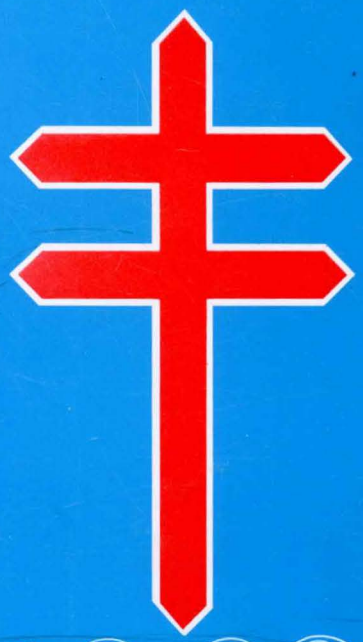
Mary Gray

Dup



1963

Annual Report

Sanatorium Board of Manitoba

SANATORIUM BOARD OF MANITOBA

• Tuberculosis Control
• Extended Treatment and Rehabilitation Hospitals

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

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 1963

Winnipeg, Manitoba

Contents

Printed in Canada

Statement by
THE HON. JUDY LA MARSH

Again it is my privilege, through the medium of your Annual Report, to express the appreciation of the Government of Canada for the efforts of the Manitoba Sanatorium Board in our never-ending campaign against Tuberculosis among our native population. Though great strides have been taken in the control of Tuberculosis it is still a most challenging part of the medical services to Indians and Eskimos. I consider most of our success in Manitoba may be attributed to the co-operation and active treatment assistance afforded by the Manitoba Sanatorium Board.

I am convinced that great vigilance in the discovery and treatment of tuberculosis, wherever found, will be necessary before this dread disease may be said to be eradicated. When this has been accomplished, I am sure that the Manitoba Sanatorium Board may take a generous share of the credit.

I wish to congratulate you on your past accomplishments and to wish you continued success in the fine services rendered by your Organization.

JUDY LA MARSH,
Minister of National Health and Welfare.

Statement by

THE HON. C. H. WITNEY

The achievements of the Sanatorium Board of Manitoba in the year under review in this Report continue to emphasize the expanding role of this large and successful voluntary health agency.

As I have been privileged to assume the portfolio of the Minister of Health only in the closing weeks of 1963, it has been a gratifying experience to learn in some detail of the varied activities which the Board is carrying on as an agent of the Government.

In its primary field of tuberculosis control, the Report, while showing continued progress, indicates the need for eternal vigilance on the part of both the staff and the public if the ultimate goal of eradication is to be achieved.

The Board reports a successful year in the operation of its hospital facilities for the care of other non-tuberculous chronic diseases. The full impact of the facilities of the Manitoba Rehabilitation Hospital is just beginning to be evident and we can look forward with assurance to continued benefits to all our citizens from this cooperative enterprise.

I appreciate this opportunity of expressing the thanks of the Government for the work of the Sanatorium Board and its skilled and energetic staff which has so well merited the support of all our citizens.

C. H. WHITNEY,
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. ISAAC PITBLADO, Q.C., LL.D.

MR. C. E. DREWRY
DR. J. D. ADAMSON
MR. A. E. LONGSTAFFE
DR. ROSS MITCHELL

STATUTORY MEMBERS

Representing Provincial Department of Health ..... MR. JOHN GARDNER
MR. GEORGE ILIFFE
MR. J. A. MACDONELL
DR. E. SNELL

ELECTED MEMBERS

MR. R. L. BAILEY
MR. J. F. BALDNER
DR. L. G. BELL
MR. FRANK BOOTHROYD
MR. R. H. G. BONNYCASTLE
MR. W. C. BOWRA
MR. W. B. CHAPMAN
MR. GEORGE COLLINS
MR. J. N. CONNACHER
MR. J. B. CRAIG
MR. G. W. FYFE
MR. S. M. GOSSAGE
DR. J. E. HUDSON
MR. H. L. MCKAY
MR. F. O. MEIGHEN
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. H. S. EVANS
DR. J. E. HUDSON
DR. C. B. SCHOEMPERLEN
DR. F. R. TUCKER
DR. R. O. McDIARMID

EXECUTIVE DIRECTOR AND SECRETARY-TREASURER

T. A. J. CUNNINGS

AUDITORS

RIDDELL, STEAD, GRAHAM AND HUTCHISON

MEDICAL STAFF

EDWARD LACHLAN ROSS, M.D.
Medical Director

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

CENTRAL TUBERCULOSIS CLINIC

Resident Medical Staff

DR. D. L. SCOTT (Chief of Medical Services)
DR. E. S. HERSHFIELD
DR. P. P. MARI

Consultants

Broncho-Esophagology: C. B. SCHOEMPERLEN, M.D., F.C.C.P., F.A.C.P., Cert. Int. Med.
Orthopaedics: W. B. MACKINNON, M.D. Ch.M. (Man.), F.R.C.S. (Can.), Cert. Orth. Surg.
Pediatrics: HARRY MEDOVY, M.D., F.R.C.P. (Can.), Cert. Paed.
Radiology: R.A. MACPHERSON, M.D., C.M., F.A.C.R., Cert. D.&T.Rad.
Urology: C.B. STEWART, M.D., 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. LESLIE SALAY
DR. A. P. CHORNOMORETZ

Consultants

Anaesthesiology: WASYL ZAJCEW, M.D., Dip. Anaes.
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 & Throat: R. O. MCDIARMID, M.D., Cert. Ophth. Otol.
General Surgery: H. S. EVANS, M.D., F.R.C.S. (Edin. & Can.), F.A.C.S., Cert. Gen. Surg.
Orthopaedics: W. B. MACKINNON, M.D., 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., F.A.C.R., Cert. D. & T. Rad.
Urology: C. B. STEWART, M.D., F.R.C.S. (Edin. & Can.), Cert. Urol.

ASSINIBOINE HOSPITAL

Resident Medical Staff

DR. R. C. LAMBERT (Senior Physician)
DR. WILLIAM SHAHARIW

Assiniboine Hospital cont'd

Active Medical Staff

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

Courtesy Medical Staff

DR. A. M. GRANT	DR. DOREEN JOUBERT	DR. G. T. MCNIELL
DR. J. E. HUDSON		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., F.R.C.S. (Edin. & Can.), F.A.C.S., Cert. Gen. Surg.

Internal Medicine: V. J. H. SHARPE, M.D., Cert. Int. Med.
A. J. ELLIOTT, M.D., Cert. Int. Med.

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

Orthopaedics: 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.
A. P. LAPKO, M.D.

Pediatrics: R. F. M. MYERS, M.D., Cert. Paed.

Psychiarty: M.E. BRISTOW, M.D., Cert. Psy.

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

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

Active Dental Staff

DR. W. R. HARWOOD	DR. D. K. HURST	DR. J. T. MILLS
DR. A. R. HURST	DR. J. D. L. KENNEDY	DR. J. E. PURDIE

CLEARWATER LAKE HOSPITAL

Resident Medical Staff

DR. S. L. CAREY (Chief of Medical Services)

DR. H. M. HERNANDO

Active Medical Staff

DR. RALPH HAYWARD

DR. H. C. ROLFE

Consultants

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

Opthalmology: 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

Honorary Consultants

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

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

Chiefs of Service

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

Chief of Anaesthetic Services: D. M. HUGGINS, M.D., 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.

Medical Director of the Prosthetic and Orthotic Research and Development Unit: F. R. TUCKER, M.D., F.R.C.S., (Edin.), M.Ch.,(Orth.), Cert. Orth. Surg., F.R.C.S.(Can.)

Medical Director of the Paraplegic Unit: S. K. WARMA, M.B., B.S., F.R.C.S.(Eng.)

Manitoba Rehabilitation Hospital continued

Consultants:

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

Chest Diseases: R.M. CHERNIAK, M.D., 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., B.Sc.(Med), F.R.C.S. (Can.), Cert. Gen. Surg.

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

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

F. D. BARAGAR, M.D., F.R.C.P.(Can.)

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., M.Sc.(Neur. Surg.), D.A.B.N.S. Cert.Neur. Surg., F.A.C.S., F.R.C.S.(Can.)

Opthalmology: G. M. KROLMAN, M.D., F.R.C.S.,(Edin.), F.R.C.S.(Can.Ophth.)

Orthopaedics: 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: W. ALEXANDER, M.D., D.A.B.O., Cert.Ophth.Otol.

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

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

Physical Medicine: R.R.P. HAYTER, M.B., B.S., G.M.C., D.Phys. Med.,R.C.P.(Eng.)

I.H.K. STEVENS, M.B., L.R.C.P., M.R.C.S, D.Obst., R.C.O.G., M.R.C.P.

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

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

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.

Active Staff

Dr. W. Alexander
Dr. F. D. Baragar
Dr. J. E. L. Bendor-Samuel
Dr. T. J. McCaughey
Dr. R. H. McFarlane
Dr. L. Michaels

Manitoba Rehabilitation Hospital continued

Active Staff

Dr. D. M. Brodovsky
Dr. R. M. Cherniak
Dr. H. Chochinov
Dr. R. A. L. Davis
Dr. M. H. L. Desmarais
Dr. B. B. Fast
Dr. J. B. Frain
Dr. R. F. Friesen
Dr. B. J. S. Grogono
Dr. R. Hay
Dr. R. R. P. Hayter
Dr. M. Huggins
Dr. D. A. Kernahan
Dr. G. M. Krolman
Dr. L. P. Lansdown
Dr. M. T. Lehmann
Dr. D. Parkinson
Dr. P. N. Porritt
Dr. M. J. D. Newman
Dr. M. G. Saunders
Dr. C. B. Schoemperlen
Dr. C. A. Smythe
Dr. I. H. K. Stevens
Dr. L. H. Truelove
Dr. F. R. Tucker
Dr. R. J. Walton
Dr. W. R. Welply
Dr. L. L. Whytehead
Dr. S. K. Warma
Dr. H. W. Hart (Faculty of Dentistry)

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
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
Laboratory.Technician	MARVIN THORGEIRSON

MANITOBA SANATORIUM

Hospital Manager	NICHOLAS KILBURG
Director of Nursing	MISS DERINDA ELLIS
Food Supervisor	MRS. LOIS RICHARDSON
Chief Engineer	GORDON STINSON
Radiographer	WILLIAM C. AMOS
Sr. Laboratory Technician	J. M. SCOTT*

CLEARWATER LAKE HOSPITAL

Hospital Manager	HILARY DAVIES
Director of Nursing	MISS V. E. APPLEBY
Acting Chief Engineer	ALLEN STEVENSON
Laboratory Technician	MRS. PATRICIA A. STRONG

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 Coordinator	MRS. J. P. JACKSON
Medical Records Librarian	MRS. WENDY E. MATHIE
Radiographer	F. H. GIBSON
Sr. Laboratory Technician	MISS L. E. DELAMATER
Chief Engineer	R. R. CLARK

*Died April 7, 1964

Non-Medical Senior Staff continued

Sanatorium Board of Manitoba

MANITOBA REHABILITATION HOSPITAL

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

CENTRAL TUBERCULOSIS REGISTRY

Supervisor	MISS JANET SMITH

PROSTHETIC AND ORTHOTIC RESEARCH AND DEVELOPMENT UNIT

Technical Director	JAMES FOORT

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 a pleasure indeed to welcome you to this the 53rd annual meeting of the Sanatorium Board of Manitoba. The reports which you will hear today indicate that throughout 1963 the Board continued to carry out with vigour and determination its widespread responsibilities. These responsibilities include the programs leading to our goal of eventual eradication of tuberculosis through preventive measures; the maintenance of a high standard of tuberculosis treatment; the further development of our extended treatment and rehabilitation services at Brandon, The Pas, and Winnipeg; our services in health education; and our program of vocational rehabilitation for tuberculosis patients and for physically handicapped Indians and Metis.

THE BOARD

In 1963 there were 45 meetings of the Board and its administrative committees. It is evident from this, and the faithful attendance of the members, that this voluntary Board takes its responsibilities seriously. I should like to pay tribute in the highest terms to the very busy men who comprise our membership and who freely and generously give of their time and abilities to the direction of our affairs. Our services reach out into all parts of Manitoba and play an important part in the life of the people of this province.

The Board for the past year has consisted of 22 members, 18 being elected and four nominated by the Minister of Health.

On November 11, 1963, we lost through death a valued member of the Board in the person of Mr. H. T. Decatur. Mr. Decatur was a leader in the affairs of the Associated Canadian Travellers, and was elected to our Board in 1949. Throughout his service Mr. Decatur contributed enthusiastically and generously in many ways, and even at the time of his death had under way a special project on our behalf. I would ask you to rise and observe a moment of silent tribute to his memory.

I would not like this opportunity to pass without expressing a special word of thanks to our Medical Advisory Committee, consisting of Dr. F. Hartley Smith, Chairman; Dr. F. R. Tucker and Dr. C. B. Schoemperlen of Winnipeg; Dr. H. S. Evans of Brandon; and Dr. J. E. Hudson of Hamiota. Four of these members are Past Presidents of the Manitoba Medical Association. The Committee meets monthly and considers medical policies, relationships with the Manitoba Medical Association and the Manitoba College of Physicians and Surgeons, Senior Medical Staff appointments, and related matters. They have indicated a keen sense of responsibility in considering business coming before them, and their recommendations to the Board have been of the greatest value and assistance.

SERVICES

The Board has continued to be concerned about the number of new cases of tuberculosis in the province. The steady decline that marked the decade 1950 - 1959 has been interrupted, and each of the years 1960, 1961, and 1962 has shown a small increase in new cases. The Medical Director will be reporting on measures being taken to meet this situation.

In our treatment services, Manitoba Sanatorium and the Central Tuberculosis Clinic continued a high level of operation. The Manitoba Rehabilitation Hospital completed its first full year of service, and is rapidly acquiring a high reputation in its special field. Discussion have continued with respect to replacing the old buildings at Assiniboine Hospital, first with the medical staff with respect to site, and in a preliminary way with the Manitoba Hospital Commission, who must make certain policy decisions with respect to the hospital. Since the Commission has indicated that funds for the statutory construction grants are not presently available, circumstances did not seem to indicate the value of vigorous development of this matter in 1963, but the Board intends to pursue the matter in 1964 and a brief on the subject is presently being prepared. Clearwater Lake Hospital has continued to operate at capacity throughout the year, but a decline in occupancy may be anticipated towards the latter part of 1964.

CONTRIBUTORS

We gratefully acknowledge the many gifts and bequests and the generous volunteer services that have come to us in 1963. The largest individual gift in the Board's history was received by way of a bequest from the late Jettie C. Finley in the amount of $136,604. To meet essential needs in many aspects of our services it is necessary to have funds over and above government grants and payments and we deeply appreciate the contributions made to us as tangible indication of personal interest and support.

