with effusion	11	19	3
Tracheo-bronchial	1	-	-
Other respiratory	-	-	-
Non-pulmonary TB	28	57	10
Non tuberculosis	36	90	60
DISCHARGES			
On medical advice	120	102	155
Against medical advice	14	8	-
Disciplinary	5	-	-
Transfer	45	122	61
Deaths	20	10	2
To continue anti-microbial treatment	87	87	2
Total	298	355	235
Respiratory Cases			
Inactive	85	30	99
Active improved	112	57	60
Active unimproved	2	91	2
Undetermined	-	7	1
Died	6	3	2
Total	205	188	164
Bacillary	18	87	7
Non-bacillary	179	97	155
Bacillary status undetermined	2	1	-
Non-respiratory TB	34	50	10
Average Days Treatment (tuberculosis)	282.4	49.4	136.7
Outpatient exams	1,167	8,883	136

COMMUNITY SURVEYS, BY MUNICIPALITY

Municipality	Negative Reactors	Positive Reactors	Total	Percentage of Positives
Mountain South	476	219	695	31.51
Brooklands	42	19	61	31.14
Minitonas	1,102	425	1,527	27.83
Hillsburg	265	86	351	24.53
Westbourne	1,849	581	2,430	23.90
Stuartburn	1,051	329	1,380	23.78
Boulton & Shellmouth	1,124	334	1,458	22.09
Russell	1,549	415	1,964	21.13
St. James	12,973	3,374	16,348	20.94
Shell River	2,321	614	2,935	20.92
Mountain North	598	148	746	19.83
Ellice	597	147	744	19.75
Snow Lake	504	124	628	19.74
St. Francois	325	79	404	19.55
Swan River	4,589	1,082	5,671	19.08
Gilbert Plains	1,718	397	2,115	18.76
East Kildonan	9,848	2,236	12,084	18.50
McDonald	1,465	329	1,794	18.33
North Norfolk	2,300	458	2,758	16.60
Piney	1,145	229	1,374	16.60
Morris	3,040	462	3,502	13.19
Gimli	690	93	783	11.73
Cartier	1,939	234	2,193	10.61
Waldheim Colony	104	6	110	5.45
Gimli Schools	300	11	311	3.53

EXTENDED TREATMENT RECORDS

ASSINIBOINE HOSPITAL

Total Number of Admissions		956
Total Number of Discharges		960
Number of Deaths		182
Percentage of Discharges who died		18.9%
Total Operations (Major)		65
Postoperative Infections in Clean Cases		1
Total Operations (Minor)		1,160
No. of Deaths Postoperatively (within 48 hours)		1
(within 10 days)		3
No. of Complications		3
Hospital Autopsies		90
Percentage of Deaths Autopsied		49.45%
Out-Patient Visits		
Tuberculosis Examinations	646	
Dept. National Health & Welfare and D.V.A.	125	
Staff	398	
General	1884	3,053
Physiotherapy - No. of Patients		1,104
Occupational Therapy - No. of Patients		197
Average Days Stay of Patients separated during the year		62 days
Total Patient Days		63,825
Percentage of Occupancy for 1962		88%
Responsibility of Patient Care -		
Resident Medical Staff		75%
Private Physicians		25%
No. of Patients referred from outside Brandon		512 or 54%
No. of Patients referred from Brandon		444 or 46%
No. of Patients in hospital January 1, 1962		159
No. of Patients in hospital December 31, 1962		155

CLEARWATER LAKE HOSPITAL

Total Number of Admissions	191
Total Number of Discharges	215
Number of Deaths	24
Percentage of Discharges Who Died	8.95%
Total Operations (Major)	Nil
Total Operations (Minor)	250
Hospital Autopsies	
Percentage of Deaths Autopsied	29.4%
Out-Patient Department	
Casualty - No. of Patients	125
No. of Visits	296
Out-Patients - No. of Patients	211
No. of Visits	211
Physiotherapy	
In-Patients - Units of Service	2,345
Out-Patients - Units of Service	254
Average Days Stay	104.9
Total Patient Days	16,450

