

ANNUAL REPORT

1967



SANATORIUM BOARD
OF MANITOBA

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1967

SANATORIUM BOARD OF MANITOBA

A Voluntary, Non-profit Corporation

OPERATING

TUBERCULIN AND X-RAY SURVEYS

CONSULTANT TUBERCULOSIS CLINICS

CENTRAL TUBERCULOSIS CLINIC – WINNIPEG

MANITOBA SANATORIUM – NINETTE

NORTHERN TUBERCULOSIS UNIT – THE PAS

MANITOBA REHABILITATION HOSPITAL – WINNIPEG

*PROSTHETICS AND ORTHOTICS RESEARCH
AND DEVELOPMENT UNIT – WINNIPEG*

SPECIAL REHABILITATION SERVICES

A Health Education Service of the
CHRISTMAS SEAL FUND

MANITOBA LUNG ASSOCIATION
SANATORIUM BOARD OF MANITOBA
629 McDERMOT AVENUE
WINNIPEG, MANITOBA R3A 1P6



CO-OPERATING WITH

Other Health and Welfare Agencies in the Province

REPORT FOR THE YEAR 1967

WINNIPEG, MANITOBA

STATEMENT BY THE HON. C. H. WITNEY

Minister of Health, Province of Manitoba



It is always satisfying to review the work of the Sanatorium Board of Manitoba which for some 60 years has worked in remarkable partnership with government and other agencies to improve the health standards of the people of our province.

I commend the staff members of this unique voluntary organization, and in particular the group of public-spirited citizens who give so freely of their time and ability to help direct the Board's affairs.

I have noted with pleasure the re-naming of the Central Tuberculosis Clinic to the D. A. Stewart Centre for the Study and Treatment of Respiratory Diseases - a gesture that honors an outstanding physician and scholar who led the early fight against tuberculosis in Manitoba.

I would also compliment the Board on the remarkable achievements of the Prosthetics and Orthotics Research and Development Unit, which over a five-year period since its inception has won international recognition for our province.

The past year has been one of consolidation of efforts and facilities for the Board, and I feel confident that this organization will continue to make a significant contribution to the province.

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SANATORIUM BOARD OF MANITOBA

EXECUTIVE

Chairman..... Mr. Frank Boothroyd
Vice-Chairman..... Mr. R. L. Bailey
Chairman - Manitoba Sanatorium.....
and Preventive Services Committee.. Mr. John F. Baldner
Chairman - Manitoba Rehabilitation Hospital..... Mr. S. Price Rattray
Members..... Mr. R. H. G. Bonnycastle
Mr. J. B. Craig

HONORARY LIFE MEMBERS

Mr. George Collins Dr. Ross Mitchell
Dr. E. L. Ross Mr. J. W. Speirs

STATUTORY MEMBERS

Representing Provincial Department of Health:

Mr. John Gardner Mr. J. G. McFee
Dr. John A. MacDonell Dr. E. Snell

ELECTED MEMBERS

Mr. R. L. Bailey Mr. John F. Baldner Mr. R. H. G. Bonnycastle
Mr. Frank Boothroyd Mr. Keith Campbell Mr. W. B. Chapman
Mr. J. B. Craig Mr. E. Dow Mr. G. W. Fyfe
Dr. T. W. Fyles Mr. S. A. Magnacca Mr. D. S. McGiverin
Mr. H. L. McKay Mr. F. O. Meighen, Q. C. Mr. W. A. Paton
Mr. E. B. Pitblado, Q. C. Mr. S. Price Rattray Mr. R. J. Robinson
Mr. H. T. Spohn Mr. E. P. Stephenson

MEDICAL ADVISORY COMMITTEE

Dr. F. Hartley Smith - Chairman

Dr. R. M. Cherniack Dr. H. S. Evans
Dr. T. W. Fyles Dr. J. E. Hudson
Dr. R. O. McDiarmid Dr. R. H. McFarlane
Dr. K. D. McKenzie Dr. C. B. Schoemperlen
Dr. F. R. Tucker

EXECUTIVE DIRECTOR AND
SECRETARY-TREASURER

T. A. J. Cunnings

AUDITORS

Riddell, Stead, Graham & Hutchison

MEDICAL STAFF

TUBERCULOSIS AND RESPIRATORY DISEASE SERVICES

D. A. STEWART CENTRE

<u>Medical Director</u>	R. M. CHERNIACK, M. D. , M. Sc. , (Med.), F. R. C. P. (Can.), F. A. C. P. , Int. Med.
<u>Associate Medical Directors</u>	
Tuberculosis Control	E. S. HERSHFIELD, M. D. , F. R. C. P. , (Can.), R. C. C. P. , Int. Med.
Education	LOUIS CHERNIACK, M. D. , B. Sc. , (Med.), M. R. C. P. , (Lond.), F. A. C. P. , F. C. C. P. , F. R. C. P. (Can.), Int. Med.
Out-Patient Services	C. B. SCHOEMPERLEN, M. D. , F. C. C. P. , F. A. C. P. , Int. Med.
Consultant, Tuberculosis	DONALD L. SCOTT, M. D. , Cert. Int. Med. (TB).
<u>Consultants</u>	
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. A. (Edin. & Can.), Cert. Urol.

MANITOBA SANATORIUM

Resident Medical Staff

Medical Superintendent

ALFRED L. PAINE, M. D.
Cert. Thor. Surg.
H. HERNANDO, M. D.,
L. M. C. C.

Consultants

Anaesthesiology

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

Cardiology

V. J. H. SHARPE, M. D.,
Cert. Int. Med.

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. A., 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.

Urology

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

MANITOBA REHABILITATION HOSPITAL

Chief of Medical
Services

*L. H. TRUELOVE, M. A., M. B.,
B. Ch., M. R. C. P. (Lond.), D.
Phys. Med., Cert. Phys. Med.

Honorary Consultants

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

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

* Resigned May, 1968.

Chiefs of Service

Director of Physical Medicine

R. R. P. HAYTER, M. B. , B. S. ,
Cert. Phys. Med. , D. Phys. Med. ,
C. R. C. P. (C).

Medical Director, Prosthetics
& Orthotics Research and
Development Unit.

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

Medical Director, Paraplegic
Unit

B. J. S. GROGONO, M. B. , B. S. ,
G. M. C. , F. R. C. S. (Eng. & Can.) ,
Cert. Orth. Surg.

Chief of Anaesthetic Services

D. M. HUGGINS, M. D. , Cert.
Anaes. , D. A. B. A. , F. A. C. A.

Chief , Electromyography
Department

J. F. R. BOWIE, M. B. , Ch. B.

Consultants

Cardiology

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

Chest Disease

R. M. CHERNIACK M. D. ,
F. R. C. P. (Can.) , Cert. Int.
Med. F. A. C. P.

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.

Consultants continued

Internal Medicine	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.)
Ophthalmology	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.
Otorinolaryngology	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	J. F. R. BOWIE, M. D. , Ch. B.
Plastic Surgery	K. A. KERNAHAN, M. B. , Ch. B. , G. M. C. , F. R. C. S. , (Edin. & Can), Cert. Plas. Surg.
Psychiatry	JOHN M DOUGAN, M. B. , B. Ch. , D. P. M. (Eng.)
Radiology	M. K. KIERNAN, M. D. , D. A. B. R. , (Roent), F. A. C. R. , D. & T. Rad.
Radiotherapy	R. J. WALTON, M. B. , Ch. B. , D. M. R. (Lond.), D. M. R. T.

Consultants continued

Urology

H. P. KRAHN, M. D. , F. R. C. S. ,
(Can.), Cert. Urol.

Active Staff

Dr. W. Alexander	Dr. T. J. McCaughey
Dr. F. D. Baragar	Dr. R. H. McFarlane
Dr. S. Blumenthal	Dr. L. Michaels
Dr. J. F. R. Bowie	Dr. T. J. Mills
Dr. D. M. Brodovsky	Dr. M. J. Newman
Dr. R. M. Cherniack	Dr. D. Parkinson
Dr. H. Chochinov	Dr. P. N. Porritt
Dr. R. A. L. Davis	Dr. M. G. Saunders
Dr. M. H. L. Desmarais	Dr. C. B. Schoemperlen
Dr. J. Dougan	Dr. I. H. K. Stevens
Dr. B. B. Fast	Dr. L. H. Truelove*
Dr. J. B. Frain	Dr. F. R. Tucker
Dr. R. F. Friesen	Dr. R. J. Walton
Dr. B. J. S. Grogono	Dr. W. R. Welply
Dr. R. K. Hay	Dr. L. L. Whytehead
Dr. R. R. P. Hayter	Dr. H. W. Hart (Faculty of Dentistry)
Dr. D. M. H. Huggins	Dr. J. W. Neilson (Faculty of Dentistry)
Dr. D. A. Kernahan	Dr. A. G. Parnell (Faculty of Dentistry)
Dr. H. P. Krahn	
Dr. G. M. Krolman	
Dr. M. J. Lehmann	

NON-MEDICAL SENIOR STAFF

SANATORIUM BOARD OF MANITOBA

Executive Director	T. A. J. CUNNINGS
Assistant Executive Director	EDWARD DUBINSKI
Comptroller	ROBERT F. MARKS
Purchasing Agent	K. J. ROWSWELL
Nursing Consultant and Administrative Assistant	MISS E. L. M. THORPE
Director of Pharmacy Services	TED SIMS
Supervisor, Special Rehabilitation Services	ROGER BUTTERFIELD
Supervisor, Christmas Seal Campaign	MISS MARY L. GRAY
Surveys Officer	J. J. ZAYSHLEY

MANITOBA SANATORIUM

Hospital Manager	NICK KILBURG
Director of Nursing	WILLIAM BROADHEAD
Food Supervisor	MRS. VIOLET DUNSMORE
Acting Chief Engineer	JOHN GUTRAY
Radiographer	WILLIAM C. AMOS

D. A. STEWART CENTRE
and
MANITOBA REHABILITATION HOSPITAL

Director of Nursing	MISS V. R. PEACOCK
Supervisor, Social Services	MISS MARY HAMILTON
Chief Physiotherapist	MISS J. K. EDWARDS
Chief Occupational Therapist	MISS JEAN COLBURN
Director, Department of Communication Disorders	J. BRAYTON PERSON
Director of Volunteer Services	MRS. W. E. BARNARD
Senior Laboratory Technologist	MARVIN THORGEIRSON
Senior X-ray Technician	MRS. LAURIE HILL
Plant Superintendent	WILLIAM O. D. EVANS

CENTRAL TUBERCULOSIS REGISTRY

Supervisor	MISS JANET SMITH
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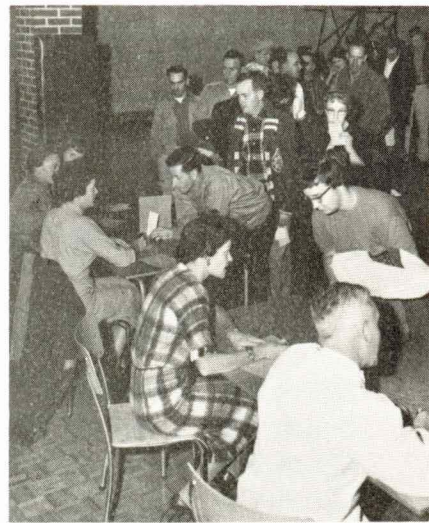
PROSTHETICS AND ORTHOTICS
RESEARCH AND DEVELOPMENT UNIT

Medical Director	DR. F. R. TUCKER
Technical Director	JAMES FOORT

WE ARE INDEBTED TO OUR VOLUNTEER WORKERS



Christmas Seal Campaign Preparation



Tuberculosis Surveys



Donations for Hospital Equipment



Library Service for Patients



Operation of Hospital Gift Shop



Assistance to Clerical Staff

CHAIRMAN'S REPORT



Frank Boothroyd

Ladies and Gentlemen:

I have much pleasure in welcoming you to the 57th Annual Meeting of the Sanatorium Board of Manitoba.