Our tuberculosis preventive services are basically financed by the Christmas Seal Sale. During the calendar year 1963 income from this source totalled $185,429.41. This is made up of many thousands of contributions, mainly in the $2.00 to $3.00 range, and we would like all who support our work in this way to know how much we value their help.

Again we have received magnificent support from the Associated Canadian Travellers. The Brandon Club in 1963 contributed $20,000.00 towards the capital cost of the Physiotherapy-Occupational Therapy Unit at Assiniboine Hospital. The Winnipeg Club contributed $17,840.67 toward the Manitoba Rehabilitation Hospital equipment fund. A suitable plaque permanently acknowledging the support of the Associated Canadian Travellers has been placed in both Assiniboine Hospital and the Manitoba Rehabilitation Hospital.

We are grateful for the co-operation and confidence of both the Provincial and Federal Government, and the cordial relationships between government officials and members of our staff.

The Board is fortunate in having a loyal, devoted and competent staff, and to each of them I express our thanks for their attention to the needs of the patients and the advancement of our work.

J. W. Speirs,
Chairman of the Board.

REPORT OF THE EXECUTIVE DIRECTOR

The individual institutional and departmental reports with respect to our work during 1963 have been circulated to members of the Board. These detailed accounts provide an impressive record of a busy year. However, in a large and complex organization such as ours it is desirable annually to bring together the main items that indicate the trend of our operations, and record matters of special interest.

In considering the record of the past year our two major objectives should be borned in mind:

1. To continue our vigorous anti-tuberculosis campaign with purpose and with vision, to make as effective as possible our efforts in prevention, treatment and rehabilitation.

2. To maintain and develop a high standard of extended treatment and rehabilitation care in the Board's hospitals which are designed for this service in cooperation with the Minister of Health and his department officers, the medical profession and other interested agencies.

Some indication of the growth of the Board's services to the people of Manitoba is seen in the following statistical summary for the years 1960 to 1963 inclusive:

Services to Individuals

	1960	1961	1962	1963
Admissions for Treatment	1,649	1,979	2,493	3,077
Out-patient Visits	7,506	10,602	14,537	41,961
TB Preventive Service	244,775	249,214	202,949	217,502
	253,930	261,795	219,979	262,540
Treatment days for in in-patients	179,897	194,254	240,389	271,331

ASSETS AND LIABILITIES

Assets held by the Board as at December 31, 1963, including special funds,but not including buildings and equipment at Clearwater Lake Hospital owned by the Government of Canada, totalled $6,667,588, after deducting accumulated depreciation of $1,363,723. This is a decrease of $219,214. The largest part of this decrease is accounted for by a write-off for depreciation of $158,767.

Liabilities of $3,165,181 decreased $344,632 from the preceding year.

Analysis of Decreases in Liabilities

Bank Loans	$ 234,850.00
Accounts Payable	24,782.00
Debentures Redeemed	85,000.00
Total Decrease	$ 344,632.00

HOSPITAL OPERATIONS - We have 832 beds for treatment in our five hospitals.

Assiniboine Hospital - Further preliminary studies with respect to a new hospital have been carried out, particularly with regard to site. Government construction grants appear to have been committed for some three years ahead, which may affect actual building schedules, but it is hoped that agreement as to principles and policies may be achieved in 1964 to provide a positive basis for planning. The fire commissioner has made a report and recommendations requesting major expenditures on the old buildings if they are to continue in operation for any considerable period. The matter has been referred to the Manitoba Hospital Commission for advice, and in the meantime fire regulations and procedures are under constant review and practice.

The average occupancy in 1963 was 87 per cent and the average length of stay was 60 days.

Central Tuberculosis Clinic with 64 beds had an occupancy of 91 per cent and an average length of stay of 67 days.

Clearwater Lake Hospital - This hospital has operated at 101 per cent occupancy on the tuberculosis side in 1963. This was brought about particularly by the Eskimo Point epidemic, which necessitated the setting up of additional beds, putting us over our normal capacity. Patient days increased by 12,155 over the previous year. Average length of stay was 115 days. On the Extended Treatment side, occupancy was 57 per cent and the average length of treatment was 56 days.

Further discussions have been held with the Manitoba Hospital Commission and federal authorities with respect to future tuberculosis and extended treatment services in Northern Manitoba.

Ten additional nurses' rooms were added to the staff accommodation. These were urgently needed and were essential to the recruitment and retention of staff.

Manitoba Rehabilitation Hospital - 1963 was the first full year of operation for this hospital and the services have developed in a very satisfactory manner. All departments have continued to improve, partly as a result of an active in-service educational program. A high standard of service has been achieved and principles and policies have been more clearly defined. Occupancy in 1963 was 84 per cent and average length of stay, 47 days.

Manitoba Sanatorium - This institution operated at a high standard throughout the year. Since the x-ray is such an essential tool in the diagnosis and medical treatment of tuberculosis, the old x-ray equipment, which was far below modern standards, was replaced with an up-to-date unit at a cost of approximately $30,000. Occupancy was 89 percent, with an average length of stay of 332 days.

Prosthetic and Orthotic Research and Development Unit - One outstanding service that was added to the Board's operations during the year was the Prosthetic and Orthotic Research and Development Unit. This unit has already contributed to an upgrading of the prosthetic and related services in Manitoba. New procedures and techniques have been developed, which will ultimately contributedto this field not only here, but throughout Canada. It is one of three similar units established in Canada, the other two being in Montreal and Toronto. It is financed by the Federal Government. The former Minister of Health, Dr. George Johnson, deserves the appreciation of the people of Manitoba for the large part he played in having this unit established here.

INVENTORIES

As at December 31, 1963, supplies on hand, including food stocks, drugs, engineering supplies, fuel and miscellaneous items, totalled $186,819, a decrease of $662 as compared to the previous year.

TUBERCULOSIS PREVENTIVE AND REHABILITATION SERVICES

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

Preventive Services	1962	1963
X-ray Field Services	$13,296	$14,859
Indian Clinics	5,333	6,522
Travelling Clinics	4,963	8,130
Survey Services	39,197	38,144
National Employment Service	3,879	3,420
Dauphin Survey and Vaccination Project		2,675
Hospital Admission Chest X-rays	62,027	71,426
Tuberculin Surveys	18,627	24,529
Health Education	8,174	9,445
B.C.G. Vaccinations	1,994	2,491
	$157,490	$181,641

Expenditures on tuberculosis rehabilitation services in 1963 amounted to $96,037, an increase of $13,835 over the previous year. Expenditures on the Special Rehabilitation Service for Indians and Metis (included above) was $65,002, an increase of $12,402 over 1962.

FOOD SERVICES

In 1963 we served 1,186,535 meals. Food services generally are at a very high standard, and Miss Nan T. Chapman and her staff are to be commended for the efficiency and quality of their work.

NATIONAL HEALTH GRANTS

The appropriation available under the Tuberculosis Grant for the fiscal year 1963 - 1964 was $179,024. Following is a comparative statement of claims on the respective projects for the fiscal years ended March 31, 1963 and 1964 respectively:

	1963	1964
Streptomycin and other antibiotics	$ 24,639	$ 28,248
X-raying of admissions to general hospitals	62,027	59,867
Assistance to Sanatorium Board of Manitoba	14,357	17,629
Assistance to Manitoba Sanatorium	44,986	45,497
Extension of B.C.G. vaccination program	1,994	4,796
Tuberculin surveys	17,949	22,313
	$165,952	$178,350

A problem will arise in 1964-1965 with respect to the Hospital Admission X-Ray Program, since funds available will fall short of meeting costs by at least $10,000.

INSURANCE

Fire insurance, including supplementary perils, was carried on the Board's property in the amount of $5,667,000. Public liability, professional liability, boiler and steam vessel, motor vehicle, fidelity, and robbery cover is carried in appropriate amounts.

PERSONNEL

As at December 31, 1963, the staff of the Sanatorium Board of Manitoba number 860, an increase of 31 over the previous year. At the year end 244 employees were enrolled in the Pension Plan, an increase of 24 during 1963. Under the Group Insurance Plan, weekly indemnity, surgical, and related cover accounted for payments as follows:

Staff at:	Central Tuberculosis Clinic and Manitoba Rehabilitation Hospital	$ 2,953.60
	Assiniboine Hospital	7,675.27
	Manitoba Sanatorium	5,940.62
	Clearwater Lake Hospital	2,807.29
	Preventive and other services	1,880.78
		$21,257.56

In 1963 beneficiaries under staff life insurance policies were paid $10,546.87.

Special attention has been given to staff training during the year. The Hospital Manager at the Rehabilitation Hospital has continued his course in Hospital Organization and Management. The Nursing Consultant, the Director of Nursing at the Rehabilitation Hospital, and the Director of Nursing at Assiniboine Hospital have had courses in rehabilitation nursing in Detroit and New York. A post-graduate course in rehabilitation nursing for our graduate staff has been very successfully given at the Manitoba Rehabilitation Hospital. In-service training is given in all our hospitals for nurses' assistants.

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We are fortunate in the integrity, quality and enthusiastic devotion to duty of our staff, who deal with so many difficult treatment and service problems with cheerfulness and competence. I should like to record my gratitude for the support and cooperation of professional and non-professional staff in all departments. Their good qualities and their spirit of service are frequently mentioned by patients and the many interested people who visit us from near and far.

APPRECIATION

I would like to record my deep appreciation for the direction and counsel of members of the Board, and members of the Medical Advisory Committee. I would like to pay my tribute to their faithfulness in attending a multitude of meetings, and giving their advice on so many occasions.

The cordial relations experienced with the Medical Director and medical staff, with federal and provincial officials, and with other hospitals and agencies are pleasant to recall.

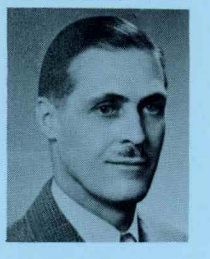
T.A.J. CUNNINGS
Executive Director.

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

It is recalled that in 1962 the overall tuberculosis picture was somewhat disappointing, for new cases had increased by 20 percent, although the death rate was the lowest ever. This trend was present throughout Canada. With 283 new cases in Manitoba and 6,284 in Canada in 1962, it was obvious that tuberculosis was still a major and costly health problem and that every effort should be put forth if renewed control was to be attained and if eradication could ever be hoped for.

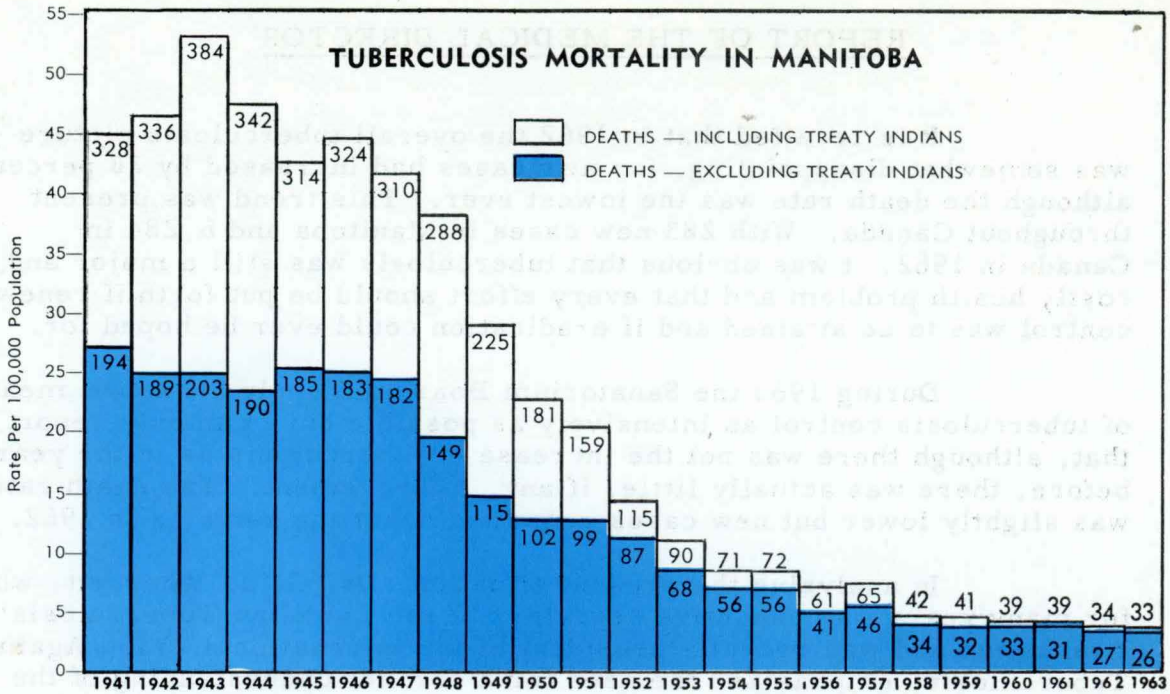
During 1963 the Sanatorium Board did apply all known means of tuberculosis control as intensively as possible but I can only report that, although there was not the increase of tuberculosis as in the year before, there was actually little, if any, improvement. The death rate was slightly lower but new cases remained about the same as in 1962.

In analyzing the present situation, Dr. G. J. Wherrett, who for many years was executive secretary of the Canadian Tuberculosis Assocation and was recently president of the International Union Against Tuberculosis, emphasized the need for a correct understanding of the words "control" and "eradication". The World Health Organization defines control as a state when only one percent of the population at age 14 react to the tuberculin test. Such a degree of control has not been reached in any of the provinces, although some localities may be approaching this standard. The tuberculin reaction rate of fourteen-year-olds in Manitoba is five percent, which is a tremendous improvement over the situation 25 years ago, but it still leaves much to be gained before we reach WHO's standard of control.