RESULTS OF TREATMENT

Cured	42
Improved	116
Unimproved	8
Not Treated	14
Died	24
No Disease	4
Tuberculosis (Pulmonary)	5
Tuberculosis (Other)	2

AGE GROUPS

0 - 4	30	30 - 39	14
5 - 9	13	40 - 49	8
10 - 14	18	50 - 59	16
15 - 19	8	60 - 69	20
20 - 24	7	70 and over	46
25 - 29	11		

RIDDELL, STEAD, GRAHAM & HUTCHISON
CHARTERED ACCOUNTANTS

ROYAL TRUST BUILDING
436 MAIN STREET
WINNIPEG

To the Chairman and Board Members,
Sanatorium Board of Manitoba.

We have examined the combined balance sheet of Institutions and Special Funds as at 31st December 1962 and have obtained all the information and explanations we have required. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the cirumstances.

In our opinion and according to the best of our information and the explanations given to us and as shown by the books of the company, the accompanying balance sheet is properly drawn up so as to exhibit a true and correct view of the state of the affairs of the Sanatorium Board of Manitoba as at 31st December 1962 in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

8th March 1963.

Riddell, Stead, Graham & Hutchison

Balance Sheet as at 3

ASSETS

Current Assets:		
Cash on hand and in bank		$ 291,747
Guaranteed investment certificate		39,399
Accounts receivable:		
Hospital plans	$ 411,325	
Provincial government (Note 1)	297,655	
Manitoba Hospital Commission, net deficit recoverable (Note 2)	36,181	
Medical fees recoverable	13,341	758,502
Inventories		187,481
Other:		
Prepaid expenses	11,638	
Accrued interest	4,998	16,636
Total Current Assets		1,293,765
Unamortized equipment cost, recoverable from School of Medical Rehabilitation		27,782
Investments		279,455
Fixed Assets (net)		5,240,175
Unamortized bond discount		45,625
		$6,886,802

Note 1: The account receivable from the provincial government inclu
share of the 1962 debt charges under section 47 (3) of the Ho
assumes that portion of the debenture debt which relates to
Manitoba Rehabilitation Hospital. The amount recoverable
approval of the construction costs of the Hospital.

Note 2: The deficit of $36,181.00 recoverable from the Manitoba Ho
Commission.

RD *of* MANITOBA

31st December, 1962

LIABILITIES AND BALANCE OF FUNDS

Current Liabilities:		
Bank loan and overdrafts		$ 378,154
Accounts payable		346,614
Coupon and accrued interest		35,045
Bond principal due within one year		85,000
Total Current Liabilities		844,813
Sundry reserves		46,250
Bonds payable	$2,750,000	
Less: Due within one year	85,000	2,665,000
Special Funds:		
Endowment #1	131,855	
Employees' Emergency Fund #1	13,391	
Employees' Emergency Fund #2	215	
Research Fund	372	145,833
Surplus:		
Capital surplus arising on valuation of fixed assets	228,628	
Construction grants and donations	2,045,755	
Operating surplus	910,523	3,184,906
		$6,886,802

cludes an amount of $33,518.00 which is the Province's
Hospital Services Insurance Act, whereby the Province
the owner's contribution towards the cost of the
from the Province is subject to the Commission's