SERVICES

The year 1967 was an eventful year in Manitoba and in Canada. It was, of course, our Centennial year. In Manitoba, members of our staff shared in planning for both the Pan-American Games and the Paraplegic Games that followed. You may be interested to know that the stimulus for organization of the Paraplegic Games held for the first time in Canada, in Winnipeg last year, stemmed from our sending a former paraplegic patient to the Commonwealth Paraplegic Games in Jamaica in 1966, where he won a bronze medal. He was the first Canadian ever to participate. The contributions to cover the cost of this trip were made by or through individual members of this Board. I mention this now as a small illustration of the diversity of public service that emanates from the Sanatorium Board of Manitoba.

The treatment and preventive services for tuberculosis were continued at a high level and our co-operation with the Department of National Health and Welfare, which has been in effect for nearly thirty years, was extended this year through a special program of co-operation in tuberculosis control in the Keewatin area of the Northwest Territories.

APPRECIATION

Throughout its history the Sanatorium Board of Manitoba has worked closely with governments at all levels to improve health and prevent illness in Manitoba. It is only through the co-ordinated and vigorous activities of the many institutions and agencies participating in the health services, with each fulfilling its special role, that health needs can be met in a reasonable and financially responsible manner. We are grateful for the continued confidence accorded to us by government and the cordial relationships that exist with their representatives.

A loyal and devoted staff has continued to give a dedicated service to the patients and the thousands of people who come within the scope of our preventive and rehabilitation services. I extend to each one of them our thanks for their contribution to the services we offer to the people of Manitoba.

Frank Boothroyd
Chairman of the Board.

THANK YOU - WE COULDN'T DO IT ALONE !

The Sanatorium Board of Manitoba expresses sincere thanks to the many people throughout the province who support our tuberculosis and other health programs. We are indebted to thousands of volunteer workers who have helped carry out tuberculin and x-ray surveys, our Christmas Seal Campaign, rehabilitation programs and the various extra services for our patients. And we are grateful to the many people in Manitoba who have contributed to both the building and equipping of our health facilities. We particularly appreciate the magnificent support of the Associated Canadian Travellers, Winnipeg and Brandon Clubs, who from 1945 to December 31, 1967, contributed \$495,246.05 to our work.

EXECUTIVE DIRECTOR'S REPORT



T. A. J. Cunnings

SUMMARY OF SERVICES TO INDIVIDUALS

	<u>1966</u>	<u>1967</u>
Admissions for Treatment	1,731	1,811
Out-patient Visits	49,839	55,126
Special Rehabilitation Services-Cases	803	526
Preventive Services-Examinations	101,551	119,276
Northern Tuberculosis Unit		
The Pas, - Examinations	463	446
Brandon Tuberculosis Clinic		
- Examinations	886	905
Treatment Days for In-patients	121,503	124,943

ASSETS AND LIABILITIES

Net value of assets held by the Board as at December 31st, 1967, totalled \$ 4,254,090.00, after deducting accumulated depreciation and construction grants of \$ 3,762,684. This represents an increase of \$ 23,818 over the preceding year.

The increase in receivables is mainly attributable to an increase in outstanding deficit claims against the Manitoba Hospital Commission of \$ 24,695 and an increase in patient treatment accounts due from the Federal Government. As at December 31st, 1967, deficit claims receivable amounted to \$ 90,626. In order to finance these claims pending

settlement, it has been necessary to utilize short-term bank loans.

Analysis of Net Increase in Assets

<u>Increase in Assets</u> 1966 to 1967		<u>Deductions from Assets</u> 1966 to 1967	
Increase in Accounts Receivable	\$ 49,043	Increase in Depreciation	\$ 136,492
Increase in Property, Plant and Equipment	42,318	Decrease in Unamortized Bond Discount	2,925
Increase in Cash in Bank	40,799	Decrease in Inventories and Prepaid Expense	<u>925</u>
Increase in Investments	<u>32,000</u>		
			\$ 140,342
		Net Increase in Assets	<u>23,818</u>
	<u>\$ 164,160</u>		<u>\$ 164,160</u>

Liabilities of \$ 2,589,110 as at December 31st, 1967 were \$ 12,842 less than the preceding year.

Analysis of Decrease in Liabilities

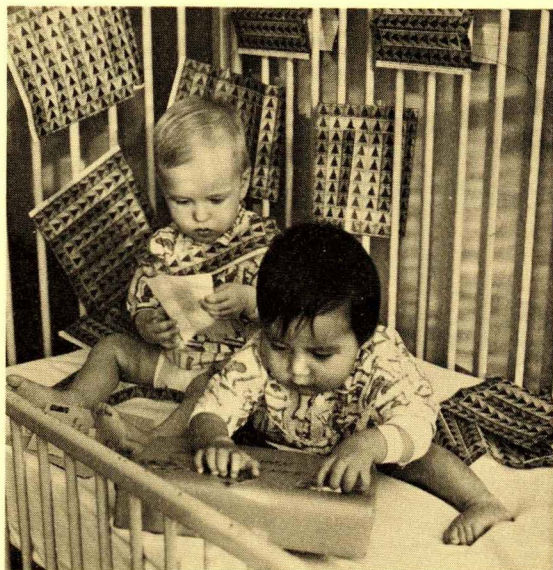
Debentures redeemed	\$ 85,000
Accounts Payable	<u>9,842</u>
	\$ 94,842
Deduct:	
Increase in Bank Loans Payable	<u>82,000</u>
Decrease in Liabilities	<u>\$ 12,842</u>

INVENTORIES

As at December 31st 1967, supplies on hand including medical stores, drugs, engineering supplies, fuel, food, etc., totalled \$ 107,299, an increase of \$ 1,711 over the preceding year.

HOSPITAL OPERATIONS

Central Tuberculosis Clinic: - with 64 beds had an average occupancy of 88.2 percent and an average length of stay of 48.2 days. This is a 5 percent increase in occupancy compared to 1966 with about the same length of stay.



STICK 'EM UP . . . sideways . . . upside down. That was the happy attitude of these tiny TB patients who in their own way helped the Sanatorium Board to launch the 1967 Christmas Seal Campaign.

Manitoba Sanatorium:- with 158 beds had an average occupancy of 92.4 percent and an average length of stay of 199 days. This is a reduction of 37 days in average stay compared to 1966. The occupancy continues to be higher than expected due to the continued admission of a larger number of Indians and Eskimos.

Manitoba Rehabilitation Hospital:- with 160 beds had an average occupancy of 87.5 percent and an average length of stay of 45.4 days. This compares with an average occupancy of 89 percent and an average length of stay of 49 days in 1966. There were 1,100 admissions to the wards, and 7,391 patients were seen in the out-patient's department.

COSTS - TUBERCULOSIS TREATMENT

In view of the interest in hospital costs, it is noteworthy that the effect of our tuberculosis treatment and control program in Manitoba during the past 15 years has been to reduce the per capita provincial cost from \$ 1.17 per capita to 52 cents per capita. A graph is attached to this report illustrating the trend of provincial expense for treatment.

FOOD SERVICES

We have constantly before us the objective of improving the efficiency and economy of our services. With this in mind last October we entered into a contract for our total dietary service in the Manitoba Rehabilitation Hospital with Versafoods Limited. In the initial months of this contract it appears that this will be a satisfactory arrangement. A complete evaluation will be made at the end of this year.

TUBERCULOSIS PREVENTIVE AND REHABILITATION SERVICES

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

Preventive Services - Direct Service Costs

	<u>1967</u>	<u>1966</u>
Surveys Services	\$ 36,546	\$ 42,964
Tuberculin Surveys	19,533	24,803
X-ray Field Services	18,758	18,896
Tuberculosis Clinic, Brandon and The Pas	18,266	24,287
Indian Clinics	12,210	9,179
Health Education	9,915	8,524
Canada Manpower Service and X-ray Unit	4,052	3,706
Diabetic Surveys	3,111	20,011
X-ray Follow-up Service	2,024	2,654
B. C. G. Vaccinations	1,954	2,038
Travelling Clinics	313	1,114
	<u>\$ 126,682</u>	<u>\$ 158,176</u>

In 1967 the Board spent \$ 32,629 on instructional services for patients in the Manitoba Sanatorium and the Central Tuberculosis Clinic.

SPECIAL REHABILITATION SERVICES

The Special (Vocational) Rehabilitation Service for Indians and Metis which the Board has operated since 1956 has continued to be expanded in 1967. We have now turned over all the supervision and follow-up in Winnipeg and elsewhere to the Provincial Vocational Opportunity Services, confining our participation primarily to the Pembina House operation at Ninette. The capacity there has been increased to 55 students and there is a very large waiting list for admission to the service. The structure of the program is currently under review with appropriate officials of the Province. Most of the referrals now come through the Provincial Community Development Services.

Expenditures on Special Rehabilitation Services totalled \$ 116,046 in 1967, a reduction from 1966 due to our discontinuance of the field supervision.

NATIONAL HEALTH GRANTS

The appropriation available under the Tuberculosis Control Grant from the Government of Canada for the fiscal year 1967-1968 was \$ 90,021, a slight reduction from the previous year. The following is a comparative statement of claims on the respective projects for the fiscal years ended March 31st, 1967 and 1968 respectively:

	<u>1968</u>	<u>1967</u>
Streptomycin and Other Antibiotics	\$ 35,399	\$ 37,347
Assistance to Sanatorium Board of Manitoba	20,723	18,109
Assistance to Manitoba Sanatorium	9,055	7,714
Extension of B. C. G. Vaccination Program	2,416	3,246
Tuberculin Surveys	21,135	23,867
	<u>\$ 88,728</u>	<u>\$ 90,283</u>

Under the Research Grant for the Prosthetics and Orthotics Research and Development Unit, \$ 64,087 was expended.

This unit under the medical direction of Dr. F. R. Tucker and the technical direction of Mr. James Foort, has become internationally known for its contribution in the field of prosthetics. We have had the good fortune to have Professor R. N. Scott of the University of New Brunswick collaborating here in 1967 - 1968, and he and Dr. Tucker are doing special research involving the implant of micro wave units that will operate prostheses through the electrical currents generated within the body tissues.