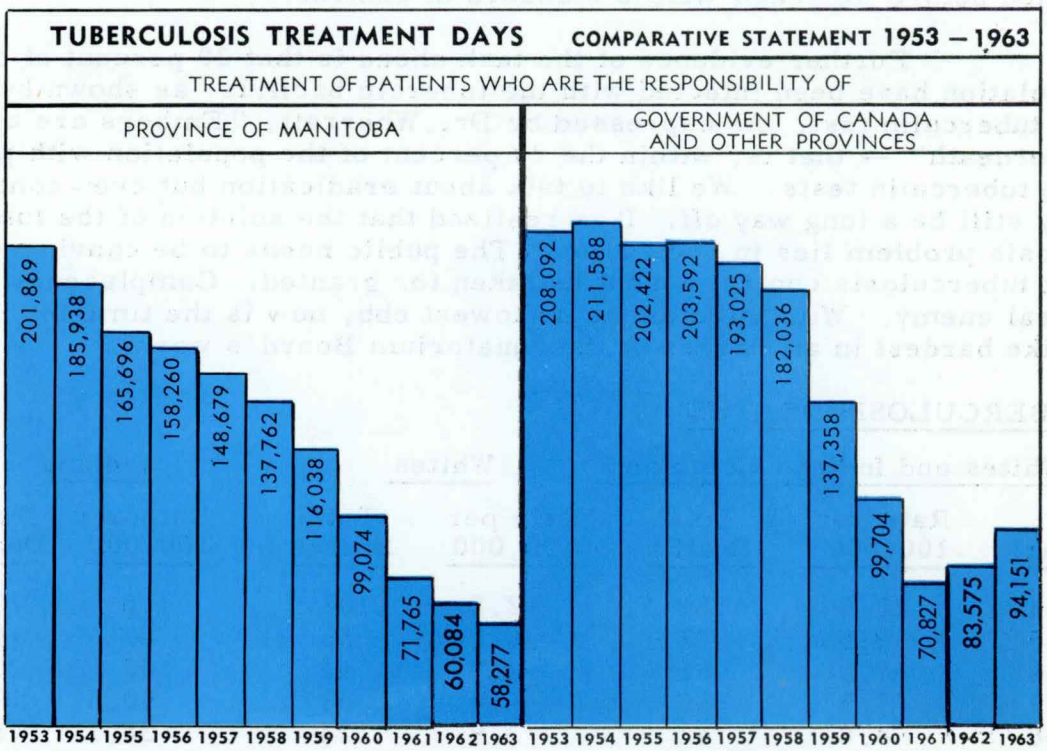
Further evidence of the task ahead is that 20 percent of our population have been infected with the tubercle bacillus, as shown by the tuberculin test. As expressed by Dr. Wherrett, "Embers are aglow underneath" -- that is, within the 20 percent of the population with positive tuberculin tests. We like to talk about eradication but even control may still be a long way off. It is realized that the solution of the tuberculosis problem lies in prevention. The public needs to be convinced that tuberculosis control cannot be taken for granted. Complacency is a real enemy. With infection at its lowest ebb, now is the time to strike hardest in all phases of the Sanatorium Board's work.

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
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	3.6	34	2.8	27	26.9	7
1963	3.5	33	2.8	26	27	7



	1953	1963
CASES under supervision in Manitoba	4,378	6,927
TOTAL EXAMINATIONS	313,212	217,502
NEW ACTIVE CASES	511	286
DEATHS	90	33



You will note from the foregoing table that the tuberculosis death rate (3.5 per 100,000 population) is slightly lower than in 1962. The number of deaths was 34 in 1962 and 33 in 1963. Two children died of tuberculosis, and there were only four deaths under 30 years of age. Twenty-five of those who died were over 50 years of age and two-thirds of them were men. Only one death occurred at home, due to a sudden, unexpected hemorrhage. The significance of this is that families were spared infection at this most infectious period of disease and illness.

Pulmonary tuberculosis was the cause of death in 73 percent. The next most common cause was tuberculosis of the kidney.

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
1963	218	68	286

Although there is a relationship between the tuberculosis death rate and tuberculosis control, the deaths reveal only part of the story. The important criterion is the morbidity and the best measuring stick is the number of new cases developing and the percentage of the population infected.

In 1963 the number of new active cases reported was about the same as in 1962. The 286 new cases represent 30 per 100,000 population. This figure compares favourably with the rest of Canada, the average for all provinces in 1962 being 33.84 per 100,000 population.

New cases of tuberculosis among non-Indians increased by 10 percent -- that is, from 197 to 218. Among Indians there was a decrease of 21 percent -- a drop from 86 new cases to 68. You will recall the epidemic among the Eskimos at Eskimo Point in January 1963, when 79 active cases were reported from that community during the year. These Eskimos, however, are not included in the Manitoba figures because they are from outside the province and their record is kept nationally. What accounted mainly for the increase of tuberculosis among the white population was an epidemic on the Hudson's Bay Railway Line at Thicket Portage in December, 1963. There were 18 cases of tuberculosis from this small community in 1963 and, although they were classed as non-Indians, most of them were part-Indian children.

The new cases of tuberculosis are not distributed equally throughout the province. In fact, of the 146 municipalities and unorganized areas, 92 had no new cases in 1963 and most of the others had just one

or two. The higher incidence communities were Thicket Portage, Selkirk, St. Boniface, West Kildonan and Thompson. Seventy-four new active cases, or 25.9 percent, were from Winnipeg, and in the whole Metropolitan Winnipeg area (which represents half of the Manitoba population), the number of new active cases found represented 38.1 percent of the total number reported in the province.

During recent years localized epidemics have been significant. To try to prevent this from happening we examine the contacts of new cases as quickly as possible, the object being not only to find newly infected persons but also the original source of infection. Tuberculin and x-ray surveys and travelling clinics are focused on areas which have the heaviest infection and new case rate.

Of almost equal significance as far as spread of infection is concerned are the relapses (re-activations) among known old cases. The number of old cases at home is increasing because treatment enables most of the new cases to recover. There are approximately 12,000 known inactive cases of tuberculosis in the province and from among these during 1963 a total of 64 reactivated. This represents a rate of about 500 per 100,000 population, which is 17 times greater than the new case rate. This explains why all old cases have been brought into our current follow-up files for yearly review, if possible. Over 4,000 known old cases were examined in 1963.

PREVENTION

Tuberculosis prevention is focused principally on the early identification of sources of infection to prevent the spread of infection. The selection of areas to be surveyed is based upon the incidence of tuberculosis infection and these are often the more remote and less populated parts of the province.

Examinations by Clinics, Hospitals and Surveys

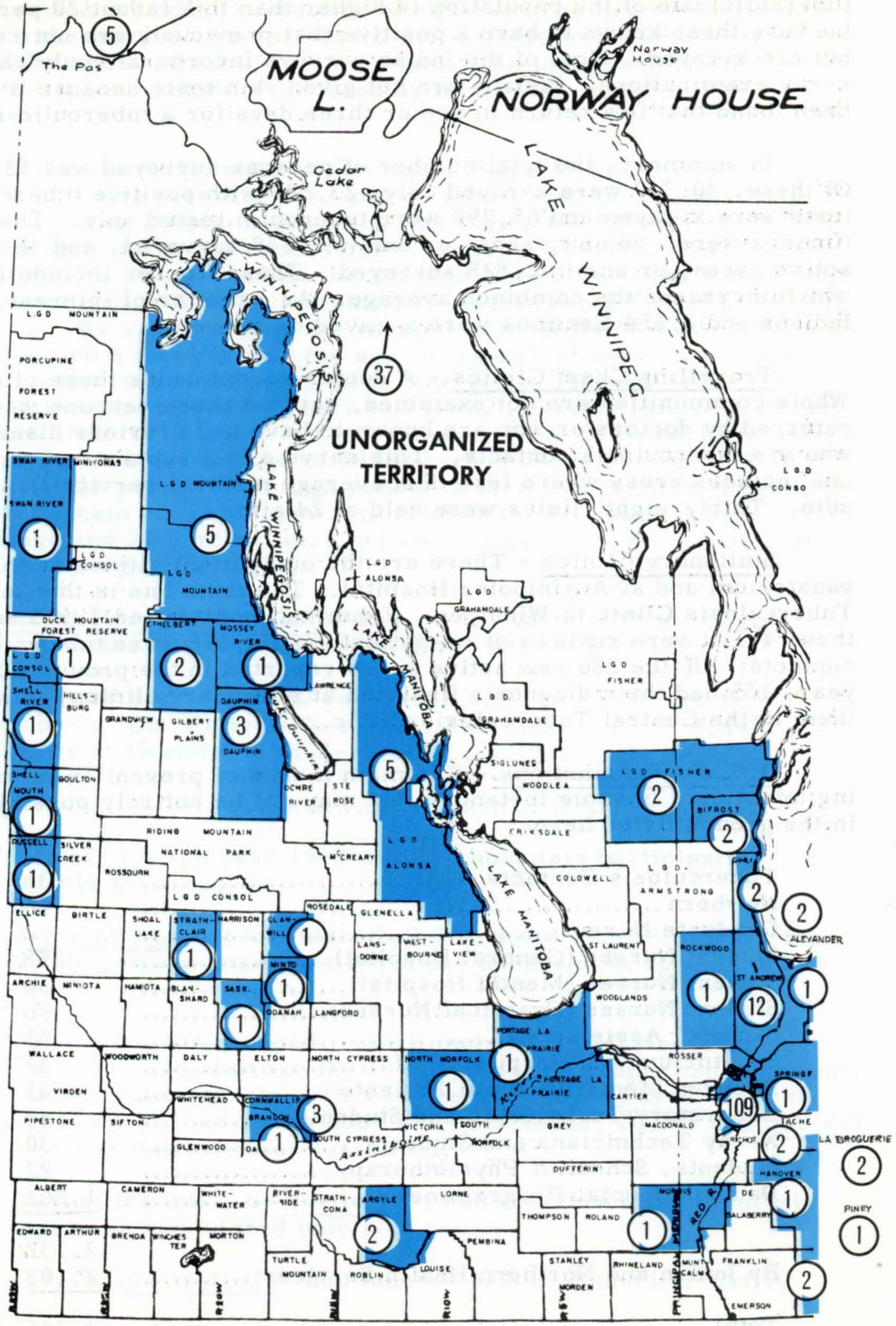
Year	Stationary Clinics	Travelling Clinics	Hospital Admission X-rays	Surveys	Total
1954	9,554	3,375	85,513	239,850	338,292
1955	8,830	5,894	93,812	215,806	324,342
1956	9,339	5,093	99,232	212,060	325,724
1957	9,559	3,690	103,485	190,753	307,487
1958	8,392	1,874	86,714	137,456	234,436
1959	8,483	1,416	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	144,583	216,703
1963	7,525	1,141	67,403	141,433	217,502

Regarding tuberculin and x-ray surveys, the Sanatorium Board plans to cover the whole province at least every four or five years. However, communities with above average prevalence of tuberculosis are given preference. (Indeed, some areas may be surveyed three times in one year.) All ages are tuberculin tested and only the reactors are x-rayed (about 20 percent of the total). Any persons with positive

New Diagnoses of Tuberculosis (1963)

By Municipalities and Unorganized Areas

(Excluding Indians and Eskimos)



LGD stands for Local Government District

or suspicious findings are promptly investigated, usually at the Central Tuberculosis Clinic. Of the total 89,343 tuberculin tested, eight percent did not return for a reading (almost all would be negative), and of the 81,994 tests read, 15 percent were positive. The actual positive tuberculin rate of the population is higher than this (about 20 percent) because those known to have a positive test previously are not re-tested but are x-rayed. Most of the Indian surveys incorporate only chest x-ray examinations. Indians are not given skin tests because it has been found that few return in two or three days for a tuberculin reading.

In summary, the total number of persons surveyed was 130,090. Of these, 40,747 were x-rayed only, 23,546 with positive tuberculin tests were x-rayed and 65,797 were tuberculin tested only. The survey findings were: 58 new cases, or one in 2,243 surveyed, and 46 new active cases, or one in 2,828 surveyed. These figures include Indians, which increases the combined average. As a matter of interest, 16,840 Indians and 2,354 Eskimos were x-rayed on surveys.

Travelling Chest Clinics - A doctor accompanies these clinics. Whole communities are not examined, but just those persons who are referred by doctors or who are known to have had previous disease or who are tuberculosis contacts. This service is a supplement to surveys and includes areas where less than average medical service is available. Thirty-eight clinics were held at 24 sites.

Stationary Clinics - These are the out-patient clinics at each sanatorium and at Assiniboine Hospital. The main one is the Central Tuberculosis Clinic in Winnipeg. Examinations totalled 7,525 and of these 4,116 were reviews of ex-patients and 3,518 were tuberculosis contacts. Of the 286 new active cases reported in the province last year, 153 had their diagnosis finalized at stationary clinics, most of them at the Central Tuberculosis Clinic.

B.C.G. Vaccinations - The main means of prevention is preventing infection. In some instances this may not be entirely possible, as in the groups listed here:

Tuberculosis Contacts	36
Newborn	116
Graduate Nurses	2
Student Nurses (General Hospital)	358
Student Nurses (Mental Hospital)	36
Student Nurses (Practical Nurses)	96
Nurses' Assistants	51
Sanatorium and Hospital Staff	33
Brandon Mental Hospital Patients	41
Laboratory Technicians and Students	49
X-ray Technicians and Students	30
Students, School of Physiotherapy	22
Dauphin Special Programme	1,262
	2,132
By Indian and Northern Health Services	2,103
Total	4,235

For these people B.C.G. will provide a high degree of protection from disease, even if they are exposed to infection. A fair amount of tuberculosis still gets into general hospitals before being discovered: hence the need for added protection of nurses. The most important group are the Indians, who are much more likely to become infected than non-Indians. The B.C.G. program of the Indian and Northern Health Services is heartily endorsed by the Sanatorium Board of Manitoba.

In 1962 the Dauphin Health Unit area had a higher than average incidence of active tuberculosis, and we considered that added protection for the young people in this area was indicated. Thus in December, 1963, after procuring the endorsement of the local doctors and the assistance of the whole staff of the Dauphin Health Unit, the Sanatorium Board administered B.C.G. vaccine to 1,262 students in Grades 9, 10, 11, and 12. We chose to give the vaccine to students of this age because it has been found that between the ages of 14 and 29 there is a sharp increase in the risk of breaking down with active tuberculosis. For example, from the age of 10 years to 14, the infection rate is 4.49 percent, from 15 to 19 years it is 6.63 percent, from 20 to 24 it rises to 13.53 percent, and by the age of 29 it reaches 23.53 percent. This five to ten-year period after high school is therefore a critical period. Sixty-two percent of all the new active cases in 1963 were under 30 years of age and 35 percent were between 10 and 30. We plan to extend this B.C.G. program in 1964.

General Hospital Admission X-rays - A total of 79 hospitals participated in the hospital admission x-ray program in 1963.

Number of Admissions X-rayed	48,628
Number of Out-Patients X-rayed.....	9,442
Number of Hospital Staff X-rayed	9,333
Total	67,403

The totals for the year 1962 were 76 hospitals participating and 63,515 patients x-rayed.

X-ray Findings - It is understood that these x-ray films are for screening only and abnormalities found are assessed by further investigation.

1. Of the 67,403 x-rayed, (which includes admissions, out-patients and staff for the 79 hospitals) 35 people had apparently active tuberculosis. This is one in 1,925 x-rayed, and, if just the 48,628 admissions are considered, 24, or one in 2,026, were tentatively thus classified.

2. 504 of the total, or one in 133, had evidence of tuberculosis that was considered inactive.

3. 51, or one in 1,321, had tuberculosis of doubtful activity.

4. 112, or one in 602, were tentatively classified as tuberculosis suspects.