Hospital Commission is subject to approval by the

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
Mrs. Jettie C. Finley
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
Alpha Delta Pi, Winnipeg Alumnae Association
Associated Canadian Travellers (Winnipeg and Brandon Clubs)
Canada Packers Ltd.
Carling Breweries (Manitoba) Ltd.
G. A. Baert Construction Co. Ltd.
Great West Coal Co. Ltd.
Great-West Life Assurance Co. Ltd.
Labatt's Manitoba Brewery Ltd.
Lions Club of St. John's
Manitoba Brewers' and Hotelmen's Welfare Fund
Mr. H. Leadlay
Mrs. Agnes F. Lothian
Mrs. Harriet Maud MacQueen
Mr. Wm. J. K. McCracken
Mr. D. A. McDonald
Dr. W. S. McInnes
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Mr. Martin McKitterick
Mr. A. R. McNichol
Mr. David L. Mellish
Sir Augustus Nanton
Mr. F. Nation
Mr. W. McG. Rait
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
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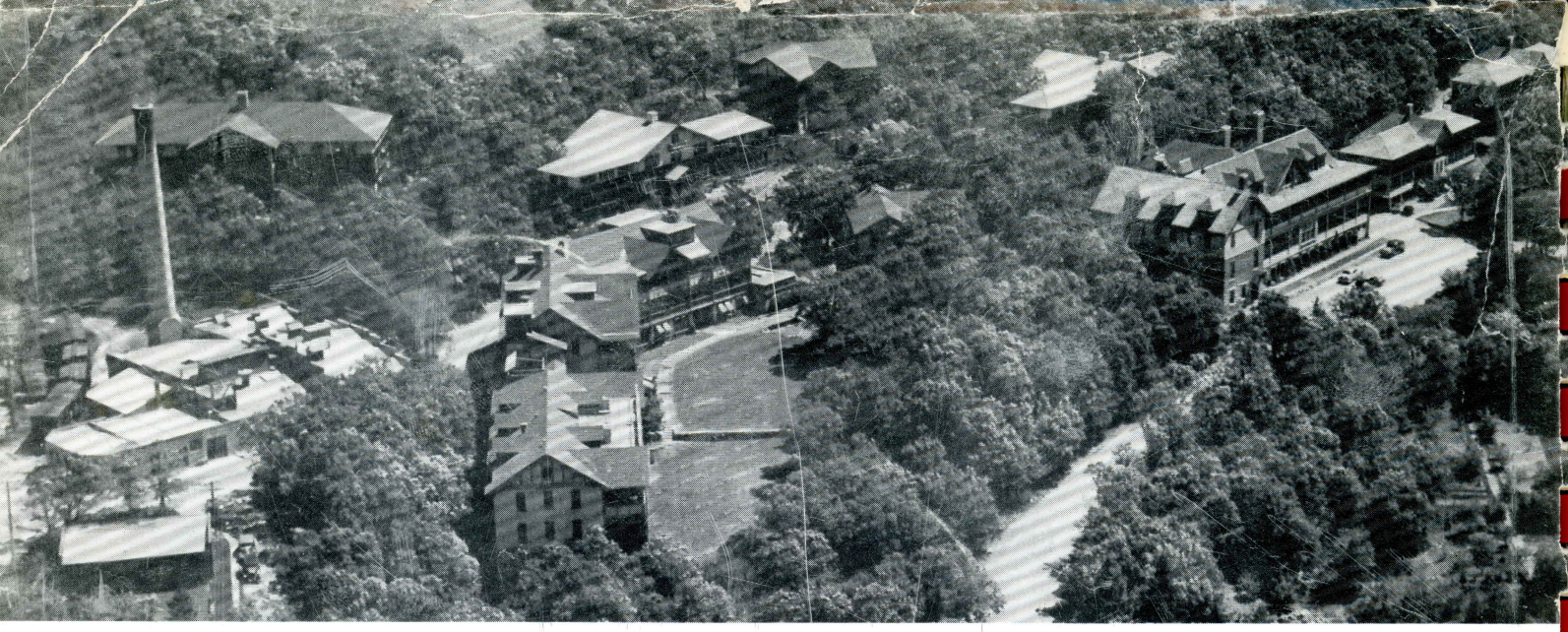
Mrs. Valentine Winkler
Mrs. R. Wood
Moore's Taxi Ltd.
Rat Portage Lumber Co. Ltd.
Reed, Shaw & McNaught
Riverside Lions Club
The T. Eaton Co. Ltd.
Zol-Mark Industries
Ladies Auxiliary, Associated Canadian Travellers (Winnipeg and Brandon Clubs)
Women's Auxiliary, Canadian Arthritis and Rheumatism Society, (Manitoba Division)