INSURANCE

Fire insurance, including supplementary perils, was carried on the Board's property in the amount of \$ 5,740,000. Public liability, professional liability, boiler and steam vessel, motor vehicle, fidelity and robbery cover is carried in appropriate amounts.

EDUCATION

A very large number of our professional staff are engaging in studies to improve their qualifications. We encourage this, and their enthusiastic interest is a credit to them. Quite a number of papers and lectures on professional topics have been prepared for publication or presentation at meetings by senior staff members. Twice a year, we operate a

three-week post-graduate course in rehabilitation nursing and in the current class, for example, there are 11 students registered from various parts of Canada outside of Manitoba. Recently, under the sponsorship of the Canadian Tuberculosis Association, we conducted a nurses institute on tuberculosis and other respiratory disease, with a registration of well over 300 and people came from as far away as Vancouver and Quebec City. Seminars are held weekly in physical medicine and rehabilitation, and there is a weekly respiratory disease conference that is widely attended by interested members of the medical profession in Winnipeg.

PERSONNEL

Our staff numbered 516 as at December 31st, 1967, compared to 552 a year earlier. The reduction is in part due to the transfer of kitchen staff under our contract with Versafoods Limited. There were 208 employees on the Pension Plan, a reduction of 8 during the year. Life insurance claims under our Group Insurance Plan amounted to \$ 4,000 during the year compared to \$ 9,000 in 1966.

APPRECIATION

On behalf of myself and the members of the staff, I wish to express appreciation to the chairman and members of the Board for their continued good counsel and direction, and for their devotion to the advancement and development of our services to the people of Manitoba. I should also like to acknowledge the valuable advice and guidance of the chairman and members of the Medical Advisory Committee; the president of the Medical Staff and the medical staff committees of the Manitoba Rehabilitation Hospital; the Medical Director and his Associate Directors in the Tuberculosis and Respiratory Disease Service; and the Medical Superintendent at Manitoba Sanatorium.

T. A. J. Cunnings,
Executive Director.

TUBERCULOSIS AND
RESPIRATORY DISEASE SERVICE



Dr. R. M. Cherniack

Mr. Chairman and Gentlemen:

The year 1967 marked the onset of a new era for the Sanatorium Board of Manitoba. It has become obvious that tuberculosis can no longer be divorced from other respiratory diseases, or for that matter from total general medical and surgical attention, and that the resources of the entire health team must be brought to bear on the investigation and management of these special patients. Thus, while the aims of the tuberculosis program in this province have not been altered, a policy of integrating prevention, investigation and treatment of tuberculosis into the main stream of all respiratory diseases, and medicine as a whole, has been adopted.

JOINT RESPIRATORY PROGRAM

A Joint Respiratory Program has been established in co-operation with the Department of Medicine and other departments of the Faculty of Medicine of the University of Manitoba, utilizing the services and facilities of the Sanatorium Board of Manitoba as well as of the Children's Hospital of Winnipeg, the Winnipeg General Hospital and the St. Boniface General Hospital.

The primary aim of the program is the correlation of basic science and research with the diagnosis and treatment of respiratory disease (including tuberculosis), and the provision of the highest level of patient care,

WHITESINDIANS

<u>Year</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>	<u>Male</u>	<u>Female</u>	<u>TOTAL</u>	<u>GRAND TOTAL</u>
1955	40	57	97	21	19	40	137
1965	15	14	29	13	13	26	55
1966	23	9	32	8	6	14	46
1967	20	4	24	2	5	7	31

EXAMINATIONS BY CLINICS, HOSPITALS, AND SURVEYS

A total of 56,712 people were tuberculin tested, 57,851 had chest x-rays, and 4,601 had both, making a total of 119,164 people in Manitoba who were tested on Sanatorium Board surveys. If the 112 seen on Consultant Clinics are added, the total receiving service through the Board's clinics would be 138,271.

<u>Year</u>	<u>Stationary Clinics</u>	<u>Travelling Clinics</u>	<u>Chest films Rec'd General Hospitals</u>	<u>Surveys</u>	<u>TOTAL</u>
1960	8,003	1,977	69,686	145,681	255,347
1965	7,402	960	10,758	137,495	156,615
1966	7,664	407	12,199	122,212	142,482
1967	7,110	112	11,885	119,164	138,271

* Including Indian Surveys



The Sanatorium Board tuberculosis preventive program is carried to all parts of the province. Here x-ray technicians load equipment onto a CNR baggage coach in preparation for a chest x-ray survey of the scattered settlements along the Hudson Bay Line. The CNR donates full use of the coach to the Board and obligingly hauls it by way freight up along the entire 509-mile route from The Pas to Churchill. (Photo by Ted Tadda).

TUBERCULIN SURVEYS

<u>Age Groups</u>	<u>Negative</u>	<u>Positive*</u>	<u>Total</u>	<u>Percentage of Positives</u>
Under 5	1,665	8	1,673	0.48
5 - 9	4,988	96	5,084	1.89
10 - 13	6,219	394	6,613	5.96
14	2,312	308	2,620	11.76
15 - 19	15,601	2,403	18,004	13.35
20 - 24	5,988	1,638	7,626	21.48
25 - 29	1,611	845	2,456	34.41
30 - 39	2,382	1,469	3,851	38.15
40 - 49	1,828	1,870	3,698	50.57
50 - 59	980	1,753	2,733	64.14
60 - 69	367	962	1,329	72.39
70 and Over	169	468	637	73.47
Age not stated		388	388	100.00
	<u>44,110</u>	<u>12,602</u>	<u>56,712</u>	<u>22.22</u>

* Includes present and previous positive reactors.

The table indicates that there is a low rate of infection for children up to age nine and to 14. This may be reflected by fewer new cases in the future, if they are kept from being infected. However, the older age groups are showing a higher infection rate than previously.

At Dauphin and Stonewall, where the incidence of tuberculosis has been higher than in most other Manitoba communities, it is planned to tuberculin test all Grade One school children, and provide thorough follow-up of the families and contacts of any positive reactors. Hopefully, this program will be expanded into other communities, including the city, and will include all school leavers.

We have continued to reduce community tuberculosis surveys and have been more selective in our choice of areas, i. e. those with more tuberculosis. High risk segments of our population, such as the Metis population and tuberculosis contacts (mainly family) will continue to receive special attention. People known to have previous tuberculosis are followed closely; as are people in nursing homes, old folks homes, the Salvation Army Hostel, and prison inmates. High school students, teachers, barbers and food handlers are being examined as sound public health practice.

It may never be possible to eradicate tuberculosis entirely, but hopefully through expansion of survey measures the problem may be reduced to the minor significance of some other infectious diseases, as pointed out previously

by the former Director, Dr. E. L. Ross, the socio-economic influence on the disease must be emphasized, and research encouraged in order to develop more specific diagnostic, preventive and treatment measures.

CONSULTANT CHEST CLINICS

Number examined	112
New diagnosis	---
Known tuberculous patients reviewed	47
Contacts	14

These clinics have an accompanying doctor and examine only referred cases or those who have had previous disease or are tuberculosis contacts. They have been reduced steadily since 1960 and only amounted to 114 examinations in 1967.

STATIONARY CLINICS

Central Tuberculosis Clinic

Number of examinations	4,533
New diagnoses	148
Disease active in	130
Known tuberculosis patients reviewed .	2,031
TB contacts reviewed	2,101
Number of referred films	1,150

Manitoba Sanatorium

Number of examinations	1,226
New diagnoses	---
Disease active in	---
Known tuberculosis patients reviewed .	361
TB contacts reviewed	40

Assiniboine Hospital

Dr. A. H. Povah is the Board's tuberculosis consultant in Brandon, where he conducts a weekly chest clinic. He also supervises patients, nearly all with inactive tuberculosis, in the Hospital for Mental Diseases. The following is a summary of activities:

Number of examinations at Unit	905
Number of new diagnosis	1
Disease active in	1
Known tuberculosis patients reviewed .	113
TB contacts reviewed	109

Northern Tuberculosis Unit

A consultation, out-patient clinic and chest film reading service was provided by the Northern Tuberculosis Unit at The Pas with Dr. S. L. Carey in charge. The following is a summary of activities:

Number of examinations at Unit.....	446
Number of new diagnoses.....	7
Disease active in.....	4
Known tuberculosis patients reviewed.....	99
TB contacts reviewed.....	158

In December a new system was instituted whereby all x-rays are referred to the Central Tuberculosis Clinic for reading and recommendations are usually telexed back to the Northern Unit the day they are received.

Chest Films From General Hospitals

Number of hospitals.....	56
Total number of x-ray films.....	11,885
Reported as new active tuberculosis.....	1
Reported as suspect tuberculosis.....	67

We continue to read the films for hospitals without the service of a radiologist, and you will note that 56 hospitals sent almost 12,000 films for reading to the Central Tuberculosis Clinic in 1967. This is a worthwhile service and hopefully will expand.

CITY OF WINNIPEG

In 1967 there were 12 deaths from tuberculosis in the City of Winnipeg, 60 new active cases and 12 reactivations. This compares to eight deaths and 67 new active cases in 1966.

The city's most important contribution in the tuberculosis control field is the investigation of new cases and providing follow-up of more than 1,000 patients listed in their registry. In 1966, the public health nurses made 628 visits to the homes of 312 tuberculosis patients and a total of 772 homes visits to 398 tuberculosis contacts. The supervision of patients receiving treatment at home has become the prime responsibility of public health workers, and the Sanatorium Board is indebted to them for the outstanding work they perform, particularly since the number of patients receiving home chemotherapy has increased greatly over the past few years. Their task is not an easy one, for it often takes many telephone calls and letters and repeated home visits to persuade patients and contacts to attend the clinic for an examination.

B. C. G. Vaccinations

Tuberculosis Contacts.....	9
Student Nurses (General Hospital).....	430
Student Nurses (Mental Hospital).....	53
Student Nurses (Practical).....	252
Nurses Assistants.....	31
Sanatorium and Hospital Staff.....	51
Dental Students.....	31
Laboratory Students.....	72
University Students, Faculty of Nursing...	40
School of Rehabilitation.	57
Miscellaneous.....	21
Rehabilitation Students - Pembina House ..	15
By Medical Services,	
Department of National Health & Welfare.	<u>1,553</u>
	<u><u>2,615</u></u>

Through the co-operation of Dr. E. Snell, Dr. J. Elias, and Dr. L. V. Jonat and his staff, the BCG vaccination program among high school students in the Dauphin Health Unit area and among the children of Duck Bay and Camperville (in the Swan River Area) will be continued. It is hoped to assess the program after 5 years.

TREATMENT

On December 31st, 1967, there were 191 patients in the Manitoba Sanatorium and Central Tuberculosis Clinic.