5. Taking into account all the above, 702, or one in 96 x-rayed, had evidence of present, past or suspected tuberculosis. As previously stated, all these diagnosis are recommended for further investigation, either by ourselves or private physicians.

6. Of the 9,442 out-patients, 10 or one in 944, had apparently active tuberculosis, and 201 had inactive lesions.

7. Of the 9,333 staff x-rayed, only one had apparently active tuberculosis.

8. Besides all the above, 3,924 were found to have some other thoracic abnormality, mostly non-tuberculous chest or cardiac conditions.

9. The value of this program has sometimes been questioned, especially in relationship to its cost, but from the above findings it would appear to be fulfilling a very worthwhile tuberculosis case-finding and diagnostic service.

TREATMENT

After a steady nine-year decrease in hospital treatment days for tuberculosis, in 1962 there was a slight increase and in 1963 a more marked increase of 8,769 days or 6.1 percent. On December 31, 1963, there were 433 sanatoria beds occupied, compared to 400 a year before. This increase was mainly due to the admission of Eskimos from Eskimo Point early in the year and to 25 admissions from Thicket Portage later in the year. It is impossible to predict if similar epidemics will occur in 1964. If there are none, I think that by December, 1964, bed occupancy may decrease by 50 to 75.

The average length of hospital treatment in 1963 was 379 days. Of the 433 on treatment, 170 were children and nearly all of these Indian or Eskimo children. The reason for this fairly prolonged period of hospital treatment is that 241, or 55 percent, of the patients are Indian or Eskimo, and most of them have to complete their whole treatment (18 to 24 months) in hospital because they cannot be depended upon to continue their all-important drugs at home. Home conditions and the impossibility of close supervision are also factors. All children with active primary lesions are treated in hospital and until a few years ago many of them were treated at home. Practically all white patients continue drugs at home for up to a year and are examined every three months.

Thirty-six patients with only positive tuberculin tests are treated with the drug INH. Their x-rays were clear but they had recently been exposed to infection, so treatment in these cases was more in the nature of prophylaxis.

A treatment problem in the future may be caused by the tubercle bacillus becoming resistant to the anti-tuberculosis drugs. As yet this is not a problem in Manitoba as far as primary resistance to the three main drugs is concerned (estimated at about one or two percent),

but resistant cases in hospital tend to accumulate and they do create treatment problems. Dr. A. L. Paine reports that at Manitoba Sanatorium 17 percent of the pulmonary cases have developed resistance to one or more of the three first-line drugs, and that 12 percent cannot tolerate drugs. But most of these patients are still helped by one or more of the less effective second-line drugs.

Surgery, which is all done at Manitoba Sanatorium, has an important role in treatment, although it has been decreasing somewhat during the last few years.

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
1963	58,277	94,151	152,428	6.1 (increase)	433

Tuberculosis

	Bed Capacity		Bed Occupancy	
	Dec. 31/62	Dec. 31/63	Dec. 31/62	Dec. 31/63
Manitoba Sanatorium	255	268	233	224
Central Tuberculosis Clinic	64	64	60	64
Clearwater Lake Hospital	99	120	107	145
	418	452	400	433
On treatment in Mental Hospitals			11	8
			411	441

Extended Treatment

	Dec. 31/62	Dec. 31/63	Dec. 31/62	Dec. 31/63
Clearwater Lake Hospital	71	32	33	27
Assiniboine Hospital	198	198	148	148
	269	230	181	175

CENTRAL TUBERCULOSIS REGISTRY

I cannot conclude this report without a special word of appreciation to the staff of the Central Tuberculosis Registry. The Registry is the medical accountancy department and, as obvious from this report, it provides statistical material upon which direction of the program is based. During 1963 transferring to the active Kardex file has been completed on all white persons who have had treatment within the past 20 years. This is for follow-up purposes. Although Indian Health Services have kept tuberculosis files, the Registry is now in the process of including records of all Indians and Eskimos and it is cooperating closely with Indian and Northern Health Services. In their active file the Registry has records of all tuberculosis patients in or out of sanatorium. There are 7,000 in all, and these records are used to good purpose.

APPRECIATION

I appreciate the advice and direction of the Chairman of the Sanatorium Board of Manitoba, the Board members and the Executive Director. I am grateful for the able service and cooperation of the Chiefs of Medical Services in all the Board's hospitals and their medical staff, the Nursing Consultant, and the nursing, technical and clerical staff. I wish to acknowledge the contribution to the Board's tuberculosis control program made by the Government of Manitoba, the municipalities and the Government of Canada; also 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.

CITY OF WINNIPEG

Tuberculosis Control

At the turn of the century tuberculosis was the most frequent cause of death in the western part of the world. With the development of epidemiological and overall public health measures, the first and greatest improvement in the control of this disease occurred in the first few decades. With the advent of chemotherapy during the last 20 years, a further limitation of the disease was achieved and the eventual disappearance of tuberculosis as a major cause of death and disability appeared possible. In the last few years, however, this has not occurred and a toll is still being paid yearly for this disease.

Poor locality and depressed socio-economic conditions influence adversely the prevalence of this disease, and this has been repeatedly demonstrated to be a major factor in this city year after year.

The main efforts of the City Health Department are in the direction of supervising known cases at home, following initial treatment in sanatorium. We see that patients, who are declared inactive, come back regularly for x-rays and medical examinations to guard against possible relapses. We also investigate all close contacts of active cases.

During 1963 a total of 929 tuberculosis cases were under the supervision of city public health nurses. These nurses perform the most vital part of this department's tuberculosis control program.

DEATHS

During 1963 tuberculosis deaths increased to a total of 12, as compared with a total of seven in 1962 and 10 in 1961. The increase is probably not alarming, the overall deaths being quite low in proportion to the population. Yet it constantly reminds us that this dreaded disease is not extinct and that it is only through constant efforts that we can prevent its threatened expansion.

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
1963	12	4.7

Age Groups	Number of Deaths
0 - 19	0
20 - 39	1
40 - 69	2
70 & over	9
Total	12

NEW ACTIVE CASES

In tuberculosis, the number of deaths usually parallels the number of newly discovered active cases. In 1963, 74 such cases were discovered, which is nine cases more than in the previous year. This is in keeping with the previously noted increase in the total number of deaths.

Year	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
1963	74	28.8	6

The greatest number of newly discovered active cases were found between the ages of 60 and 79. No new cases were found in children below the age of four. The number of reactivated cases did not follow the same pattern and is actually lower than the previous year (13 cases in 1963, compared to 18 in 1962). This may be a reflection of closer follow-up of known cases.

Age Group	Number of New Cases	Reactivations
0 - 4	0	-
5 - 14	6	-
15 - 24	9	1
25 - 39	13	3
40 - 59	18	5
60 - 79	20	3
80 & over	8	1
Total	74	13

HOW NEW ACTIVE CASES AND REACTIVATIONS WERE DISCOVERED

	New Cases	Reactivations
General Hospitals	37	4
Private Physicians	22	5
Community Surveys	6	-
Chest Clinics	4	4
Vital Statistics	5	-
Total	74	13

The most rewarding method of case-finding is the diagnostic work performed by private physicians and the general hospitals. Routine chest x-rays of patients are being done with increasing frequency.

CLASSIFICATION OF NEW AND REACTIVATED CASES

		New Cases	Reactivations
PULMONARY -			
	Primary	2	-
	Minimal	21	-
	Moderately advanced	16	4
	Far advanced	7	2
	Unclassified	4	-
	Total	50	6
EXTRAPULMONARY -			
	Pleurisy	3	2
	Glandular	6	-
	Renal	7	2
	Bone	4	2
	Meningeal	1	-
	Miliary	2	-
	Peritonitis	1	-
	Other	-	1
	Total	24	7
TOTAL		74	13

SURVEYS

		Tuberculin Tests			
	Tests	Tests Read	Positive	Negative
Schools and Colleges	11,803	11,073	611	10,462
%		93.8	5.5	94.5
Industrial	4,197	3,926	1,452	2,474
%		93.5	37.0	63.0
Total	16,000	14,999	2,063	12,936
%		93.7	13.8	86.2

Positive reactors were given an x-ray examination, and it will be noted that six new active cases were detected in this way. No active case of tuberculosis was found among school children.

X-ray Surveys in Winnipeg 1963

	Number	New Active Cases
Industrial	4,543	3
Schools and Colleges	3,292	-
National Employment Service	5,767	2
Central Tuberculosis Clinic Survey Unit	1,302	1
	14,904	6

Admissions to Sanatoria	61
Re-admissions to Sanatoria	5
Discharges from Sanatoria	46

APPRECIATION

We would like to extend out thanks to all those who assisted in this work, especially the Sanatorium Board of Manitoba, without the help of which no achievement of any kind would be possible. We all realize that no further progress can be made in this disease without the constant cooperation of all the organizations concerned with its control.

R. G. CADHAM, M.D., D.P.H.
Medical Health Officer.

CENTRAL TUBERCULOSIS CLINIC

The year 1963 was our second full year of occupying our new quarters at 668 Bannatyne Avenue. The Central Tuberculosis Clinic, with 65 beds, has been filled nearly to capacity for 12 months. During the year there were 800 more visits to the Out-patient Department than in 1962. Admissions and discharges were fewer, indicating a slow-down in the transfer of patients. Treatment days were about 800 more than in 1962.

New discoveries of tuberculosis totalled 175 compared to 171 in 1962. I understand this slight increase is reflected across Manitoba and it has been stated that it is partly due to a more intensive search for new cases and to mass tuberculin surveys, which rule out unexposed people in a fairly positive manner. This enables us to examine only those who have had exposure to disease.

It is interesting to note that over a period of years the classification of new cases is slowly changing from over 70 percent far advanced cases to less than 25 percent in 1962 and 1963. Indeed, cases of minimal tuberculosis last year comprised 40 percent of the total new cases found.

The highest incidence of new cases is showing in the older age groups. There are probably two reasons for this: First, that the number of older people in our communities is increasing, and second, that these older people were born and raised during the period when tuberculosis was the most common cause of disability and death. There were 21 new cases in the 60-69 age group and 20 new cases in the 70-and-over age group. (Altogether the greatest number of admissions were in the group 70 years of age or over.)

There were 344 admissions in 1963 and a total of 20, 120 patient days' care. It must be remembered that many of our admitted cases come in only for investigation and diagnosis. Of the 344 admissions, 217 cases proved to be tuberculous and of the remaining 127, some were found to be non-tuberculous and 38 were known cases who had come in for review.

A total of 340 patients were discharged, 216 being tuberculosis cases. The remaining 124 were admitted for investigation. There were 12 deaths, six due to tuberculosis.

The average length of stay in hospital (exluding the 38 reviews) was 67 days.

LABORATORY

The total number of tests performed was 13,954, which made a grand total of 36,656 units. These units include sputum analyses, Mantoux tests, urinalyses, B.C.G. vaccinations and many others. We feel that our laboratory record is a very good one.

X-RAY DEPARTMENT

The X-ray Department made a total of 5,187 film examinations last year on 3,769 people. The Department has done an efficient service for the anti-tuberculosis campaign.

PREVENTION

Our program of prevention includes travelling clinics, surveys and the x-raying of patients admitted to general hospitals.

In 1963 a total of 1,100 whites and 41 Indians were seen at 38 travelling clinics held in 24 centres.

Mass surveys now are usually tuberculin testing surveys and only positive reactors are x-rayed. There were 89,343 skin tests done and, among both whites and Indians, 58 new cases of tuberculosis were discovered. A total of 64,293 x-ray films were made and from these, 46 active cases of disease and 12 inactive cases were reported for the first time.

Sixty-five hospitals in Manitoba referred films to the Central Tuberculosis Clinic for interpretation, and there were 22,859 films in all. These films are read by us and a recommendation is made to each hospital when some abnormality is seen. The next steps are taken by the local hospital authorities, the patient's doctor or the local health unit. For that reason we do not have a detailed report on these patients. The Central Tuberculosis Registry, however, does follow up our recommendations to see that all investigations are carried out.

APPRECIATION

Besides thanking the Central Tuberculosis Clinic personnel, I would like to thank the staff of our Preventive Department, which includes travelling clinics and surveys, and also the staff of the Central Tuberculosis Registry which is the central figure in our provincial information service. It would be impossible to carry on successfully without all these departments. Our relations with the Sanatorium Board, with all hospitals in Manitoba, and with the Department of Health are amicable and helpful.

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

MANITOBA SANATORIUM

Manitoba Sanatorium completed its 54th year of operation in 1963, a year characterized by the highest occupancy since 1954 and a further increase in patients of native extraction. On December 31, 50 percent of our patients were Treaty Indians or Eskimos, 25 percent were Metis and 25 percent were white. Treatment days rose from the previous year's figure of 83,742 to 86,958 and the average daily census rose from 229 to 238. Looking back over the past decade the gradual decline in patient population changed to an increase in 1961 when treatment was centralized at Ninette. This continued through 1962. It is perhaps significant that the further rise in patients in 1963 stemmed largely from an increase of new active cases in the province, especially in native children. Of the 224 patients at the year's end, those patients 15 years of age or under numbered 69 or 31 percent. At the other end of the age scale those 60 years or over were 42, or 19 percent of the patient body.

The increase in patient population caused some adjustment in accommodation. Number One Pavilion became occupied entirely by children, and Number Two Pavilion was converted from a 25 to a 46-bed unit by closing in the balconies. It was also supplied with 24-hour nursing service.

ADMISSIONS AND DISCHARGES

The 275 admissions comprised 165 males and 110 females and were classified as follows: First admissions, 57; re-admissions, 48; transfers, 163; reviews, 7. Of the 201 patients with respiratory tuberculosis, 167 had adult (or re-infection) disease, the extent being minimal in 38. Sixty had moderately advanced disease and 60 were in the far advanced stages. Six patients had pleurisy with effusion and three had empyema.

In 34 patients disease was the childhood (or primary infection) type -- five being parenchymal, 10 tracheo-bronchial and 19 combined. The 32 admissions with non-respiratory tuberculosis were as follows: Tuberculoma of the brain, 4; meningitis, 4; bone and joint, 8; skin, 1; adenitis, 7; genito-urinary, 7; pericarditis, 1. Other admissions were classified as: Non-tuberculous, 11; suspect tuberculosis, 6; positive tuberculin reaction only, 4; undiagnosed, 12; newborn, 2. Relapse had occurred in 27, or 11 percent of the tuberculous admissions, and of these, 17 had been treated with chemotherapy and five had lung resections.

The 282 discharges were classified as follows: On advice, 215; against advice, 10; disciplinary, 2; transfers, 32; deaths, 16; from review, 7. Of the 224 tuberculosis patients discharged alive only four were unimproved. There were 55 non-tuberculous patients discharged.