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.*

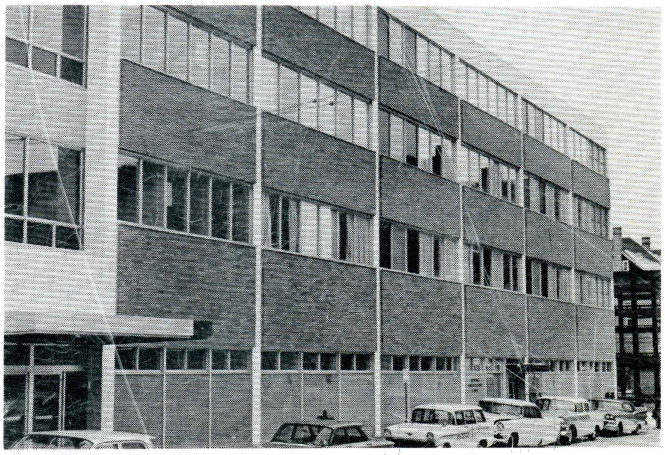
Although the government now supplies a large part of the income for hospitals, it is still necessary to depend on private donors to finance tuberculosis prevention, certain medical and research equipment, and many special services for patients.

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.

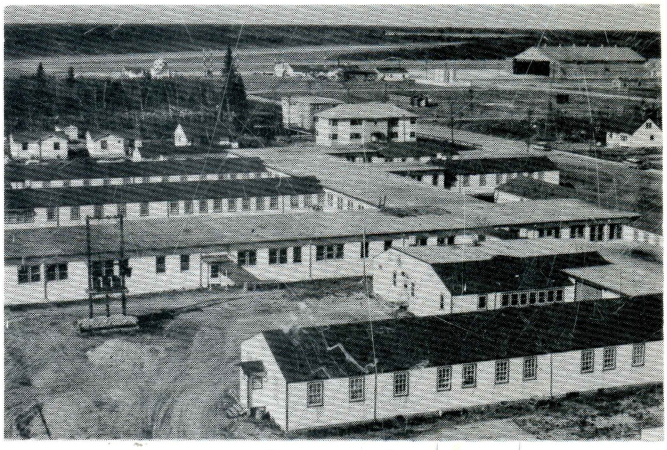


Manitoba Sanatorium, Ninette.

The Manitoba Rehabilitation Hospital, Winnipeg.

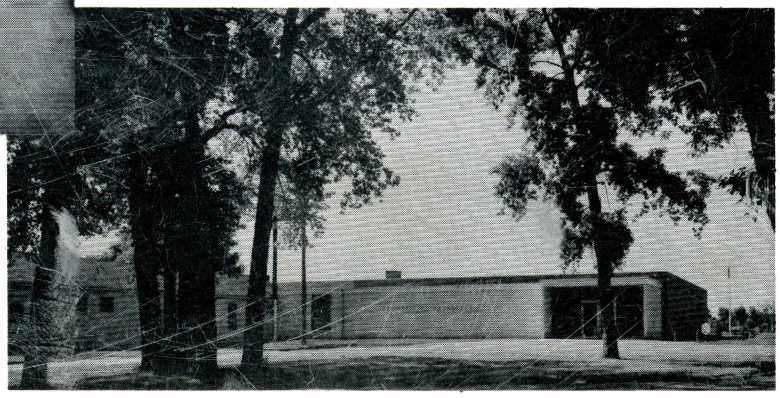


Central Tuberculosis Clinic, Winnipeg



Clearwater Lake Hospital, The Pas.

Assiniboine Hospital, Brandon



Physiotherapy and Occupational Therapy Unit, Assiniboine Hospital