Treatment Days for Tuberculosis

<u>Year</u>	<u>Province of Manitoba</u>	<u>Gov't Canada and other Provinces</u>	<u>TOTAL</u>	<u>TB Beds occupied Dec. 31, 1967</u>
1955	165,696	202,422	368,118	1,014
1960	99,074	99,074	198,838	457
1965	40,032	47,630	87,662	207
1966	32,832	36,926	69,758	201
1967	31,733	42,108	73,841	191

Average Length of Treatment Stay for Patients Discharged in 1967

	<u>Whites</u>	<u>Indians</u>	<u>Eskimos</u>
For reviews	9.1 days (8)	9.9 days (10)	17.3 days (3)
Non-TB Patients	59.3 days (112)	59.6 days (40)	64.2 days (17)
Tuberculous patients	241.7 days (225)	216.7 days (141)	230.0 days (76)

(Bracketed figures are the number of patients)

The interesting feature about the tables is that the whites (including Metis) and the Eskimos received an average of about eight months treatment in Sanatorium or the Central Tuberculosis Clinic and the Indians about seven months. There has been a considerable reduction in length of treatment stay for Indians and Eskimos compared to 1966. The figures for white patients are affected by a few chronic patients who could not be discharged for various reasons, for on the whole, the whites were discharged sooner because chemotherapy is easier to supervise.

During 1967, 798 patients received drugs at home, and on December 31st, 1967 there were 432 (including 64 Eskimos) on out-patient treatment. A great deal of the day-to-day responsibility has been shifted to the patient, to the public health nursing service, to the family physician, to clinic services, and to the Sanatorium Board in organizing and maintaining methods of supervision. This is accomplished by excellent work of the staff of the Central Tuberculosis Registry in centralizing all information about out-patient chemotherapy, and also by a closer follow-up through the health units and the area directors of Medical Services, Department of National Health and Welfare.

We are treating all highly positive tuberculin reactors even with no other evidence of disease, and all tuberculin converters as well as young children who had been exposed to infection. In addition, as mentioned earlier we are co-operating with the Department of National Health and Welfare in a chemoprophylaxis program in Eskimo Point.

Central Tuberculosis Registry

The registry plays a major role in the tuberculosis control program. I would be remiss if I failed to extoll the excellent work and value of Miss J. Smith and her staff. The total number of patients in the active registry file is 7,635. With the increasing number of reactivations among the older age groups, persons that were previously removed because disease had healed, are being returned to the active files for follow-up. All records pertaining to Indian and Eskimo tuberculosis are being centered in the Registry as is all pertinent information about new cases, contacts, deaths, admissions and discharges, surveys, clinics, tuberculin test records, and BCG vaccinations. In addition, the records and the follow-up of all out-patients on chemotherapy, whites, Indians

and Eskimos, are the responsibility of the Central Registry.

Diabetic Survey

The blood testing survey for diabetes was continued in 1967 under the medical direction of Dr. J. A. Moorhouse and Dr. Barry Kaufman of the University of Manitoba Metabolic Laboratory. A total of 21,768 individuals have been tested in 1966 and 1967 and 2,120 had positive screen tests. There were 116 people (1.3%) in rural Manitoba, 37 (4.4%) on Indian reserves, and 7 (0.3%) found to have previously unknown diabetes.

APPRECIATION

It is obvious that all of the activities in this report could not have been accomplished without an excellent staff at the Central Tuberculosis Clinic, Manitoba Sanatorium, Central Tuberculosis Registry, the Surveys Department, the laboratories and x-ray departments, and the co-operation of the administration, the Department of Health and many health nurses in the field. To all I express our sincere gratitude for a job well done.

Reuben M. Cherniack, M. D.,
Medical Director,
Tuberculosis and Respiratory
Disease Service.



In recent years the Sanatorium Board has collaborated with the University of Manitoba and provincial health units in providing large-scale testing for diabetes. Here the Fort Garry health unit staff do the initial follow-up of people who had positive tests in a survey of 3,000 individuals in October, 1967.

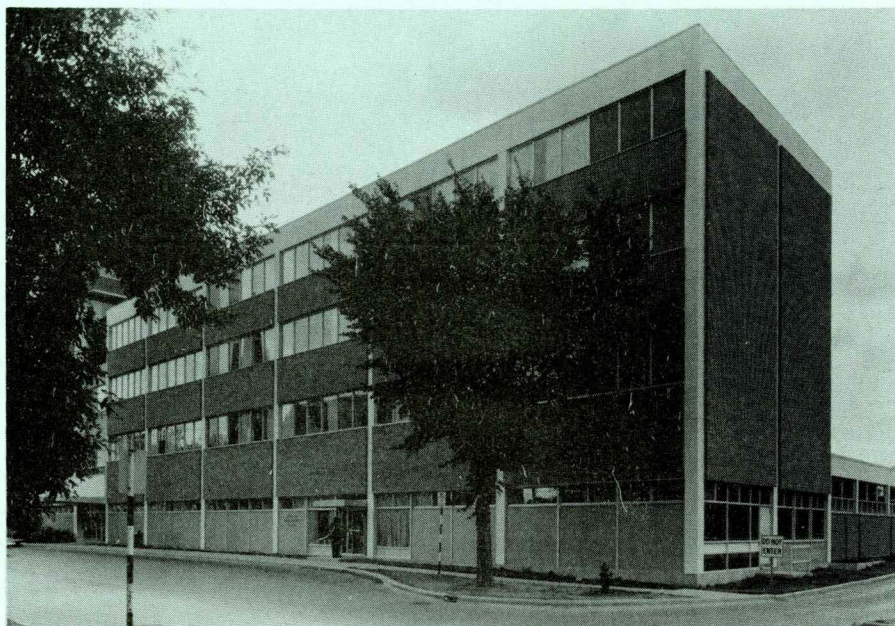
THE D. A. STEWART CENTRE



The Central Tuberculosis Clinic, which Dr. David Alexander Stewart helped to found in 1930, was officially renamed the D. A. STEWART CENTRE for the Study and Treatment of Respiratory Diseases at the annual meeting of the Sanatorium Board of Manitoba on April 26th, 1968.

The change of name comes with a movement to integrate tuberculosis control with the diagnosis, treatment and prevention of other respiratory diseases. At the same time it honors an outstanding physician and teacher who, as the first medical superintendent of the Manitoba Sanatorium at Ninette, led the early campaign against tuberculosis in this province and through his pioneering efforts, gained international fame for himself and the Sanatorium Board.

The 64-bed centre will henceforth be an important area of the new Joint Respiratory Program, which has been established by the University of Manitoba Department of Medicine in collaboration with the Sanatorium Board and other general teaching hospitals in Winnipeg. The aim of the program is the correlation of basic science and research with the diagnosis, treatment and prevention of respiratory diseases (including tuberculosis), and the provision of the highest level of patient care, teaching and research in the respiratory field.



CENTRAL TUBERCULOSIS CLINIC

There were 8,885 visits to the Central Tuberculosis Clinic last year, 4,533 of these being for examinations. 146 new cases were of tuberculosis were discovered by examination, 14 on re-examination and eight by other means, making a total of 168 new cases of disease. Of these new cases, 22 were under five years, 18 between five and 15, 28 in the 15-30 age group, 50 over 50 years of age, and 15 of these were over 70 years. Eight-two of the new cases occurred actively in the lungs and 29.27 percent of these were far advanced, 30.49 percent were moderately advanced, and 40.24 percent were minimal.

There were 441 admissions to the ward and in 216 of these there was respiratory involvement by tuberculosis. Of the admissions, 134 were found either to be non-tuberculous or to have no disease. There were 416 discharges and 220 of these were cases of respiratory tuberculosis, 102 of them bacillary. There were ten deaths due to tuberculosis and nine non-tuberculous deaths. The average length of treatment was 57.4 days, compared to 48.50 days in 1966. Of the 416 discharges, 11 were against medical advice, there were no disciplinary discharges, 121 were discharged on advice, 139 were discharged to continue chemotherapy treatment as out-patients, and 110 patients were transferred to other institutions for further investigation or treatment.

The drug treatment of tuberculosis has continued to be a very important part of the treatment of patients, both in hospital and at home. Home treatment, although still far from perfect, has improved.

IN-PATIENT CHEMOTHERAPY

During 1967 a total of 273 patients received streptomycin, 306 patients received INH, 244 patients received PAS, 32 received Seromycin with INH, 2 patients received Isoxyl, 9 received D'Cycloserine, 12 received Viomycin, 3 received Pyrazinamide and 7 received Ethionamide.

OUT-PATIENT CHEMOTHERAPY

A total of 4,352 streptomycin treatments were given to 191 patients in the clinic, and there were 48 patients still on this treatment as at December 31st, 1967. A total of 468 patients were on other anti-tuberculosis drugs at home as at December 31st, 1967.

LABORATORY AND X-RAY DEPARTMENT

The Central Tuberculosis Clinic laboratory performed 26,636 tests. There were 2,141 tuberculin tests and 333 B. C. G. vaccinations. In the x-ray department, a total of 5,320 radiographic examinations were made, involving 3,794 individuals.

MASS SURVEYS

On Indian Reserves mass surveys are still conducted as x-ray surveys. In other surveys a tuberculin test is done first and then the reactors are x-rayed. There were 65,783 x-rays made of whites, Indians and Eskimos. There were 53,472 tuberculin tests. These surveys were responsible for finding 27 new cases of tuberculosis, 15 whites and 12 Indians. Twenty of the cases were active and 12 were bacillary.

Reuben M. Cherniack, M. D.,
Medical Director,
Tuberculosis and Respiratory
Diseases.



DR. E. L. ROSS, right, received a gift from his longtime associate Dr. D. L. Scott, at a reception on July 27, 1967. On that day Dr. Ross ended 42 years of devoted service to the Sanatorium Board, 30 of which he was our Medical Director. During his lifetime he has made many fine contributions to the tuberculosis movement and for these he has been accorded many honors. He was made an Honorary Life Member of the Board at our Annual Meeting in April, 1968.

TUBERCULOSIS CONTROL PROGRAM MANITOBA ZONE - MEDICAL SERVICES

On April 1st, 1967, the Central Region was re-organized and became Manitoba Zone for administrative purposes. Churchill and its environs became part of the Northern Region. Sioux Lookout Zone became part of the Ontario Region. Consequently the figures for 1967 cannot be compared to those for previous years.

As in previous years Manitoba Zone, in close co-operation with the Sanatorium Board of Manitoba, conducted their usual Tuberculosis Control program with respect to prevention and treatment. Continued vigilance in the Indian population must continue to remain at a high level for the following reasons:

- 1) There were 47 new and re-activated cases in the Indian population giving us an incidence rate of 152 per 100,000 population.
- 2) Tuberculosis among the Indian population continues to be a disease most prevalent in the very young and the young adult population under 30 years of age. Fifty-nine percent of all active and re-activated cases occurred in this younger age group.

Chest x-ray surveys account for the discovery of 40 percent of the active and re-activated cases and are still one of our most useful tools in the tuberculosis case finding. The ratio of active cases to the number of x-rays taken was 1:731. The percentage of the population x-rayed during the year averaged 45 percent of the total.

The Pas Area and Southern Manitoba Area were surveyed by the Sanatorium Board of Manitoba, Norway House Area was surveyed by Medical Services Branch.