Only three patients with bacillary findings were discharged home and two of these have since been admitted. There were 16 deaths, seven from tuberculosis and nine from other causes. Autopsies were performed on seven.

OUT-PATIENTS

A total of 1,233 patients attended our Out-patient Department. Of these 417 were old patients back for review and 325 were tuberculosis contacts. Eighteen non-tuberculous chest conditions were diagnosed.

TREATMENT

The average length of stay of patients in hospital was 332 days, an increase of 52 days over the previous year. This longer stay was due to the type of patient, rather than to any change in treatment principles. We have an increasing number of patients of native extraction, especially children, and these people need at least 18 months in hospital to make sure that they get the good living conditions and the chemotherapy they would not have at home. We believe that all patients, including the minority group of whites, should have at least an initial period of sanatorium treatment.

Rest is still an essential part of treatment for all acutely ill patients, and for those with less active disease the sanatorium plays an equally important role in teaching knowledge and acceptance of tuberculosis, in promoting the regular taking of anti-tuberculosis drugs, so necessary later in home treatment, and in establishing proper drug routines with regard to sensitivity and tolerance.

Chemotherapy continues to play the major role in treatment, and we aim at a combination of at least two drugs over a period of 18 months to two years. On admission most patients are placed on three drugs, preferably streptomycin, PAS and INH. This may later be reduced to two drugs when the sensitivity status has been determined or if drug intolerance appears. At the year's end 65 percent of all our patients were on three drugs, 24 percent were on two drugs, three percent on one drug and eight percent on no drugs. Second-line drugs were used in 17 percent of the patients, the most common being Cycloserine, Pyrozinamide and Isoxyl.

Surgery is still an important adjunct to treatment, more so than in other provinces due to the high proportion of Indian and Eskimo patients. For this type of patient, who go home to poor living conditions where there is little chance to keep up chemotherapy, we continue to do surgery to prevent relapse. The surgery is mainly resection of residual areas of disease. Eighty percent of all chest procedures were of this elective nature, while 20 percent were considered mandatory, either to convert sputum in bacillary patients or to eradicate empyemata.

There were three more major chest operations than in 1962. The 72 procedures were as follows: Pneumonectomy, 5; Lobectomy, 12; Segmental Resection, 10; Wedge Resection, 20; Thoracotomy, 3; Lesionectomy, 1; Cavernostomy, 1; Thoracoplasty, 13; Decortication 1; Schede Thoracoplasty, 6. There was one post-operative death from bronchopleural fistula and empyema in a maximum benefit patient undergoing salvage surgery. The only significant post-operative complication was a tuberculous empyema in a drug resistant patient who is now responding to Schede thoracoplasty. Tracheostomy was performed with benefit in four poor risk patients.

Regarding orthopedic surgery, Dr. W. B. MacKinnon performed two fusions of the spine and one of the hip during the year. All the patients did well.

X-RAY AND LABORATORY DEPARTMENTS

In the X-ray Department a new 500 milliampere machine was installed -- including motor driven table, planigraph and spot photography. Radiographic examinations totalled 3,811, an increase of 934 over 1962. The department also made 86 electrocardiographs and, besides other clinical photography, made 51 color slides of surgical specimens.

The laboratory showed a work increase over the previous year of about nine percent, with 19,233 tests performed and 44,874 units of work. We continued to test our own cultures of tubercle bacilli for drug resistance, as well as sending them to the Central Laboratory in Hamilton.

EDUCATION AND STUDY

Academic schooling, vocational training and craftwork continued to be stressed. They are of particular importance to our increasing number of native patients whose long stay in hospital gives ample opportunity for needed education and leisure activities.

The Department of Nursing gave lectures and courses of instruction to three groups during the year, namely 25 affiliate students from the Graduate School of Brandon General Hospital, 109 affiliate students from the Manitoba School of Practical Nursing and 36 nurses' assistants from our own staff. The medical, nursing, laboratory, dietary, public health and rehabilitation staff participated in these programs.

PAPERS

1. "Five to Seventeen Year End Results in Four Hundred and Two Patients with Pulmonary Resection for Tuberculosis" - by Dr. A. L. Paine and Dr. Z. Matwichuk. Presented at the Canadian Tuberculosis Association meeting at Ottawa in June, 1963.

2. "Current Trends in the Treatment of Tuberculosis with a Report on 628 Cases of Pulmonary Tuberculosis" - presented by Dr. A. L. Paine at the Manitoba Medical Association meeting at Winnipeg in September, 1963.

APPRECIATION

To all the members of the staff sincere appreciation is expressed for good work and high loyalty so characteristic of Ninette. The Nursing Department, which had the heaviest patient load and the least staff in some years, deserves special mention. The writer wishes to express gratitude to the Chairman of the Sanatorium Board, the Chairman of the Manitoba Sanatorium and Preventive Services Committee, the Executive Director and all the members of the Sanatorium for their

work on our behalf and their continued guidance and consideration. Sincere thanks is given to the Medical Director of the Sanatorium Board, to the Chiefs of Medical Services of the various institutions and to the Department of Health for cordial relationships and much help and cooperation.

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

CLEARWATER LAKE HOSPITAL

The year 1963 will long be remembered at Clearwater Lake Hospital as the year of the Eskimo Point epidemic. As 1962 drew to a close concern was expressed that the tuberculosis occupancy would decline rapidly, but with this unexpected explosion of tuberculosis it became obvious that this would not occur.

Infectious fevers and virus diseases swept through this small community during the summer and winter of 1962 and the debilitating effects lowered resistance to the tubercle bacilli with devastating results. The spread of disease within households was catastrophic and led to the admission of entire family groups. It is almost unbelievable that this the 19th Annual Report from Clearwater should contain details of epidemics, as for more than a decade the most thorough preventive measures and case-finding programs have been conducted thoughout the Arctic.

For almost 12 months the hospital was a hive of industry -- sorting, assessing and treating the 110 patients arising from this outbreak alone. New cases, numbering 82, represented 25 percent of the Eskimo Point population. Those most adversely affected were the young and very young, as illustrated by the fact that 55 percent of the community's children was admitted.

Primary tuberculosis was found in 44 cases, and of the 15 remaining cases, six were far advanced. Incredibly, 10 infants below the age of two years suffered from primary tuberculosis, and several were bacillary. Acid-fast bacilli were confirmed in 13 instances. In an article entitled, "Eskimo Point 1963", it was asserted that in epidemic situations of this nature, more attention should be paid to the infectivity of children, particularly those of school age. Rapid evacuation of the active cases was responsible for the low death rate, as only one patient died in hospital.

Apart from two intracranial tuberculomata and six pleurisies with effusion, there were no other demonstrable extra-pulmonary lesions. At the onset we adopted the policy of performing consecutive gastric lavages, irrespective of age, and this no doubt accounted for the high percentage of positives. Significantly, acid-fast bacilli were demonstrated more frequently among children than among adults.

A second epidemic of major proportion was to arise before the end of the year. Over a period of 10 years x-ray teams had visited the tiny community of Thicket Portage (Pop. 200) situated along the Hudson Bay Railway Line, and tuberculosis no longer appeared a problem. During the spring of 1963 two residents of Thicket Portage (but employed elsewhere) were admitted with far advanced bacillary disease. Within a month a survey was held, but no other active cases were discovered. However, during the next few months three cases emerged from the three-classroom school, all bacillary, one acutely ill with far advanced miliary disease. It was evident then that tuberculosis was widespread, and another survey in December unearthed 25 active cases requiring sanatorium treatment. The original source of infection was admitted at the same time, along with six other members

of the family. It is noted once again that of the 21 children admitted, eight were bacillary.

In the same month a tall, thin white man, employed as a beer waiter, consulted a doctor, complaining of severe headache and loss of weight. On admission to hospital it became evident that this was a case of miliary tuberculosis complicated by meningitis. The Indian Reserve at South Indian Lake was surveyed during this time and four advanced open bacillary cases required admission.

These events will lead to an all-out crusade against tuberculosis in these areas during the next 24 months. National statistics show a great reduction in tuberculosis mortality and morbidity, but it is obvious from this report that this is not the time for relaxation or complacency.

The medical journals refer constantly to the emergence of resistant strains of tubercle bacilli. This had not been noted at Clearwater until this year when a ten-year-old child was found to be resistant to the drug INH.

ADMISSIONS AND DISCHARGES

The 332 admissions were the most numerous since 1958, and it is noted that of the 236 first admissions, 199 were new active cases of tuberculosis. Included among these were six children classified as positive tuberculin reactors. An alarming feature was that 48 patients were bacillary and that prior to admission they could have been sources of further infection. It is also of interest to note that 113 of the patients admitted were under nine years of age and that 221 were under the age of 29. The patient population was predominantly Eskimo (181). Patient days increased by 12, 155 by comparison with 1962, to reach 44, 285.

Of the 194 discharges, 87 were transferred elsewhere. Six patients died, but only in three was the cause of death attributed directly to tuberculosis. The autopsy rate was 83. 3%.

LABORATORY AND X-RAY DEPARTMENTS

In the laboratory, 9, 393 procedures were performed, representing 22, 197 units of work.

In the x-ray department 1, 703 radiological examinations were carried out and 5, 428 clinic films were processed.

Films were interpreted routinely for Fort Churchill Military, Chesterfield Inlet and Norway House hospitals. The hospital admission x-ray program at St. Antony's Hospital at The Pas sent 1, 047 films for reading. In addition to the preparation and reading of the Eskimo Point and Thicket Portage clinic films, Clearwater Lake Hospital dealt directly with 26 other clinics. The grand total of all x-rays interpreted was 6, 616.

OPERATING ROOM

Due to the preoccupation with other important medical matters, there was a reduction in the number of diagnostic procedures. However, ten bronchoscopic examinations, seven chest aspirations and 21 other minor procedures were performed.

OUT-PATIENT DEPARTMENT

From an attendance of 138 patients to the organized tuberculosis out-patient department, six new cases of tuberculosis were discovered. It was felt that the attendance was too low, as all patients should be re-examined in hospital within six months of discharge. The policy of an x-ray unit in the field is not considered adequate. Remoteness, of course, would prohibit a program of this nature being instituted among the Eskimos.

APPRECIATION

Our thanks are extended to the Chairman of the Sanatorium Board and the members of the Board, to the Medical Director and the Executive Director, for their interest and continued support throughout the year. The consultation service provided to the various medical and non-medical departments by the officials of the Sanatorium Board proved of inestimable value.

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

TUBERCULOSIS CONTROL AMONG INDIANS AND ESKIMOS

Control of tuberculosis among the Indian and Eskimo populations in the Central Region is far from achieved despite the constant combined efforts of our staff, the Sanatorium Board of Manitoba and the provincial tuberculosis control program personnel in northwestern Ontario. In this program there has been a close working relationship between voluntary, federal and provincial agencies and our department is particularly grateful for the excellent co-operation of the Sanatorium Board of Manitoba and its most helpful staff. This program, therefore, still has top priority in our overall health programs for the Indian and Eskimo populations.

Both the Indian and Eskimo populations are gradually increasing, and at January 1, 1963, the populations were:

Manitoba Indians	26,676
N. W. Ontario Indians	13,498
Eskimos - Central Arctic	1,843
Central Region Total	42,017

Although the populations are gradually increasing, the social and economic standards have not and are not keeping apace, and are in fact very poor. We must therefore anticipate a continued higher incidence of illness in general and tuberculosis in particular in this segment of the Canadian population.

The accompanying table, "New Cases and Reactivated Cases of Tuberculosis, Central Region 1958 - 1963", demonstrates the trend over the past six years. There seemed to be a downward trend until 1961, but 1962 and 1963 showed increased incidence again. The 1963 figures, of course, include the active cases discovered at Eskimo Point where a tuberculosis epidemic occurred. This epidemic certainly brings us to the realization that under similar circumstances tuberculosis in epidemic proportions can and does occur. There are many areas in Canada where similar conditions exist and even with active control programs epidemics can and will occur.

The majority of tuberculosis cases occurred in the one to 24 year age groups; the incidence in other age groups was relatively equal in numbers. Slightly over 50 percent of the cases were primary or minimal in type. There are still too many cases of the moderately and far advanced types, indicating that increased efforts must be made in case finding.

Deaths in the region totalled 16 in number and occured in most age groups.

All the usual case-finding activities were employed and it is interesting to note that during the 1963 report year 150 new and reactivated cases out of 251 were discovered by x-ray surveys, indicating that the survey approach is still our most effective means of case-finding among Indians and Eskimos. Sixty-two percent of the Indian population (or 21,640 Indians) and 83 percent of the Eskimo

Table I NEW CASES AND REACTIVATED CASES TBC

CENTRAL REGION 1958-1963

Year	1958	1959	1960	1961	1962	1963	1962 (Excluding Eskimos)	1963 (Excluding Eskimos)
New Cases	226	131	143	105	144	199	106	109
Reactivated Cases	36	67	26	24	18	52	16	28
Totals	262	199	169	129	162	251	122	137

Table II TUBERCULOSIS - CENTRAL REGION ZONES

Zone	Population Jan. 1, 1963	New Cases	Reactivated Cases	Totals
Southern Manitoba	14,703	33	6	39
The Pas	5,396	28	6	34
Norway House	6,577	12	8	20
Sioux Lookout	13,498	36	8	44
Central Northern (Eskimo)	1,843	90	24	114
Totals	42,017	199	52	251
Totals (Excluding Eskimos)		109	28	137

population (or 1, 533 Eskimos) were x-rayed on a survey basis. These surveys found 31 new cases among Indians and 107 new cases among Eskimos.

A total of 3, 223 Indians in Central Region schools were x-rayed in 1963 and 12 new active cases were found.

The B. C. G. vaccination program has again been accelerated, the vaccine being administered in 1963 to 2, 942 Indians and to 161 Eskimos. At present the Heaf tuberculin testing method and the Heaf percutaneous B. C. G. vaccination method are being used exclusively in field programs in this region. In hospital and more controlled conditions the Mantoux tuberculin test is used as it has been found to be the most reliable. It is too early to indicate the tuberculin conversion rate utilizing the percutaneous B. C. G. method.

As may be seen, tuberculosis is far from controlled among the Indian and Eskimo people and continuous efforts must be maintained on a priority basis if control is to be achieved.

On behalf of our Minister, our Director Dr. P. E. Moore, and myself, our gratitude for the splendid co-operation given to our Department by the Sanatorium Board of Manitoba is expressed.

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

REHABILITATION SERVICES FOR TUBERCULOSIS PATIENTS

The growth of rehabilitation services has been influenced by the concept that the rehabilitation team considers the patient as an individual, and evaluates his current level of functional ability -- physically, emotionally, socially and vocationally.

In tuberculosis, as in many other diseases, the positive and optimistic factors must predominate in our evaluation. One must also determine which of the many specialized services, which are available in our society today, are needed in each particular case and then assist the disabled person to obtain them.

IN-SANATORIUM PROGRAM

Manitoba Sanatorium

A total of 219 students were registered for pre-vocational instruction in all grades from 1 to 12. Of those registered at the end of the year 46 percent were Indian, 14 percent Eskimo and 40% were of other racial origins. The average monthly enrolment was 97. There were 25 students who returned to their former classrooms. Twenty-one students studied vocational courses through correspondence.

A total of 216 patients registered in the handicraft division. Handicrafts of all kinds were exhibited at the Manitoba Educational Association Conference, the Pelican Lake Agricultural Fair and the Red River Exhibition.

Central Tuberculosis Clinic

The instructor at the Central Tuberculosis Clinic began full time duty on March 1, 1963. He also tutored 16 students who were referred by the Social Service Department in the Manitoba Rehabilitation Hospital. At the end of the year there were still five students registered in the rehabilitation hospital.

A breakdown of the Central Tuberculosis Clinic students follows:

Registered for pre-vocational courses -		62
Returned to regular schools	16	
Returned to regular employment	9	
Continuing on home treatment	13	
Registered for vocational courses	5	
Transferred to Manitoba Sanatorium	5	
Carried over to 1964	14	
	62	

Clearwater Lake Hospital

In spite of the three months without a teacher there were 74 students registered during the year. On December 31, 1963, there were 33 students enrolled. Of these 83 percent were of Eskimo origin,

10 percent Indian and seven percent of other racial origins. The instruction at Clearwater Lake is of a special nature, because 17 of the students ranging in age from 6 to 16 years, could neither read nor write, and several of these could not say more than a few English words.

POST-SANATORIUM PROGRAM

Statistics show that the number of cases dealt with in 1963 did not differ too much from the previous years. Many of those eligible for rehabilitation services had problems which involved other agencies, and thus took more time to reach satisfactory results.

Number of accepted cases	114
Number of job placements	52
Number of cases closed	47
Number in vocational schools	25
Cases carried over to 1964	58
Number in training on Dec. 31, 1963	9

The students who completed training are all gainfully employed. Of the nine still registered, four are in clerical courses, four in the trades and one is taking the library assistant course at the Manitoba Institute of Technology.

MARGARET C. BUSCH
Supervisor.

SPECIAL (INDIAN) REHABILITATION SERVICES

Rehabilitation requires a personal, individually centred approach. This is particularly true of most rehabilitants of Indian origin. For each person there must be found the unique combination of health, welfare, social, vocational and employment services to help him overcome his problems and gratify his needs. And just as it took time to make the individual what he is today, so will it take time to assist him to become what he will be tomorrow. Counselling and guidance is often required over periods of months, and sometimes years.

INTAKE

There were a number of developments in 1963 which had a direct effect on intake. Chief of these were the different type of disability encountered and increased opportunities for vocational training. For the first time since the inception of the program in 1956, the majority (61 percent) of persons accepted had disabilities resulting from causes other than tuberculosis. The problems faced by the amputee or the paraplegic are as a rule more complex than those of the TB patient. Also, contact with the tuberculosis candidate may extend over a period of months and years prior to acceptance, and in most instances he will have taken prevocational training while in hospital. But with the others it is a matter of starting from scratch, and the result is that in more and more cases the time between acceptance and closure has become longer. This gap has been further widened by the fact that more people now qualify for prevocational and/or vocational training. Where previously those who had a Grade 7 standing would have gone directly into employment, they are now likely to take at least three months of prevocational training and eight or ten months of vocational training. Because of these factors it was necessary to halt intake in 1963. For three months no new cases were accepted, and for another three months intake was restricted to the physically handicapped Indian.

CASE LOAD

A:	Carried over from 1962	172
B:	Referrals from sanatoria and other hospitals.	179
C:	Referrals from other sources	186
* D:	Non-Registered	32
	Total	569

* (Non-registered means any case which, having been closed, later requires counselling or assistance not necessitating direct expenditure.)

ACCEPTED CASES

A:	Carried over from 1962	77
B:	Accepted in 1963	59
		136

Indian	111
Half-breed or Metis	23
Eskimo	2

Disposition

A: Closed - Lost contact, lacking interest, etc.	36
B: Closed - Returned to regular school program or transferred to other agencies	14
C: Closed - Rehabilitated	24
D: Carried over to 1964	62

In addition to the 62 accepted cases, there were 71 persons under study as of December 31, 1963. Of the 36 cases closed because of lack of interest, etc., 19 did not receive post-hospital training. In future these persons will not be counted as accepted.

TRAINING

Attended rehabilitation unit	51
Attended regular schools	5
Attended prevocational schools	20
Attended vocational schools	16
Received training on the job	11
Completed prevocational training	9
Still in training	7
Completed vocational training	4
Still in training	8
Completed training on the job	2
Still in training	4

The upsurge of interest in vocational training in the province has had a marked effect on the program. Although priority is still given to social orientation at the Brandon Rehabilitation Unit, greater emphasis is now placed on prevocational training, and the unit's curriculum is now geared to that of the provincial prevocational courses.

EMPLOYMENT

A total of 59 placements were made in 1963. Of the 41 persons placed for the first time there were, as of December 31: Unemployed and awaiting placement, 9; lost contact, 9; married, 1; still employed, 24; returned to training, 4. Although there were more taking training, there were still those who wished to go directly into employment. These can be broken down into three general groups: Those who are incapable of accepting training or for whom training is not practical; those in the younger age group who do not appreciate the importance of training; those who are so overwhelmed by vocational choices that they cannot decide on a goal. It is anticipated that many in the last two groups will return to training.

SUMMARY OF SERVICES

This does not include similar services provided at Brandon, where counselling is a continuous process.

Interviews	2,453
Case conferences (involving other agencies)	742
Clinics	249
Employment contacts	378
Housing - Single	71
Family	9

The Special Indian Rehabilitation Program serves only to co-ordinate community resources on behalf of the Indian rehabilitant. The actual services used by these people are provided by a great many other individuals, as well as government and private agencies, and I would like to acknowledge the fine work they are doing. In the course of my duties I am constantly reminded how fortunate we are to live in a country, a province, so richly endowed.

EDWARD LOCKE,
Supervisor.

Section 3

EXTENDED TREATMENT AND REHABILITATION HOSPITALS

Dr. A. H. Povah has been a member of the Sqnatorium 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.

MANITOBA REHABILITATION HOSPITAL

The year 1963 showed rapid expansion of all hospital services and considerable development of the facilities for treatment. A total of 1,729 patients were admitted either for in-patient or out-patient services, and the average daily in-patient occupancy was 130, which was 84.4 percent occupancy of established beds. Organized programs of treatment for arthritic patients and paraplegics were developed on the pattern established the previous year and in 1963 a new program for hemiplegic patients was set up. During the year the new Prosthetic and Orthotic Research and Development Unit contributed greatly to the management of this group of patients, and the in-patient treatment of these patients was conducted under the supervision of the director of the unit and Dr. R. R. P. Hayter who has concerned himself particularly with this program.

OUT-PATIENT DEPARTMENT

A total of 994 new patients were examined in the Out-patient Department and 2,002 medical reviews were conducted by members of the medical staff.

Regular out-patient consultations have been conducted on a weekly basis by the consultants in orthopaedics, neurology and urology.

In accordance with the policy of the hospital, the majority of patients have been those with major physical disability requiring rehabilitation rather than individual treatments. The majority of patients were treated in both the Physiotherapy and Occupational Therapy Departments, although a number of patients attended the Speech Therapy Department alone. Out-patient services have been co-ordinated with those of the Social Service Department when necessary.

IN-PATIENT SERVICES

During the year 990 patients were admitted, and the average length of stay was 48 days. Patients were admitted at the request of individual physicians who attended them in hospital themselves, or delegated the in-hospital care to one of the consultants of the hospital. The patients were admitted from their homes or were transferred from acute general hospitals as necessary. Co-operative arrangements have been developed, for example, in the case of patients suffering from Parkinson's Disease. These patients have been admitted for an initial period of assessment and trial of physical measures. Surgery has then been performed in an acute general hospital and the patients returned for rehabilitation and post-operative assessment.

Allocation of beds has been in three major areas: Arthritis, neurological diseases including hemiplegia, and orthopaedics including paraplegia. One of the three wards is used mainly for each of these categories.

The resident medical staff, consisting throughout the year of four doctors, has been responsible for the immediate in-patient care of patients under the direction of the attending physician.

All ages of patients between 16 and 89 have been represented. However, 30 percent of the patients were between the ages of 55 and 69. Some restriction has been placed on the admission of very elderly patients who are not able to cooperate in the programs of treatment available, which involve particularly activities in groups.

IN-PATIENTS

The in-patient admissions for 1963 are as follows:

Rheumatoid Arthritis	220
Osteoarthritis	46
Hemiplegia	138
Paraplegia and Quadraplegia	58
Amputees	41
Orthopaedic Cases	
Fractures	158
Post-operative	77
Other	36
Other Medical Cases	192

CONSULTATION SERVICES AND TEACHING COMMITMENTS

Consultation services have followed the pattern established the previous year. There is now a full panel of consultants in the various sub-specialties.

Weekly therapeutic conferences were held during the year. These were attended by all the available members of the professional staffs and subjects in the general field of rehabilitation were discussed. In addition, regular ward rounds have been continued by members of the consultant staff and a weekly seminar held, topics of interest in the field of medical rehabilitation being presented and discussed by the resident medical staff.

Clinical sessions of the Fourth Manitoba Symposium on Rehabilitation and Orthopaedic Disabilities were held in December. These sessions were well attended by local physicians and representatives from other provinces and the United States.

The teaching of medical students in physical medicine and rheumatology has continued in the hospital and all departments have contributed largely to the activities of the School of Medical Rehabilitation of the University of Manitoba.

Members of the consulting staff have taken part in regular consulting clinics at Assiniboine Hospital in Brandon; Clearwater Lake Hospital, The Pas; Dauphin General Hospital; the Canadian Arthritis and Rheumatism Society rural clinics; and in-patient and out-patient work in various teaching hospitals in Winnipeg.

SOCIAL SERVICE

The activities of the Social Service Department have expanded and developed satisfactorily so that it is now possible to have full social assessment of all in-patients as well as selected out-patients. Liaison arrangements have been developed with outside agencies.

PHYSIOTHERAPY DEPARTMENT

During the year 1,676 new patients were treated in this department and good use was made of all available facilities. The emphasis in treatment has been in the direction of group activities, many of which are conducted in the gymnasium at regular times during the day. This aspect of the work is conducted by a team of remedial gymnasts and physiotherapists and has proved of great benefit in the establishment of various programs of treatment for specific groups of patients, such as those suffering from arthritis, hemiplegia and paraplegia, as well as those with appropriate orthopaedic disabilities.

Members of the department attend ward rounds, at which time individual problems of rehabilitation are discussed.

OCCUPATIONAL THERAPY DEPARTMENT

A total of 1,159 new patients were treated in the department. The year saw considerable development in the various workshops of the department and the establishment of a home unit which has proved of great value in training and assessing patients' capabilities to return to their own household duties. A further important function of the Occupational Therapy Department has been the assessment of patients' functional capacity as related to problems of vocational rehabilitation.

The therapists also attend weekly ward rounds and conferences.

SPEECH THERAPY DEPARTMENT

A total of 191 new patients were treated in this department. The staff has consisted of two full-time speech therapists with part-time assistance. Patients with a wide variety of communicative disorders have been treated and some progress has been made in the establishment of group activities for patients suffering from aphasia.

ELECTROMYOGRAPHY DEPARTMENT

This diagnostic service has continued to serve as a central laboratory for the province. It is staffed by two members of the consulting staff on a part-time basis. An average of 35 patients per month, covering a wide variety of locomotor disabilities, have been examined.

ACADEMIC ACTIVITIES OF FULL-TIME STAFF MEMBERS

In addition to the various teaching activities previously mentioned, full-time members of the medical staff have submitted papers on the subjects of: Recent Advances in Rheumatology; Prognosis in Rheumatoid Arthritis; The Place of Physical Treatment in a Long-Term Care Institution (a review of the first 500 patients admitted to the Manitoba Rehabilitation Hospital).

Attendance has been made at the Canadian Rheumatism Association annual meeting, the Canadian Neurological Association annual meeting, the Canadian Medical Association annual meeting, the Fourth Manitoba Symposium on Rehabilitation and Orthopaedic Disabilities, the Canadian Association for Retarded Children annual meeting and study courses in Prosthetics in Toronto and San Francisco.

CONCLUSION

Satisfactory progress has been made since the hospital first opened in March, 1962. The work of individual departments has increased month by month, and cooperative arrangements with other hospitals and agencies are developing constantly. As services improve, the hospital becomes better able to help in the more complicated problems of rehabilitation medicine and we are entering a phase where there will be sufficient background of experience to embark on research programs, both in assessment of results obtained by the techniques employed so far, and contribution to some basic problems of rehabilitation.

The application of the facilities and techniques of a rehabilitation centre to the treatment of patients with arthritis has been a new venture and has shown encouraging results. The extension of these principles into other areas is being made and it is hoped that reports will become available during the forthcoming year.

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

TREATMENT SERVICES

By the end of the year approximately 270 doctors in the metropolitan area had been accepted on the courtesy medical staff, and they were able to act as attending physicians to their own patients in the hospital. Of these, some 170 had admitted patients. Another 300 doctors in the province referred cases to the hospital under the care of the hospital's resident medical staff.

VOLUNTEER SERVICES

The operation of the Volunteer Services Department developed in a most gratifying fashion under an energetic director. In 1963 a total of 7,809 hours of service were contributed by volunteer workers. In addition to these services, the department was responsible for organizing a number of entertainments for the patients.

CONCLUSION

There remain a number of aspects of the service that will always continue to require diligent attention. These fall mainly in the complex areas of medical and nursing care and medical records, wherein there is a responsibility to maintain a steady improvement in standards in the interest of good patient care. With an admission waiting list in existence, there is also the responsibility to achieve improvement in speedy turnover of beds and the maintenance of maximum occupancy.

In conclusion it is submitted that there was throughout the year a good atmosphere within the hospital, and the expressed appreciation of an overwhelming majority of patients was gratifying. Without question the good atmosphere was contributed to by the many staff members and volunteers who so liberally gave of their time and effort to establish and advance patient and staff activities. Regular patient entertainments were held, including many film shows, some stage and variety productions, band concerts and choral presentations. The staff recreation club joined forces with the Manitoba Medical Centre Recreation Club in 1963 and now constitutes a chapter of that larger group. Sections of the membership were active in basketball, volleyball, gymnastics, badminton, ceramics, curling, bowling and table tennis.