The Indian patients in Manitoba were admitted to the Central Tuberculosis Clinic in Winnipeg and the Manitoba Sanatorium at Ninette. As at December 31st, 1967, 52 Indian patients were under treatment. As to the type of tuberculosis being treated in sanatoria at the end of the report year, 16 were primary tuberculosis, 12 minimal pulmonary, 10 moderately advanced, 6 far advanced, 1 miliary and 7 other non-pulmonary tuberculous conditions. There was a total of 27,449 hospital patient days in 1966; however this includes Keewatin Area and Sioux Lookout Zone for the months of January, February and March, 1967.

With respect to tuberculosis mortality, two Indian people from The Pas Area died in 1967. These deaths occurred in the 30 - 40 age group.

In accordance with the Medical Services Branch policy the tuberculin testing and B. C. G. vaccination program was continued. A total of 1,553 Indians were given B. C. G. vaccine. This program is directed toward the 0 - 25 year age group, and we continue to use the intradermal tuberculin test, and the intradermal B. C. G. since it was found that these were the most effective techniques.

I would like to take this opportunity to express our appreciation and thanks to Mr. Cunnings, the executive director of the Sanatorium Board of Manitoba. I feel that we could never have achieved what we did without his willing co-operation and "Know How".

M. J. DeKoven, M. D. ,
D. P. H. , F. R. S. H. ,
Manitoba Zone Director.



considered mandatory in four patients and elective in 12. There were 39 minor procedures, including 12 bronchoscopies, nine aspirations and three plaster shells for spinal tuberculosis.

X-RAY AND LABORATORY

The x-ray department made 2,689 radiographic examinations, did 53 electrocardiographic tracings, took 87 clinical photographs of which 27 were color slides of surgical specimens.

The laboratory did 16,781 tests, for a total of 27,128 units of work. Aside from routine work, 885 cultures of tubercle bacilli were grown and 53 bottles of blood cross-matched to supplement Red Cross supplies. Pulmonary function tests were done on all current surgical cases and on 19 out-patients with previous lung surgery.

APPRECIATION

The writer is thankful to all staff members for another season of faithful work. Appreciation is expressed to the Chairman of the Board, the Chairman of the Manitoba Sanatorium and Preventive Services Committee, the Executive Director and all members of the Sanatorium Board for much time spent and wise guidance on our behalf. We are grateful to Dr. Reuben Cherniack, Medical Director of the Board and the Medical Staff at the Central Tuberculosis Clinic for their co-operation and willingness to help in the midst of adjusting to a new environment. Thanks is also given to the Department of Health and the Central Tuberculosis Registry for continued help and co-operation.

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

Medical Staff also met regularly and contributed very largely to the efficient operation of the hospital. I would like to thank the members of the active staff for their contributions as members of these committees and for their assistance in fulfilling the teaching commitments which we have in the post-graduate training of specialists in physical medicine and rehabilitation. The Manitoba Rehabilitation Hospital is fully approved for this purpose by the Royal College of Physicians and Surgeons of Canada. It is also fully accredited by the Canadian Council on Hospital Accreditation.

OUT-PATIENT DEPARTMENT

The Department reported an increase of 33 percent more new patients in 1967 over 1966. A total of 2,758 new patients were examined and 4,633 review examinations were conducted. The increase in the number of new patients shows no signs of abating. For example, in November, the busiest month, 266 new patients were seen as compared to 184 in November, 1966.

IN-PATIENT SERVICES

During the year 1,098 patients were admitted as in-patients, the overall average length of stay being 46 days. The numerical distribution of patients by diagnosis under the major categories was as follows:

Arthritis	399
Orthopaedics	237
Hemiplegia	164
Neuromuscular Disorders	97
Paraplegia	89

CONSULTANT SERVICES AND TEACHING

As in previous years, regular consultant services are provided by the active medical staff in rural hospitals and in the city of Winnipeg. In April, 1967, Dr. J. F. R. Bowie was appointed to the full-time consultant staff as assistant physician in the specialty of physical medicine and rehabilitation and apart from his work in the hospital, he has undertaken regular consulting clinics at the Manitoba School at Portage la Prairie, and at Dauphin and Swan River. The clinics at Dauphin and Swan River have been arranged in collaboration with the Manitoba Hospital Commission to provide adequate rehabilitation services in the extended treatment units which have been established in these areas.

The Active Medical Staff continue their teaching commitments in the graduate and undergraduate medical programs and participate in graduate and undergraduate teaching in the School of Medical Rehabilitation. Partial courses are provided in the School of Social Work and in the Department of Physical Education at the University of Manitoba. As in other years, a three-week University

of Manitoba extension course for rehabilitation counsellors was held at the hospital, as well as the Manitoba Symposium on Orthopaedic Disabilities and Rehabilitation.

SOCIAL SERVICE DEPARTMENT

There was little change in staff in 1967, although it was recommended that another member be added to assume the duties of a welfare workers. If this had been the case, the present members of the department might have been able to take over certain follow-up of patients in Winnipeg. At present, much of the follow-up work is provided by volunteers, the V. O. N., the Canadian Paraplegic Association and the Canadian Arthritis and Rheumatism Society, but there are gaps in services to such special groups as hemiplegics and patients suffering from various neurological diseases. It is felt that more emotional support should be given on a long-term basis to these patients and their families. It is anticipated that some students of the Social Welfare Program of the Department of Education will receive part of their training at the Manitoba Rehabilitation Hospital in the near future, and that with their assistance, we may be able to provide more adequate follow-up of some patients.

The services of the department are dominated largely by assisting patients who have financial problems. These problems pertain not only to payment for prostheses, appliances, medical costs, transportation and drugs but also to problems relating to family income during the breadwinner's hospitalization. In a great many cases patients were referred to municipal and provincial welfare services for assistance, a second large area of the department's service). Despite the values of these programs, we have been occasionally concerned about the lack of supervision of some welfare recipients and the lack of rehabilitation after the patient leaves hospital.

A third major area of service concerns giving assistance to patients who have a family problem, or who have problems in adjusting to their physical handicaps. These adjustments are particularly difficult for persons who have limited interests, but they can be eased greatly when family members and friends are able to understand their problems and give the patient support. Nevertheless, there is a lack of facilities and programs for the physically handicapped in the community.

Assisting discharged patients to find accommodation is a fourth area of service. For patients who are unable to return to their own homes, difficulties in making suitable placements were frequently encountered, owing to the lack of long-term accommodation or supervised boarding homes. There is a great need for supervised accommodation for the young handicapped person (both nursing and hospital types) for at present such persons are placed in accommodation for the elderly.

The fifth area of service involves in assisting patients to find employment or training. Some patients have been assisted through the Special Services Section of Manpower, or through the Society for Crippled Children and Adults. Nonetheless, there exists a great need for a sheltered workshop for patients eager and able to work but unable to do so in competitive employment.

During the year, the total number of in-patients interviewed by Social Services was 1,100, the majority of whom (40%) were concerned about financial problems. Only 11 percent of the total number were concerned about employment and job training, which seemed to indicate that many of the patients had retired, were unable to return to their former jobs, or were incapable of working in the existing employment situation. The number of out-patients seen by the Social Service Department was 2,180 as compared with 1,920 in 1966. The majority of these patients were referred to Social Service for assistance with financial problems.

PHYSIOTHERAPY DEPARTMENT

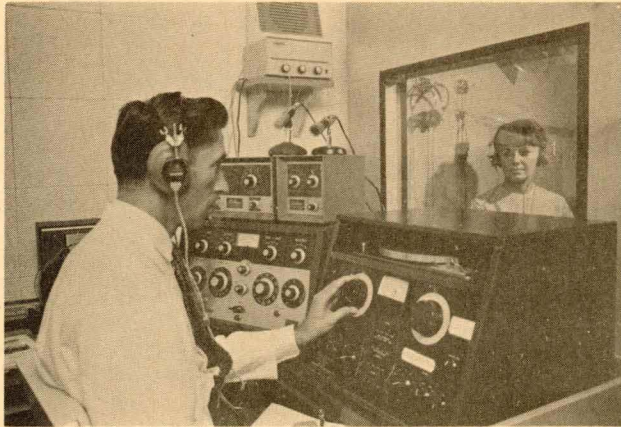
The work of the Physiotherapy Department again showed an increase in treatment units over that of 1966. Total units for in-patients and out-patients for 1966 were 950,754 as compared to 985,342 for 1967. Owing to the method of compiling statistics it is no longer possible to quote a number of patients attending for treatment, but the number of treatments given rose in 1967 by 37,061.

There was an average increase in the staff to 16 physiotherapists for 12 months of the year. During the year, a full-time physiotherapist was delegated to the Sanatorium Board's new Tuberculosis and Respiratory Disease Service, which was started in June. The gymnasium was staffed by three gymnasts and the class schedules were run to capacity.

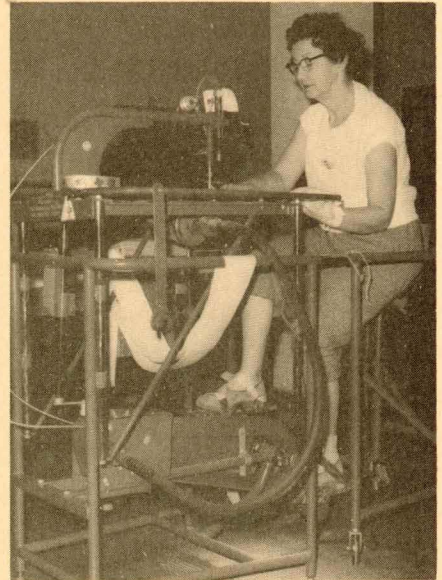
Once again, 69 second and third year physiotherapy students from the School of Medical Rehabilitation were in our department for periods of six weeks clinical training, and during the summer physiotherapy internes from the Universities of Laval, McGill, British Columbia, and Saskatchewan spent two to three months with us.

The continuing problem in the treatment department is one of space. The shortage is acute and treatments are taking place in the corridors. Waiting lists are of necessity established from time to time. These are of short duration, and are particularly affecting hydrotherapy and orthopaedic individual treatments.