A. H. ATKINS
Hospital Manager.

ASSINIBOINE HOSPITAL

Assiniboine Hospital is a 198-bed extended treatment hospital devoted to the care of long-term and rehabilitation patients with respiratory, rheumatoid, orthopaedic and other chronic conditions, including strokes. The hospital is located in Brandon, a city of 30,000 people, and serves all of Western Manitoba. The more we work with chronic illnesses, the more we realize how necessary it is to have an active treatment centre providing all the facilities and consultants needed for the active rehabilitation of the whole person. One needs the skills of the doctor trained in physical medicine, of the psychiatrist, the internist, the cardiologist, the surgeon, the urologist, the orthopedist, the neurologist, the physiotherapist, occupational therapist, speech therapist and social worker, as well as the assistance of allied agencies in the community. If we are to get these patients back into their homes where they belong, we must aim at their total rehabilitation - not just at housing facilities for the aged, although these, too, are needed.

ADMISSIONS AND DISCHARGES

During 1963 a total of 1,008 patients were admitted to the hospital, compared to 956 the previous year. The patients came equally from rural Manitoba and from Brandon.. The 63,171 patient days were down 708 days from 1962. However, the occupancy for the year was 87.4 percent as compared to 88 percent in 1962.

Deaths during the year were 142, down considerably from 1962. The percentage of discharged patients who died in 1962 was 18.9 percent and in 1963, 14.05 percent. Autopsies were performed on 49.3 percent of all patients who died.

The private family physician cared for 26.57 percent of the patients admitted to hospital. The remaining 73.43 percent was referred.

There were 1,010 patients discharged during the year, compared to 960 the previous year, and the average length of stay of all discharged patients was 59.9 days, compared to 62 days in 1962. This, of course, reflects the fact that a good many patients admitted to hospital are rehabilitated after a fairly short period of concentrated treatment.

TREATMENT

During the year, at a meeting of the medical staff of Assiniboine Hospital, the doctors of Brandon endorsed the rehabilitation program of the Sanatorium Board of Manitoba and they recognized the urgent need to replace the present treatment buildings.

There is also an urgent need for more equipment on the wards, such as side rails, overhead bars and other equipment.

During the year there were 51 major operations: Thoracic, 12; general, 8; genito-urinary, 2; miscellaneous, 6; orthopaedic, 23. A total of 2,941 minor procedures were carried out in the operating room. There was one post-operative death, a pulmonary embolus in an elderly man who

had a gangrenous leg amputated. There were three minor post-operative complications which were easily corrected, and there were no post-operative infections in clean cases.

PHYSIOTHERAPY DEPARTMENT

The physiotherapy department has had a staff of four full-time physiotherapists as well as a number of assistants. During the year this department gave 10,623 treatments to 479 in-patients and 2,605 treatments to 243 out-patients. It is interesting to note that 28 percent of all hospital admissions receive physiotherapy.

The oxygen therapy department is a vital sub-department of the physiotherapy service, because the breathing exercises given by the physiotherapists are so important in helping to raise sputum after intermittent positive pressure breathing treatments. During the year 394 patients received 22,045 pressure breathing treatments and 45 out-patients received 642 treatments. This service is very effective in the treatment of chronic chest diseases.

A second full-time staff member joined the oxygen therapy department and a second Mist-O-Gen, high flow, tepid mist machine was procured.

OCCUPATIONAL THERAPY DEPARTMENT

During the year 104 in-patients and 34 out-patients received a total of 2,747 treatments. The Chief Occupational Therapist had leave of absence during the first seven months of the year. A second qualified occupational therapist is urgently needed.

An Oliver Rehabilitation Machine was generously donated to this department by the Ladies Auxiliary to the Associated Canadian Travellers, Brandon Club. This machine has enabled the occupational therapist to provide more effective treatment.

OUT-PATIENT DEPARTMENT

There were 8,324 visits to the Out-patient Department for tuberculosis investigation, for physiotherapy and occupational therapy, for examination, diagnosis and follow-up.

A total of 1,584 tuberculosis examinations were carried out and of these, 298 tuberculosis contacts were examined and 151 inactive or arrested cases were checked. Four new active cases of tuberculosis and two reactivated cases were diagnosed and transferred to sanatorium.

The tuberculosis control program for the Brandon Hospital for Mental Diseases was continued, and 687 cases were reviewed. Three male and eight female patients are on drug therapy. A total of 185 cases are rechecked periodically during the year. Indicative of the success of this program is the fact that for the first time no new active cases of tuberculosis were discovered in the hospital population during 1963.

SOCIAL SERVICE DEPARTMENT

The welfare co-ordinator has a vital role in the successful rehabilitation of most patients. During the year the medical staff, the welfare co-ordinator, the chief physiotherapist, the chief occupational therapist, the director of nursing, the day supervisor and a representative of the Victorian Order of Nurses held admission and discharge meetings every second week (whenever possible) to discuss medical problems holding up discharge and also home conditions and alternate accommodation. It is significant that of the 868 patients discharged in 1963, a total of 722 returned to their own homes. Twenty-four others were placed in licensed boarding homes, 81 in nursing homes, 29 in senior citizen homes, three in foster homes and nine were transferred to other hospitals.

X-RAY DEPARTMENT

X-ray examinations for 1963 totalled 4,548, as compared to 4,273 in 1962. There are now two full-time radiographers employed in this department.

The hospital is very grateful to the Associated Canadian Travellers, Brandon Club, who donated a magnificent new x-ray unit which will adequately serve the x-ray requirements of the hospital.

APPRECIATION

In closing I would like to thank all who have been connected with our hospital during the past year. I would particularly thank the Chairman and members of the Sanatorium Board of Manitoba, the Medical Director and the Executive Director, the Department of Health, the Manitoba Hospital Commission, the Brandon Health Unit, the local Department of Health, the V.O.N., and the medical staff of the Brandon Hospital for Mental Diseases and the Brandon General Hospital. I would also like to thank our own staff who have continued to give first-rate service under difficult working conditions. I again thank Radio Station CKX, the Associated Canadian Travellers of Brandon and the Ladies Auxiliary to the Associated Canadian Travellers for their continued and generous assistance.

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

CLEARWATER LAKE HOSPITAL

The availability of extended treatment beds at Clearwater Lake Hospital depends to some degree on the requirements of the tuberculosis section. An unexpected influx of tuberculosis patients at the beginning of 1963 led to encroachment on the beds allocated to the care of the chronically ill. This factor, along with others, resulted in a mere 60 percent occupancy throughout 1963 and ultimately the bed capacity of this section was reduced to 32.

Although admissions totalled only 128, these cases were selective and genuinely required the type of facility we offer. Patient days numbered 7,860. Consultants in physical medicine visited the hospital regularly, and physiotherapy treatments were administered to 164 in-patients and 64 out-patients.

Of the 140 patients discharged, 91 percent were considered either cured or improved after therapy. Seven patients died, and the percentage of those autopsied was 29.

Diagnostic and minor operating room procedures totalled 308, and included casualty services and bronchographic examinations.

Due to unexpected changes within the medical group in town, meetings were difficult to organize, but nevertheless an annual meeting was held in the spring and a second in the fall. At the spring meeting of the "North of 53" Medical Society, Dr. S. L. Carey, Chief of Medical Services, was elected president of the society for the second time. The fall meeting was held at Clearwater Lake Hospital with an excellent attendance and papers of medical interest were delivered by four speakers, including Dr. L. H. Truelove and Dr. Carey of the Sanatorium Board of Manitoba.

A medical article entitled, "Kartagener's Syndrome", was accepted for publication by the American Journal of Respiratory Diseases.

OUT-PATIENT AND CASUALTY DEPARTMENT

Casualties treated at Clearwater Lake Hospital totalled 93, and there were 244 individual visits. Throughout the years our medical staff has been called upon to render emergency services, and in 1963 there were two bad accidents in the area: one a drowning, the other a car accident.

Bi-weekly clinics are held to deal with health problems of the pupils at the nearby Guy Indian School. These ailments are mainly of the eye, ear, nose and throat, but occasionally minor surgery is necessary.

NEW CONSTRUCTION AND EQUIPMENT

A nurses' residence of modern design, consisting of ten individual units, was constructed at the northwest wing of the hospital.

A major redecorating project was commenced inside the hospital buildings. Some of the laundry equipment was replaced and several linen

carts purchased. Due to the pressing need for determining serum electrolytic concentrations and to the delay occasioned by sending specimens out, a flamephotometer with spectroscopic attachment was purchased, and this has definitely improved medical services. Other new equipment included an autoclave for the operating room and a sterilizer for the male tuberculosis ward.

SUMMARY

The future of this extended treatment unit depends not only upon the support of the physicians practising in the area, but also upon the continuity of physiotherapy services. It is felt that the five years of operation have proved that there is a real need for facilities for the care of the chronically ill in Northern Manitoba.

STUART L. CAREY, M.D.
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 standard of nursing care in the hospitals operated by the Sanatorium Board of Manitoba was maintained at a high level throughout 1963, and a great deal of credit is due to our directors of nursing and the supervisory staff, who have supplied the threads of continuity during changing circumstances, recruitment difficulties and the inevitable periods of staff shortages which arise as the result of vacations, illnesses and resignations.

QUALITY OF NURSING CARE

The Sanatorium Board of Manitoba has continued to provide opportunities to in-service education at post-graduate level in order to ensure high standards of patient care.

Miss E. G. Coull, B.Sc.N., Director of Nursing, Manitoba Rehabilitation Hospital, attended a three-week course in Physical Rehabilitation Methods at the New York University Medical Centre Institute of Physical Medicine and Rehabilitation. Miss Coull was successful in gaining her B.Sc.N. at Ottawa University in August, 1963.

Mrs. I. A. Cruikshank, Director of Nursing, Assiniboine Hospital and Mrs. M. Swaffield, Evening Supervisor, Manitoba Rehabilitation Hospital, attended a four-week seminar at the Rehabilitation Institute of Metropolitan Detroit.

Mrs. Swaffield, Mrs. E. Findlay and Mrs. D. Smith of the supervisory staff of the Manitoba Rehabilitation Hospital, Mr. William Broadhead, Day Supervisor and Nursing Instructor, Manitoba Sanatorium, and Mrs. V. Myers, Head Nurse, Assiniboine Hospital, all successfully completed the Extension Course in Nursing Unit Administration sponsored by the Canadian Nurses' Association and the Canadian Hospital Association.

Mrs. Myers of Assiniboine Hospital subsequently proceeded to the University of Manitoba for a diploma course in teaching and supervision, for which she was awarded a bursary.

Post-graduate Courses in Rehabilitation Nursing were commenced at the Manitoba Rehabilitation Hospital in September, 1963, and by the end of the year two classes had graduated. The nineteen nurses who took these first two courses were all members of the Manitoba Rehabilitation Hospital staff.

Nurses' Assistants Training Program - Courses of training for nurses' assistants and orderlies have been held in all our hospitals during the year under review, and the total figures for the numbers of students passing through these courses since their inception in 1961 are given below:

Assiniboine Hospital	- 72
Manitoba Sanatorium	- 64
Clearwater Lake Hospital	- 17
Manitoba Rehabilitation Hospital	- 34
Total	187

Affiliation Programs - Affiliation programs between the Brandon General Hospital and Manitoba Sanatorium were continued during 1963, as were affiliation programs between The Central School for Practical Nurses and Manitoba Sanatorium.

Lectures to Public Health Nurses - Lectures in tuberculosis, etiology, prevention and treatment were given by members of our medical staff and the Public Health Nursing Consultant to the Sanatorium Board of Manitoba to public health nursing students from the University of Manitoba.

FACILITIES AND EQUIPMENT

Manitoba Sanatorium - Winterizing the balconies in Number Two Pavilion at Manitoba Sanatorium, Ninette, has been a tremendous improvement.

The new bathroom, with raised bath, sinks, draining boards and ample cupboards, has made the nursing of children in Number One Pavilion very much easier.

Clearwater Lake Hospital - Completion of the new ten-room extension for trained nurses has helped make it easier to recruit staff from overseas. This block is delightful, and nurses should be very comfortably housed in it.

Equipment for Nursing Purposes has been supplied as requested. Important items of equipment supplied for the Manitoba Rehabilitation Hospital were a Circ-o-lectric bed and a supply of Quadricanes.

NURSING CONSULTANT

Among the activities of the Nursing Consultant were:

1. Attending the Canadian Tuberculosis Association annual conference in Montreal.
2. Visit to the Institute of Rehabilitation, Montreal.
3. Attending a four-week seminar at the Rehabilitation Institute of Metropolitan Detroit.
4. Participation in the Hospital Disaster Institute and Exercises for all hospitals in the province, held at St. Boniface Hospital on October 1, 1963.
5. Twenty official visits to the rural hospitals operated by the Sanatorium Board of Manitoba.
6. Attending, in company with Mrs. A. L. Paine, Head Nurse, Manitoba Sanatorium, an institute for all registered nurses connected with the teaching of practical nurse students at the Manitoba Institute of Technology.

Obituary - The Sanatorium Board of Manitoba lost a valued member of the nursing staff at Manitoba Sanatorium in Miss Mary Blatz.

Congratulations - The Nursing Department would like to offer congratulations to Miss Bente Hejlsted on gaining her B.N. at the University of Manitoba.

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

FOOD SERVICES

Sanatorium Board food service operations in 1963 saw the passing of the million mark for meal production. In all, 1,186,535 meals were served at a labor cost of $229,914.89. This represents an increase in production of 191,334 meals as compared with last year, and an increase in labor cost per meal of .51 cents. The latter increase represents needed upgrading of salary rates rather than an increase in the number of workers, although 1963 saw us in the fortunate position of being able to add an Assistant Director of Dietary Services to our group.

Supply costs on the overall basis increased by $5,208.99, but the increased meal production left our supply cost per meal the same as last year --that is, at 2.11 cents.

A total of 804,572 patient meals were provided in 1963. This represents an increase of 98,017 as compared with 1962.

The Manitoba Rehabilitation Hospital served 192,605 more meals during 1963 than during 1962. The total labor cost increased by $29,826.22, but the labor cost per meal decreased by 4.63 cents from 25.03 cents to 20.4 cents. This latter figure is rather good considering that it provides for continuous cafeteria operation from 7:30 a.m. to 8 p.m., and for sufficient productive staff to enable the rehabilitation hospital to do all of its own baking.

During 1963 the Manitoba Rehabilitation Hospital served 205,150 patient meals. This is 94,860 more than the number served in 1962. A total of 191,810 non-patient meals were served.

FOOD COSTS

In overall operation, a total of $283,124.84 was spent on food in 1963. Compared to 1962, this represents an increase of $39,474.99, due to the 191,334 more meals served in 1963.

CAFETERIAS

Sanatorium Board cafeterias served 382,963 non-patient meals in 1963, an increase of 104,222 compared with 1962. The average cheque was 25.1 cents.

AVERAGE PER MEAL-DAY USAGE AND COST

The following is a 1962-1963 comparison of our average provisions of nutritionally important items:

	1962	1963
Meat	.43 lbs.	.42 lbs.
Poultry	.12 lbs.	.08 lbs.
Fish	.03 lbs.	.03 lbs.
Total Flesh Foods	.58 lbs. (9.2 oz.)	.53 lbs. (6.8 oz.)
Eggs - each	1.1	1.2
Milk	1.4 lbs.	1.4 lbs.

In analyzing category costs, a rather striking figure was apparent. The Manitoba Rehabilitation Hospital bakes its own bread, and therefore all bread-making ingredients are included in the staples cost. The Manitoba Rehabilitation Hospital's staples cost was less than half the combined staples and bread cost of any of our other institutions.

	Manitoba Sanatorium	Assiniboine Hospital	Clearwater Lake Hospital	Manitoba Rehabilitation Hospital
Staple Cost/Meal Day	10.36¢	7.82¢	6.78¢	6.03¢
Bread Cost/Meal Day	4.40¢	3.33¢	6.75¢	-
Combined Total/ Meal Day	14.76¢	11.15¢	13.53¢	6.03¢

ACTIVITIES OF THE DIRECTOR

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

MISS NAN TUPPER CHAPMAN, B.Sc., M.Sc.,
R.P.Dt., F.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, 1963 have contributed $430,034.82 to our work.

TUBERCULOSIS RECORDS

CENTRAL TUBERCULOSIS REGISTRY

	Whites		Treaty Indians		Eskimos	
	1962	1963	1962	1963	1962	1963
PATIENTS ON FILE, Dec. 31.....	3,990	5,140	1,152	1,179	521	608
Primary Type.....	94	107	49	64	56	57
Re-infection Type.....	3,896	5,033	1,103	1,115	456	551
NEW CASES DIAGNOSED IN MANITOBA...	241	256	99	78		
Primary Type.....	20	29	12	20		
Re-infection Type.....	221	227	87	58		
OF THESE, NEW ACTIVE CASES.....	197	218	86	68		
Primary Type.....	20	29	12	20		
Minimal.....	49	56	20	17		
Moderately Advanced.....	32	42	18	5		
Far advanced.....	23	27	7	11		
Pulmonary Tuberculosis Extent not stated.....	13	4	2	-		
Tuberculosis Pleurisy.....	17	12	8	5		
Non-pulmonary Tuberculosis.....	43	48	19	10		
NEW DIAGNOSES ADMITTED TO SANATORIA.....	160	176	82	60		

STATIONARY AND TRAVELLING CLINICS AND SURVEYS

	Whites	Indians	Eskimos
TOTAL X-RAYED at clinics, surveys.....	53,765	16,840	2,354
Stationary Clinics.....	7,387	138	
Travelling Clinics.....	1,100	41	
Surveys.....	45,278	16,661	2,354
TOTAL NUMBER TUBERCULIN TESTED.....	89,343		
NEW DIAGNOSES OF TUBERCULOSIS.....	200	38	
Stationary Clinics.....	162	16	
Travelling Clinics.....	1	1	
Surveys.....	37	21	
OLD TUBERCULOUS PATIENTS REVIEWED.....	3,155	738	
Stationary Clinics.....	2,573	40	
Travelling Clinics.....	263	6	
Surveys.....	319	692	
CONTACTS EXAMINED AT CLINICS.....	4,172	49	
Stationary Clinics.....	3,478	40	
Travelling Clinics.....	694	9	

INSTITUTIONAL STATISTICS

	Whites		Treaty Indians		Eskimos	
	1962	1963	1962	1963	1962	1963
PATIENTS IN SANATORIA as at Dec. 31	186	199	142	118	83	124
PATIENTS ADMITTED TO SANATORIA Jan. 1 to Dec. 31	376	492	199	249	108	218
Of these, the number found to be tuberculous	284	294	153	116	66	145
FIRST ADMISSIONS	169	174	101	71	48	94
Primary Type	15	23	15	16	8	57
Re-infection Type						
Minimal	45	43	32	22	20	8
Moderately advanced	32	42	24	7	13	8
Far advanced	29	25	10	11	3	11
Tuberculous pleurisy	16	12	7	7	-	7
Non-pulmonary tuberculosis	32	29	13	8	4	3
RE-ADMISSIONS	86	88	38	32	14	37
Primary Type	1	1	-	1	1	4
Re-infection Type						
Minimal	19	21	11	12	6	18
Moderately advanced	17	26	12	10	2	11
Far advanced	33	24	11	6	4	3
Tuberculous pleurisy	3	4	-	-	1	1
Non-pulmonary tuberculosis	13	12	4	3	-	-
PATIENTS ADMITTED FOR REVIEW	29	32	14	13	4	14
TUBERCULOUS PATIENTS TRANSFERRED	135	93	66	75	52	23
PATIENTS DISCHARGED FROM SANATORIA - Jan. 1 - Dec. 31	386	377	175	185	108	152
TUBERCULOUS PATIENTS DISCHARGED	283	264	125	122	78	102
After review	28	32	14	13	5	14
With inactive tuberculosis	106	86	69	93	67	83
With active, improved tuberculosis	127	107	38	10	4	2
With active unimproved tuberculosis	13	16	3	1	1	-
With quiescent tuberculosis	-	6	-	2	-	1
With tuberculosis of undetermined activity	-	3	-	2	-	-
Discharged dead	9	14	1	1	1	2
NUMBER DISCHARGED AGAINST MEDICAL ADVICE	16	12	6	2	-	-

PATIENTS ADMITTED AND DISCHARGED

	Manitoba Sanatorium	Central Tuberculosis Clinic	Clearwater Lake Hospital
ADMISSIONS			
First admissions	57	209	236
Re-admissions	48	72	70
Transfers	163	23	9
To continue treatment	-	2	-
For diagnosis, review	7	38	17
Newborn	2	-	-
Total	277	344	332
Male	165	199	162
Female	110	145	170
Bacillary	91	104	48
Non-bacillary	115	113	177
Bacillary status undetermined	27	-	1
Diagnosis on Admission			
Minimal	38	53	51
Moderately advanced	60	47	39
Far advanced	59	34	23
Miliary	1	2	9
Primary	5	17	81
Pleurisy with effusion	6	13	13
Tracheo-bronchial	10	1	-
Other respiratory	3	3	-
Non-pulmonary TB	32	47	10
Non-tuberculosis	35	89	84

PATIENTS ADMITTED AND DISCHARGED Continued

	Manitoba Sanatorium	Central Tuberculosis Clinic	Clearwater Lake Hospital
DISCHARGES			
On medical advice.....	155	101	181
Against medical advice.....	8	5	1
Disciplinary.....	-	-	-
Transfers.....	32	90	87
Deaths.....	16	12	6
To continue anti-microbial treatment.....	66	94	2
Reviews.....	7	38	17
Total.....	284	340	294
Respiratory Cases			
Inactive.....	116	30	93
Active improved.....	74	64	70
Active unimproved.....	2	63	9
Quiescent.....	-	6	1
Undetermined	4	3	1
Died.....	7	5	2
Total.....	203	171	176
Bacillary.....	15	71	20
Non-bacillary.....	173	95	153
Bacillary status undetermined...	8	-	1
Non-respiratory TB.....	21	45	11
Average Days Treatment (tuberculosis).....	332	67	137
Out-patient exams.....	1,233	9,638	138

EXTENDED TREATMENT RECORDS

ASSINIBOINE HOSPITAL	1963
Total Number of Admissions	1,008
Total Number of Discharges	1,010
Number of Deaths	142
Percentage of Discharges Who Died	14.05%
Total Operations (Major)	51
Total Operations (Minor) - In-patient	1,729
- Out-patient	1,212
Postoperative Infections in Clean Cases	-
No. of Deaths Postoperatively (within 48 hrs.)	-
No. of Deaths Postoperatively (within 10 days)	1
No. of Complications	3
Hospital Autopsies	70
Percentage of Deaths Autopsied	49.3%
Out-Patient Visits	8,324
Tuberculosis Examinations	1,303
Dept. of Nat'l Health & Welfare and D.V.A.	104
Staff Medical Examinations	253
Physiotherapy and Occupational Therapy	3,459
General	3,205
Physiotherapy Treatments (In-patients & Out-patients)	13,228
Occupational Therapy Treatments (In-patients & Out-patients)	2,747
Intermittent Positive Pressure Breathing Treatments	
In-patients	22,045
Out-patients	642
Average Days Stay	59.9 days
Total Patient Days	63,177 days
Percentage of Occupancy	87.4%
Responsibility of Patient Care	
Resident Medical Staff	73.43%
Private Physicians	26.57%
Patients referred from outside Brandon	504 or 50%
Patients referred from Brandon	504 or 50%
No. of Patients in Hospital, Dec. 31, 1963	153

EXTENDED TREATMENT RECORDS continued

CLEARWATER LAKE HOSPITAL 1963

Total Number of Admissions	128
Total Number of Discharges	140
Number of Deaths	7
Percentage of Discharges Who Died	9.8%
Total Operations (Major)	-
Total Operations (Minor)	308
Percentage of Deaths Autopsied	28.6%

Out-patient Department

Casualty - No. of Patients	93
- No. of Visits	234
Out-patients - No. of Patients	157
- No. of Visits	157

Physiotherapy Department

In-patients	134
Out-patients	64
Average Days Stay	56.14
Total Patient Days	6,708 days

RESULTS OF TREATMENT

Cured	27
Improved	90
Unimproved	6
Not Treated	5
Died	7
No Disease	4
Suspect TB Kidney	1

AGE GROUPS

0 - 4	11	30 - 39	11
5 - 9	7	40 - 49	12
10 -14	5	50 - 59	15
15 -19	10	60 - 69	14
20 -24	7	70 and over	31

MANITOBA REHABILITATION HOSPITAL

IN-PATIENTS

	1963	
Total Number of Admissions	990	
Total In-patients Under Care	1,080	
Total Number of Discharges	960	
Number of Deaths	6	
Average Length of Stay of Discharged Patients	48	days
Patients in Hospital at December 31, 1963	114	
Total Patient Days	47,216	
Average Daily In-Patient Occupancy	130	or 84.4%

OUT PATIENTS

Number of New Registrations	994
Number of Medical Reviews	2,002
Consultations by Staff Doctors	795
Average Daily Number of Out-patients	71

TREATMENT DEPARTMENTS

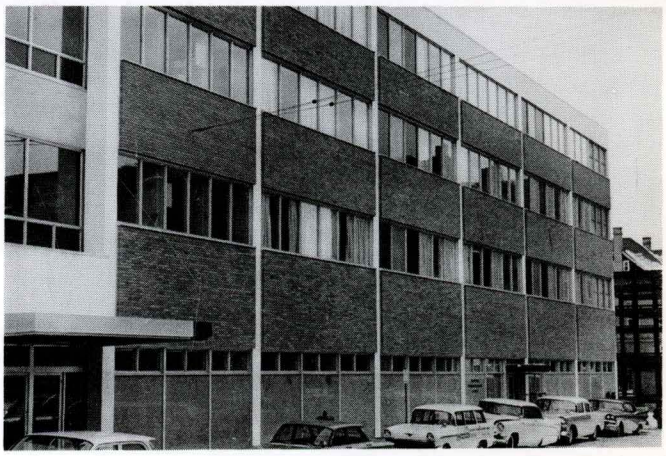
New Patients (In-patients and Out-patients):	
Physiotherapy	1,676
Occupational Therapy	1,159
Speech Therapy	191
Social Service	758
Average Total Patient-load Per Month:	
Physiotherapy	354
Occupational Therapy	261
Speech Therapy	59
Social Service	203

ANALYSIS OF PATIENTS DISCHARGED

Category	Patients	Average Length of Stay
Medicine General	179	36 days
Cardio	4	23
C.V.A.	6	40
Hemiplegia	132	45
Paraplegia	56	65
Quadraplegia	2	93
Neurology	1	21
Respiratory	4	34
Rheumatoid Arthritis	220	60
Osteoarthritis	46	40
Orthopaedics	33	35
Fractures	158	46
Post-operative	77	36
Amputees	41	50
Malignancy	3	18
Bone	3	62
Urology	1	2

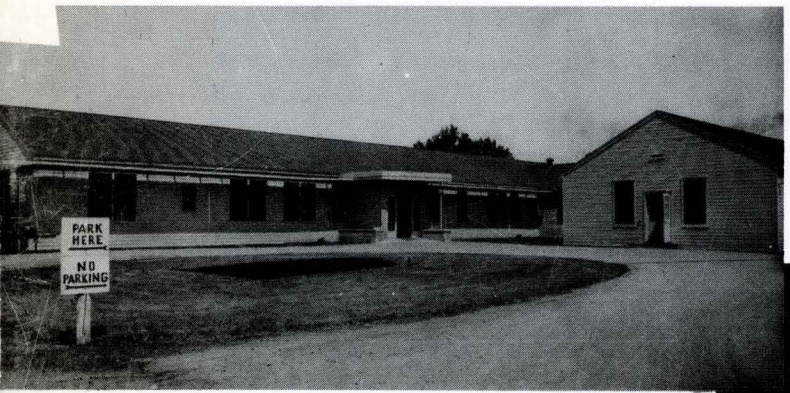
Manitoba Sanatorium, Ninette.

The Manitoba Rehabilitation Hospital, Winnipeg.

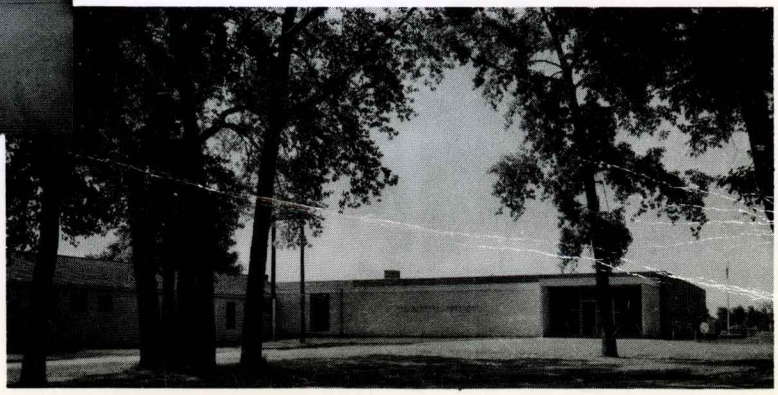


Central Tuberculosis Clinic, Winnipeg

Clearwater Lake Hospital, The Pas.



Assiniboine Hospital, Brandon



Physiotherapy and Occupational Therapy Unit, Assiniboine Hospital