After many meetings of a small committee of physiotherapists and Dr. Truelove, Dr. Hayter, and Dr. Bowie, a Shoulder Survey was set up as a clinical trial to compare the value of two exercise techniques in the treatment of



Hearing assessment and rehabilitation



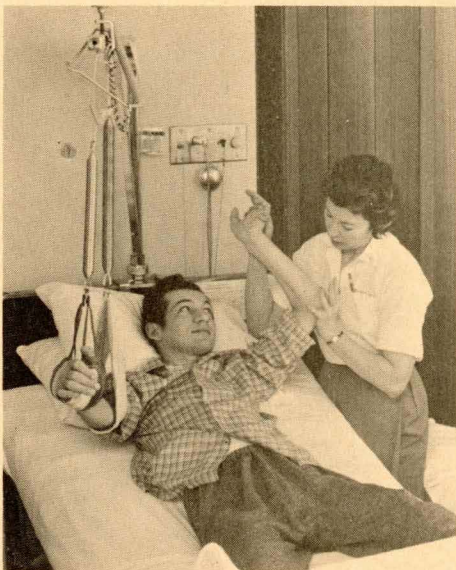
Exercising on the Oliver



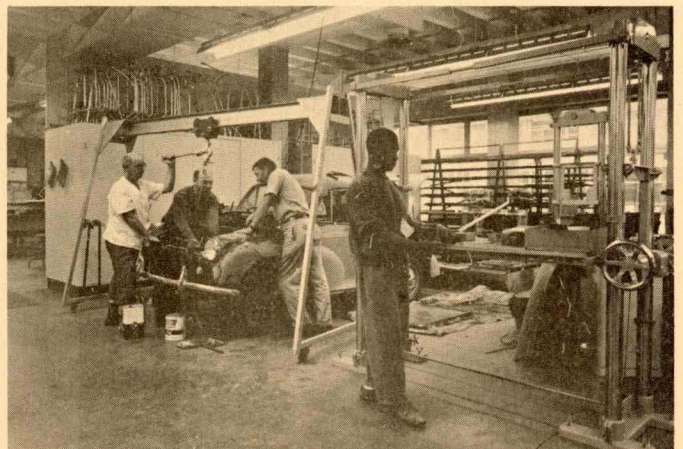
Laryngectomees learn to speak



Social Service counselling



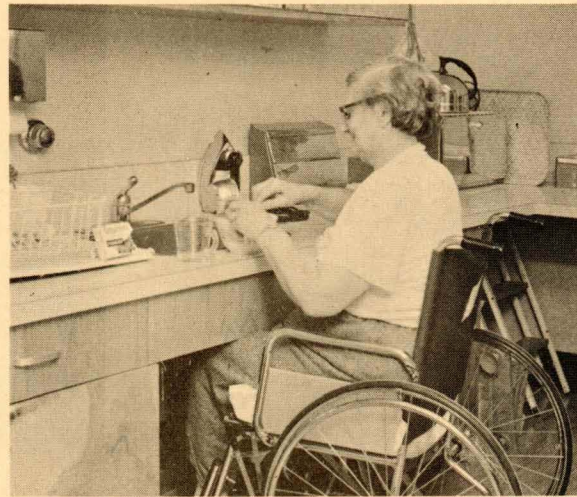
Paraplegic begins treatment



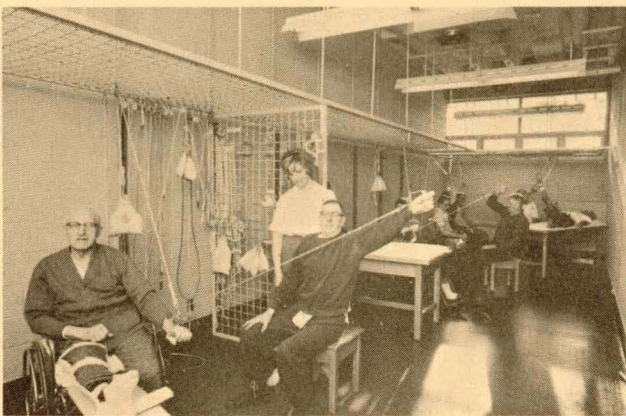
Occupational Therapy Metal Shop



Treatment in the pool



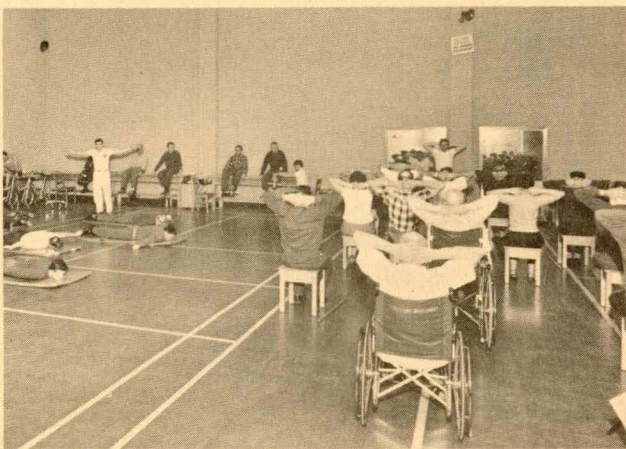
Learning to cope in a kitchen



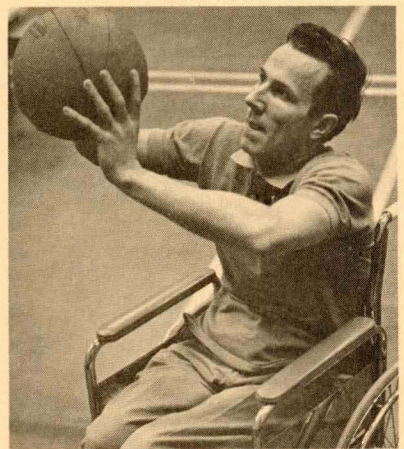
Group resistance exercises



Weaving as an exercise



Orthopedic patients do arm exercises



Recreation

matched groups of shoulder conditions. The first patient was admitted to the trial on December 7th.

There are five members of the staff attending post-graduate university evening courses with a view to taking the 4th year degree course in physiotherapy at the School of Medical Rehabilitation at a later date. These items would indicate the interest and the enthusiasm of the physiotherapists in their profession and their work.

OCCUPATIONAL THERAPY DEPARTMENT

In spite of an acute shortage of professional staff during the past year, the department has managed to maintain most of the essential services offered to the patients. We have given 39,402 in-patients and 32,946 out-patient treatments during the year.

The medical demands for more specific treatment for lower limbs necessitated adding yet another Oliver Rehabilitation Machine to the existing two. The increasing number of spinal injuries requiring rehabilitation made it necessary to find further outlets for some of the activities used in the program, especially an archery range large enough to take more wheelchairs. Labatts Brewery very kindly offered us the free use of their indoor range during the winter months, and the Society for Crippled Children and Adults sent their bus to collect and return the patients to the hospital.

The department has manufactured many and new adaptations for increasing the independence of patients and assisting other departments in their operations. One of note is an adjustable standing frame for lower limb amputees which enables them to stand at bench work with the stump supported when it is not possible for them to wear a prosthesis.

An additional room has been set aside for a patient assessment area. This has been carpeted to assist in training patients to use walkers, crutches and prostheses over a rough surface. It also serves as an area for patients retraining in housekeeping.

Occupational therapists continue to be required to make assessments for special orthotic devices and appliances and to confirm their fit and function.

The department assists in the training of students of occupational therapy from the School of Medical Rehabilitation and takes interne training students from other Universities across Canada.

When discussing the planning of the expansion of the hospital in the future, considerable thought should be given to the additional space required

by the Occupational Therapy Department, especially in relation to the light workshop and home unit areas.

DEPARTMENT OF COMMUNICATION DISORDERS

J. Brayton Person was appointed chief of the department in August, 1967, and under his direction the work of the department developed rapidly in both quantity and variety.

The average professional staff complement for the year was 3.1. On the basis of unit totals it is estimated that approximately 90 percent of the therapy conducted was for out-patients.

In addition to speech assessment and speech therapy (for both individuals and groups), a program of hearing assessment was begun at the end of August. This was followed by the establishment of a hearing aid evaluation service in November.

As the department continues to stabilize its program, the following matters need to be considered:

- 1) More clearly defined procedure of referral with regard to voice cases and stuttering.
- 2) More office space must be considered in view of the expanding staff and continuing group therapy program, (stuttering, laryngectomy, speech reading).
- 3) The need for additional equipment in audiology as well as eventual replacement of some equipment.
- 4) The need for the services of a clinical psychologist.

ELECTROMYOGRAPHY DEPARTMENT

585 patients were examined during the year. This was an increase of 25 percent over the number examined in 1966. There is now a need for reorganization and modernization of the equipment and it is intended this should be done in 1968.

ACADEMIC ACTIVITIES

Papers and presentations by members of the medical staff:

Dr. F. D. Baragar

"Report on Synovectomy of the Knee in Patients with Rheumatoid

matched groups of shoulder conditions. The first patient was admitted to the trial on December 7th.

There are five members of the staff attending post-graduate university evening courses with a view to taking the 4th year degree course in physiotherapy at the School of Medical Rehabilitation at a later date. These items would indicate the interest and the enthusiasm of the physiotherapists in their profession and their work.

OCCUPATIONAL THERAPY DEPARTMENT

In spite of an acute shortage of professional staff during the past year, the department has managed to maintain most of the essential services offered to the patients. We have given 39,402 in-patients and 32,946 out-patient treatments during the year.

The medical demands for more specific treatment for lower limbs necessitated adding yet another Oliver Rehabilitation Machine to the existing two. The increasing number of spinal injuries requiring rehabilitation made it necessary to find further outlets for some of the activities used in the program, especially an archery range large enough to take more wheelchairs. Labatts Brewery very kindly offered us the free use of their indoor range during the winter months, and the Society for Crippled Children and Adults sent their bus to collect and return the patients to the hospital.

The department has manufactured many and new adaptations for increasing the independence of patients and assisting other departments in their operations. One of note is an adjustable standing frame for lower limb amputees which enables them to stand at bench work with the stump supported when it is not possible for them to wear a prosthesis.

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"Report on Synovectomy of the Knee in Patients with Rheumatoid

Arthritis." Canadian Association of Physical Medicine and Rehabilitation, Annual Meeting, August, 1967.

Dr. B. J. S. Grogono

"Function of the Upper Limb in Quadriplegia". Canadian Association of Physical Medicine and Rehabilitation, Annual Meeting, August, 1967.

"Management of Potts Disease in Manitoba". American College of Surgeons.

"Congenital Dislocation of the Knee - Aetiology and Management". Katz, Soper and Grogono, Journal of Bone and Joint Surgery, 1967.

Dr. R. R. P. Hayter

"Aspects of Training in the Prevention of Athletic Injuries". Symposium on Diagnosis and Treatment of Athletic Injuries, Medical College, University of Manitoba.

"Training, Conditioning and Warm-up", Fifth Pan American Congress on Sports Medicine, Medical College, University of Manitoba.

"Management of Head Injuries", Panel Discussion, Canadian Association of Physical Medicine and Rehabilitation, Annual Meeting, August, 1967.

Dr. J. F. R. Bowie

"Reconstructive Surgery in Rheumatoid Disease". Canadian Physiotherapy Association, Manitoba Branch Meeting.

Dr. M. J. Newman

"Listeria Meningitis". Canadian Medical Association Journal (In the Press).

"The Neurological Sequelae of Head Injury", Canadian Association of Physical Medicine and Rehabilitation, Annual Meeting August, 1967.

"The Body Image", Third Mid-West International Congress of Occupational Therapy, 1967.

Dr. L. H. Truelove

"Rheumatoid Arthritis, Prognosis and Occupational Therapy",
Third Mid-West International Congress of Occupational Therapy,
1967.

"The Rehabilitation of Head Injuries", Chairman of Panel, Can-
adian Association of Physical Medicine and Rehabilitation, Annual
Meeting, August, 1967.

"Post-Graduate Education in Physical Therapy", Canadian Physio-
therapy Association Journal (In the Press).

RESEARCH ACTIVITIES

A Research Group was formed early in the year consisting of all mem-
bers who were interested. Meetings were held on a monthly basis and fifteen
projects were discussed.

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



SPECIAL REHABILITATION SERVICES
(Ninette, Manitoba.)

During the year 1967, the program experienced changes in financial arrangements. There was also a change in emphasis of services.

On April 1st, 1967, rehabilitants in government training schools under the Federal-Provincial Training Agreement Program "5" were phased out. New applicants for training were referred to the Department of Manpower and Immigration, with the costs for tuition, training allowances, and transportation covered under the Occupational Training for Adults (OTA) Program.

The Department of Manpower and Immigration purchased a total of 37 training spaces at Pembina House. This arrangement terminated on December 31st, 1967, as it was felt that the Manpower Program was designed to assist those who needed only academic up-grading. The main emphasis of the Pembina House program is to provide social rehabilitation.

Rehabilitants who did not qualify for the Manpower program were covered by the Vocational Rehabilitation Training Agreement Program "6".

On September 28th, 1967, a joint agreement was reached between the Department of Indian Affairs and Northern Development and the Department of Health to terminate the follow-up program for non-tuberculosis patients and the disabled Treaty Indian. Negotiations were still underway at the year end, as to whether the Society for Crippled Children and Adults or the Department of Welfare Vocational Opportunity Services would accept this responsibility. It was also agreed that greater emphasis would be placed on the development of the Pembina House program. As a result the Supervisor of Special Rehabilitation Services would establish his headquarters at Ninette.

The referring agencies have shown a great deal of interest in Pembina House. With the subsequent increased demand for services, a waiting list had to be established. The interest of the Department of Welfare, Vocational Opportunity Services, Provincial Probation Services, Department of Indian Affairs and Northern Development, Department of Health, Rehabilitation Services, Children's Aid Society, and other agencies has been an asset in the development of the total program.

ACCEPTED CASES

1.	A.	Carried forward to 1967.....	307
	B.	Accepted in 1967.....	<u>219</u>
		Total cases in 1967.....	526
2.	A.	Closed - lost contact, lacking interest or otherwise unsuitable.....	61
	B.	Closed - referred to other agencies - e. g. Welfare, etc.....	165
	C.	Closed - Rehabilitated.....	<u>110</u>
		Total	336
		Total cases 1967.....	526
		Less closed cases.....	<u>336</u>
		Carried over to 1968.....	190

Indian - 283

Non-Indian - 237

Eskimo - 6

TRAINING

	<u>1967</u>	<u>1966</u>
Attending Pembina House.....	147	132
Still attending as of December 31st, 1967.....	21	37
Attending Basic Training for Skill Development..	31	60
Still attending as of December 31st, 1967.....	7	19
Graduated.....	22	21
Attending Vocational Training.....	72	70
Still attending as of December 31st, 1967.....	23	32
Graduated.....	31	26
Attending Training-on-the-job.....	5	8
Still attending.....	1	2
Graduated.....	2	4
Attending Regular School.....	8	17
Still attending.....	7	6

	<u>1967</u>	<u>1966</u>
Attending Industrial Workshop.....	4	9
Still attending.....	1	1
Completed.....	1	8
Employment Placements 1967.....	97	137

PEMBINA HOUSE

Pembina House has continued to grow with improvements being made in the social and work orientation programs. Student accommodations remained the same at 16 women and 26 men. On October 10th, 1967, the Department of Indian Affairs and Northern Development in co-operation with the Department of Education agreed to provide a trailer complex, which would accommodate another 20 students. The total capacity of this program would be 58.

The Department of Indian Affairs and Northern Development also requested the provision of a basic literacy course for individuals with no reading and language skills. This was in the development stages at the end of the year.

Table I - Composition

(a) Female.....	54
1. Unmarried mothers... 18	
(b) Male.....	93
1. Married.....	8
TOTAL.....	147

Table II - Racial Origins

(a) Treaty Indians.....	77
(b) Non-Indian.....	67
(c) Eskimo.....	3
TOTAL.....	147

Table III - Academic Level on Admission to Pembina House

(1) No formal education.....	3
(2) Grade 1.....	0
(3) Grade 2.....	7
(4) Grade 3.....	16
(5) Grade 4.....	28
(6) Grade 5.....	24
(7) Grade 6.....	22
(8) Grade 7.....	36
(9) Grade 8.....	9
(10) Grade 9.....	2
(11) Grade 10.....	0
Total.....	147

Table IV - Work Experience on Admission

(1) No. who had no work experience.....	71
(2) Less than 6 months work experience.....	31
(3) More than 6 months work experience.....	14
(4) More than 1 year, less than 2 years work experience.....	15
(5) More than 2 years work experience.....	16
Total.....	147

Table V - Delinquencies on Admission

(1) Minor offences.....	46
(2) Serious offences.....	21
(3) Not involved with the law.....	80
Total.....	147

Table VI - Upgrading

(1) Began Level III.....	123
(2) Completed Level III.....	58
(3) Began Level II.....	76
(4) Completed Level II.....	30

Table VII - Disposition of Cases

(1) Transferred to other training centres.....	19
(2) Still attending Pembina House.....	21
(3) Job placement.....	29
(4) After assessment transferred to other training.....	20
(5) Withdrew.....	28
(6) Deceased.....	2
(7) Vocational training.....	23
(8) Regular school.....	3

MANITOBA SANATORIUM

The social service program continued with 146 patients being seen in consultation with the teaching staff and the medical team. In each of these cases on-going rehabilitation plans were made. Report on home conditions were obtained on 127 patients.

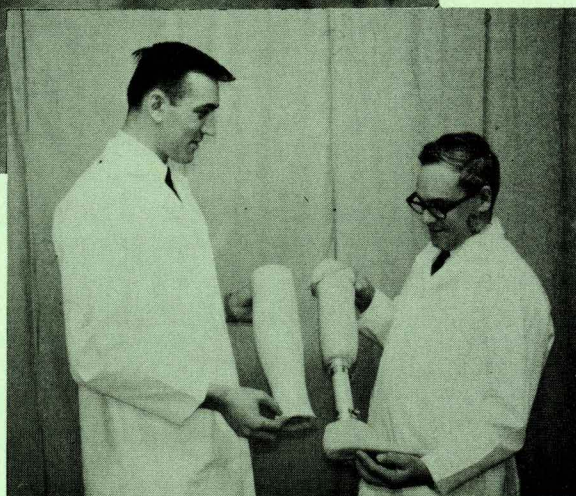
The following statistics were recorded by the in-sanatorium school program.

Academic

No. of students enrolled at January 1st, 1967.....	71	
No. of new students registered during the year.....	90	
No. of students re-instated during the year.....	<u>5</u>	166
No. of students discontinuing study		
1. for discharge.....	96	
2. for lack of interest.....	0	
3. for medical reasons.....	<u>5</u>	<u>101</u>
No. of students enrolled at year's end.....		<u><u>65</u></u>

R. G. Butterfield,
Supervisor,
Special Rehabilitation
Services.

PROSTHETICS AND ORTHOTICS
RESEARCH AND DEVELOPMENT UNIT



Since its establishment under a national health grant in 1962, the Sanatorium Board's Prosthetics and Orthotics Research and Development Unit has won wide renown for its contributions to the rehabilitation of the disabled. A notable achievement was the development of the first modular system of prosthetics for all levels of lower extremity amputees. Consisting of prefabricated parts that fit together like tinker toys, these limbs offer the advantage of simplicity and speed in production. Fitting is made at the time of surgery and the patient begins walking on his prosthesis soon after amputation. As he progresses through treatment and changes to the stump occur, the position of the leg segments can be quickly adjusted - or entire parts replaced - so that the leg "walks" naturally and comfortably. When the patient leaves the hospital he wears the same limb, neatly encased in another PORDU invention: a seamless polyurethane cosmetic cover.

Much work is also going into the design of better types of braces, and during the past year the PORDU staff has collaborated with electrical engineers from the University of New Brunswick in the development of an implantable myo-electric control system for artificial arms.

NURSING DEPARTMENTS

The standards of nursing care in our three hospitals remained at a very high level throughout 1967. Nursing staff quotas were satisfactorily filled and nursing care hours well maintained.

Manitoba Rehabilitation Hospital: Miss Edith Coull, B. Sc., N. relinquished her appointment as Director of Nursing, Manitoba Rehabilitation Hospital, to proceed to Europe for extended vacation prior to returning to Quebec. Miss Coull joined our staff in January, 1962, and in the five years which followed established high levels of nursing care in this specialized hospital, and programs of instruction in rehabilitation nursing at the post-graduate level.

Miss V. R. Peacock, who has been with us since the Manitoba Rehabilitation Hospital opened, and who has worked closely with Miss Coull as her first assistant throughout the years, assumed the duties of Director of Nursing following Miss Coull's departure.

Miss V. E. Appleby, formerly Director of Nursing at our Clearwater Lake Hospital, The Pas, Manitoba, was appointed Head Nurse on the Arthritic Unit following the department of Mrs. Negre Leicester to British Columbia.

Mrs. D. Ramsay, R. N., enrolled in the Nursing Unit Administration course offered by the Canadian Hospital Association.

The D. A. Stewart Centre: Miss Dianna Krawchuk returned to the service of the Sanatorium Board in May, 1967, after gaining the certificate in Nursing Education (Teaching and Supervision) from the University of Manitoba. Miss Krawchuk was appointed Evening Supervisor in the D. A. Stewart Centre for the Study and Treatment of Respiratory Diseases.

Manitoba Sanatorium: Miss Derinda Ellis continued as Director of Nursing at Manitoba Sanatorium. Miss D. Lewis and Miss K. Simmons, senior members of the nursing staff, successfully completed the Nursing Unit Administration Course offered by the Canadian Hospital Association.

FIELD SERVICES

Mrs. Margaret Lewis, R. N., was appointed to our B. C. G. program, an essential part of the Sanatorium Board of Manitoba's anti-tuberculosis campaign.

CONTRIBUTIONS TO NURSING EDUCATION

Members of our nursing staff continued to make valuable contri-

butions to nursing education. The program at the Manitoba Rehabilitation Hospital remained under the able direction of Mrs. Doris Setter. These include post-graduate courses in Rehabilitation Techniques for Registered Nurses, courses in Rehabilitation Nursing for Licensed Practical Nurses, as well as the in-service program for Nurses' Assistants and Nursing Orderlies. Mrs. E. Stephenson and other members of our senior staff gave Mrs. Setter valuable support.

In addition, members of the senior nursing staff of the Manitoba Rehabilitation Hospital arranged observation tours for student nurses from the Victoria General Hospital, the Grace General Hospital, the St. Boniface General Hospital, the Winnipeg General Hospital and the Children's Hospital of Winnipeg.

Mr. William Broadhead continued to direct the in-service and student affiliation programs at Manitoba.

Canadian Tuberculosis Association, National Nurses' Institute, Winnipeg, 1968

As 1967 drew to a close, we were beginning to plan for the Canadian Tuberculosis Association National Nurses' Institute, to be held in Winnipeg in 1968.

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

PHARMACY SERVICES

The year 1967 was very active for the Pharmacy Department. Two significant developments were:

1) The Extension and Provision of Pharmaceutical Services into the Community Serving the Following Organizations

- a) The Canadian Paraplegic Association - Central Western Branch.
- b) Park Manor Personal Care Home - Provincial Department of Health, (Care Services)
- c) Mount Carmel Clinic - Member of the United Way.

In addition, the Director had the privilege of serving on the Building Committee of the Mount Carmel Clinic, providing consultative services in the planning and design of the clinic pharmacy.

2) Drug Storage on Hospital Wards

A drug storage problem developed in the drug room in the wards due to the limited physical facility and the increased utilization of medication. With the co-operation of the Maintenance Department, additions were made to the drug room, which involved a specially designed drug cabinet and an adjustable dispensing counter. Pharmacy also provided a custom design plastic tray for the storage of individual patient drug prescriptions, which are fitted into the drug cabinets. At present, nursing staff are not encountering any difficulties either in the storage of drugs or in the preparation of drugs for administration to the patients.

Pharmacy - Manitoba Sanatorium

Since the establishment of a new drug distribution system and provisions made for greater utilization of the present physical facility, personal visits to the pharmacy at Ninette have been reduced. The pharmacy is providing adequate pharmaceutical services to the hospital, due to the co-operation received from administration, medical and nursing staff and Mrs. R. Towns, R.N., who performs the pharmaceutical function.

Pharmacy and Medical Research

Dr. A. L. Paine, has been clinically evaluating two new drugs in the treatment of tuberculosis, namely capreomycin(Lilly) and Ethambutol (Lederle), which are proving to be quite useful.

Dr. M. Newman is clinically evaluating a new drug Tegretol (Geigy), an anti-convulsant which has been found useful in the specific treatment of Trigeminal Neuritis.

Pharmacy and Therapeutics Committee

There were no formal meetings of the committee as no problems relating to drugs were encountered. However informal meetings with members of the committee were held from time to time, mainly to discuss new drug developments.

Staff Activities

Mr. E. Stefiuk is a member of the Committee on Adverse Drug Reaction. He also had the privilege of attending a Civil Defence Training Program at Armprior.

The Pharmacy Department was represented at the Annual Manitoba Pharmaceutical Association Convention held in Winnipeg. The Director represented the Hospital Pharmacists of Manitoba at the convention. The Director also co-ordinated a Hospital Pharmacy Educational Program for the convention on "Drugs and Mental Health".

The Paraplegic Games Pan-Am '67 proved to be a successful venture and many benefits have been derived from the games. Prior to the scheduled games, the Director co-ordinated a program of variety entertainment staged at the Winnipeg Auditorium on June 21st, 1967. The show netted \$ 800.00 for the support of the Paraplegic Games and provided an introduction of the Games to the public. I wish to express my thanks to the many volunteers and especially the entertainers and the City of Winnipeg council members for their contributions to the show.

COMPARATIVE PHARMACY STATISTICS

- 1) The following statistics do not include cost of TB drugs which is covered by Federal Health Grants.
- 2) An increase of 15,215 Rx and requisitions filled for 1967 due to increased drug utilization in all hospital service, and a new total of 4,355 for community services.
- 3) Total revenue produced by the Department for services rendered to staff and community totalled \$ 2,127.55.

Services	Total Rx & Req. Filled		+Increase -Decrease	Cost Per Patient Day		+Increase -Decrease
	1966	1967		1966	1967	
C. T. C.	3,308	7,308	+4,000	0.21	0.24	+0.03
M. R. H.	19,791	26,651	+6,860	0.53	0.47	-0.06
Manitoba San.	8,937	7,658	-1,279	0.23	0.21	-0.02
Grand Total	23,099	38,314	+15,215	<u>Pharmacy Revenue</u> 1967		
Staff	4,045	5,188	+1,143	\$ 974.75		
Com- munity Services	---	4,355	+4,355	1,152.80		
			Total Net Revenue	\$ 2,127.55		

PHARMACY AND DRUG INFORMATION SERVICES

This is a vital area of Pharmacy Service, directed to members of the health team. This service provided drug consultations, film showings and supervision of medical drug exhibits.

I would like to take this opportunity to express my gratitude to the drug industry and to the medical service representatives who have co-operated and contributed throughout the year towards this important service.

Ted Sims, B. S., Pharmacy,
Director Pharmaceutical Services.



In the summer of 1966 Blue Bomber quarterback Kenny Ploen showed up at a staff rally to wish good luck to Ben Reimer, a former patient at the Manitoba Rehabilitation Hospital who with coach Cyril Berrington (right) was sent to Jamaica to participate in the Commonwealth Paraplegic Games. Ben, the lone Canadian contender in the games, and winner of a bronze medal, was helped to attend by members of the Sanatorium Board. The incident provided the stimulus for the organization of the first Pan-American Paraplegic Games held in Winnipeg one year later.

RIDDELL, STEAD, GRAHAM & HUTCHISON
CHARTERED ACCOUNTANTS

804-220 PORTAGE AVENUE
WINNIPEG 1, MANITOBA

AUDITORS' REPORT

To The Chairman and Members
Sanatorium Board of Manitoba

We have examined the combined balance sheet of the Sanatorium Board of Manitoba as at December 31, 1967. Our examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as we considered necessary in the circumstances except that we were unable to confirm the Manitoba Hospital Commission operating deficits receivable of \$90,626 as such amounts are subject to final settlement.

Subject to such adjustments, if any, which may arise from the settlement of the accounts with the Manitoba Hospital Commission, mentioned above, and from the ultimate disposal of the buildings as set out in Note 2 to the financial statements, in our opinion these financial statements present fairly the financial position of the Board as at December 31, 1967, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Riddell, Stead, Graham & Hutchison

April 8, 1968.

COMBINED BALANCE SHEET AS AT DECEMBER 31, 1967

ASSETS

CURRENT ASSETS

Cash			\$ 167,349	
Trust funds held for safekeeping			6,955	
Accounts receivable				
Manitoba Hospital Commission				
Patients	\$ 14,340			
Deficits from operations	90,626			
				<u>104,966</u>
Province of Manitoba		135,288		
Other commissions and agencies		234,194		
Other		50,343		524,791
Investments at par value (Quoted market value \$ 505,610)			547,750	
Inventories at cost			107,299	
Prepaid Express			6,680	
				<u>1,360,824</u>
DUE FROM SCHOOL OF MEDICAL REHABILITATION				12,581
PROPERTY, PLANT AND EQUIPMENT				
at cost	6,614,067			
Less - Government construction grants	1,886,196			
				<u>4,727,871</u>
Less - Accumulated depreciation and amortized capital grants	1,876,488		2,851,383	
UNAMORTIZED BOND DISCOUNT				29,302
				<u><u>\$ 4,254,090</u></u>

SANATORIUM BOARD OF MANITOBA

LIABILITIES AND BALANCE OF FUND

CURRENT LIABILITIES

Bank indebtedness		\$ 82,000
Accounts payable		156,282
Safekeeping trust funds		6,955
Unredeemed coupons and accrued interest		18,873
Current debentures payable		<u>85,000</u>
		349,110
DEBENTURES PAYABLE	\$2,325,000	
Less - current maturities included above	<u>85,000</u>	2,240,000
UNAMORTIZED CAPITAL GRANTS		55,219
RESERVES		
Rate stabilization reserve - Department of National Health and Welfare	75,000	
Laundry, building and equipment replacement	15,796	
Group insurance	41,571	
Other	<u>6,199</u>	138,566
BALANCE OF FUND		
Special funds		
Endowment Fund #1	332,837	
Assiniboine Hospital	281,684	
Other	<u>10,464</u>	
	624,985	
Surplus from operations	620,541	
Construction grants and donations	<u>225,669</u>	1,471,195
		<u>\$ 4,254,090</u>

THE FOLLOWING FRIENDS of the institutions operated by the Sanatorium Board of Manitoba have made bequests or gifts of five hundred dollars or more.

Sir James Aikins, K.C., LL.D.
Mr. W. F. Alloway
Mr. J. H. Ashdown
Miss Jean L. Babb
Mr. Allan S. Bond
Mr. William Bower
Mr. H. H. Bradburn
Mr. J. R. Brodie
Hon. Colin H. Campbell, K.C.
Mr. Nathaniel Cantor
Mr. John Chadbourn
Miss Anna Maude Chapman
Mr. Robert A. Christian
Mr. John R. Clements
Mr. L. R. Clements
Mr. Richard W. Craig
Mr. T. R. Deacon
Mr. Charles E. Drewry
Mr. E. L. Drewry
Mr. F. W. Drewry
Mr. C. H. Enderton
Mrs. C. R. Erickson
Mrs. Jettie C. Finley
Mr. Mark Fortune
Messrs. G. F. and J. Galt
Dr. Wilfred Good
Mr. George Gunn
Mr. Leslie Hamilton
Mr. H. W. Hammond
Mr. E. F. Hutchings
Mr. H. W. Kennedy
Mr. C. M. Koestler

Mr. H. Leadlay
Mrs. Agnes F. Lothian
Miss Louisa J. MacBean
Mrs. Harriet Maud MacQueen
Mr. Edward Mayo
Mr. Everett McCauley
Mr. W. J. K. McCracken
Mr. D. A. McDonald
Dr. W. S. McInnes
Mr. William McKenzie
Mr. Martin McKitterick
Mr. A. R. McNichol
Mr. David L. Mellish
Sir Augustus Nanton
Mr. F. Nation
Mr. W. McG. Rait
Mrs. Noel Rawson
Mr. Roy G. Roberts
Mrs. Jessie I. Scott
Mr. H. E. Sellers, C.B.E.
Mr. G. Shields
Mrs. Margaret Shea
Hon. Clifford Sifton, K.C.
Mrs. Lillian R. Simpson
Dr. D. A. Stewart
Mr. F. W. Thompson
Mr. G. Velie
Mr. W. Warnock
Mr. A. R. Welch
Miss Hazel F. Winkler
Mrs. Valentine Winkler
Mrs. R. Wood

Alpha Delta Pi, Winnipeg
Alumnae Association
Associated Canadian Travellers
(Winnipeg and Brandon Clubs)
Canada Packers Ltd.
Carling Breweries (Manitoba) Ltd.
Charles E. Frosst and Company
G. A. Baert Construction Co. Ltd.
Great West Coal Co. Ltd.
Great-West Life Assurance Co. Ltd.
Labatt's Manitoba Brewery Ltd.
Lions Club of St. John's
Manitoba Brewers' and Hotelmen's
Welfare Fund

Moore's Taxi Ltd.
Rat Portage Lumber Co. Ltd.
Reed, Shaw and McNaught
Riverside Lions Club
The T. Eaton Co. Ltd.
Zol-Mark Industries
Ladies Auxiliary, Associated Canadian Travellers (Winnipeg and Brandon Clubs)
Women's Auxiliary, Canadian Arthritis and Rheumatism Society, (Manitoba Division)
Volunteer Services,
Manitoba Rehabilitation Hospital