

1969

**ANNUAL
REPORT**



SANATORIUM BOARD OF MANITOBA

THE SANATORIUM BOARD OF MANITOBA is a voluntary, non-profit corporation incorporated under the Tuberculosis Control Act of 1929 and founded in 1904 when a group of citizens organized to establish a sanatorium at Ninette. Today our Board is not only responsible for the treatment and control of tuberculosis in the province, but by authority of amendments to the Act, it also undertakes the care and treatment of certain other persons disabled by sickness or injury.

To meet the continuing problem of tuberculosis, the Sanatorium Board operates the Manitoba Sanatorium at Ninette and the D. A. Stewart Centre for the Study and Treatment of Respiratory Disease in Winnipeg. Our organization also conducts an intensive program of prevention, which is primarily financed by contributions to the Christmas Seal Fund. This program has been broadened in recent times to include, in addition to tuberculosis case finding, BCG vaccinations and chemoprophylaxis, certain screening techniques for the early discovery of all chronic respiratory disease, along with a few other conditions. Finally, in collaboration with the Medical Services of the Department of National Health and Welfare, the Sanatorium Board has a significant responsibility for the control of tuberculosis among the Indian and Eskimo people of the province.

With respect to our other services, the Sanatorium Board operates the Manitoba Rehabilitation Hospital in Winnipeg, which provides intensive, specialized treatment programs designed to restore as much function as possible to the physically disabled; and a Special Rehabilitation Service at Pembina House, Ninette, which with assistance from the provincial and federal governments, aids socially and vocationally handicapped adults in Manitoba.

SANATORIUM BOARD OF MANITOBA

A Voluntary, Non-profit Corporation

OPERATING

EARLY DETECTION SURVEYS

CHRISTMAS SEAL CAMPAIGN

D.A. STEWART CENTRE - WINNIPEG

MANITOBA SANATORIUM - NINETTE

MANITOBA REHABILITATION HOSPITAL - WINNIPEG

*PROSTHETICS AND ORTHOTICS RESEARCH
AND DEVELOPMENT UNIT - WINNIPEG*

*SPECIAL REHABILITATION SERVICES
- PEMBINA HOUSE, NINETTE*



CO-OPERATING WITH

Other Health and Welfare Agencies in the Province

REPORT FOR THE YEAR 1969

WINNIPEG, MANITOBA

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A Short History

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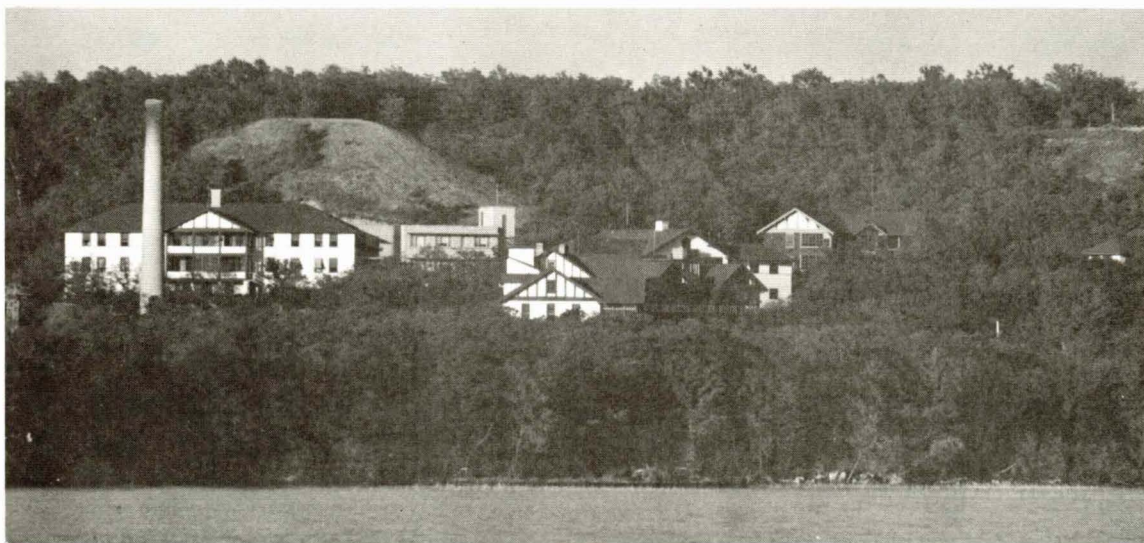


Manitoba
Rehabilitation
Hospital

D. A. Stewart
Centre



Manitoba
Sanatorium



MESSAGE FROM THE HONOURABLE RENE TOUPIN

Minister of Health and Social Development, Province of Manitoba

As Minister of the department of government closely associated with the operations of the Sanatorium Board of Manitoba, I welcome this opportunity of extending our appreciation to the Board and staff for the excellent contribution made to the Province of Manitoba in the field of respiratory disease prevention and control over the past 60 odd years, and in recent years to the field of physical medicine and rehabilitation.

A reflection of your astute, progressive, perceptive planning over the years is indicated in your gradual transition from programs concerned with tuberculosis and control toward programs geared to eradication of this formidable disease. No doubt your program with regard to tuberculosis testing of children entering school and your prophylactic treatment program (INH) to prevent the development of tuberculosis in those susceptible to the disease will be a major factor in the eventual elimination of the tuberculosis problem in Manitoba.

Perhaps the most dramatic measure of the Sanatorium Board's ability to adjust to the needs of the people was the move whereby your sphere of jurisdiction was enlarged to include control and treatment of all long-term respiratory diseases. This development, which included research, training, teaching and consulting services, was instrumental in bringing tuberculosis control and treatment back into the main stream of general medicine.

As Minister of Health and Social Development, I am extremely gratified by the continuous close and productive association between the Sanatorium Board and our department's Preventive Medical Services.

I look forward to our department's continued close association with the Sanatorium Board in the years to come and hope that your organization can continue to display the dynamic far-sighted management indicated by your past.

SANATORIUM BOARD OF MANITOBA

EXECUTIVE

Chairman.....	Mr. H. L. McKay
Past-Chairman.....	Mr. Frank Boothroyd
Vice-Chairman.....	Mr. John F. Baldner
Members	Mr. R. S. Allison
	Mr. J. B. Craig
	Mr. S. M. Davison
	Mr. S. Price Rattray
	Mr. H. T. Spohn

HONORARY LIFE MEMBERS

Mr. W. B. Chapman	Mr. S. A. Magnacca
Dr. Ross Mitchell	Dr. E. L. Ross
Dr. D. L. Scott	Dr. F. Hartley Smith
Mr. J. W. Speirs	

STATUTORY MEMBERS

Appointed by Provincial Department of Health:

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

ELECTED MEMBERS

Mr. R. S. Allison	Mr. G. W. Fyfe	Mr. F. O. Meighen QC
Mr. John F. Baldner	Dr. T. W. Fyles	Mr. W. A. Paton
Mr. Frank Boothroyd	Mr. H. C. Maxwell	Mr. E. B. Pitblado QC
Mr. W. M. Coghlin	Mr. D. S. McGiverin	Mr. S. Price Rattray
Mr. J. B. Craig	Mr. J. R. McInnes	Dr. H. H. Saunderson
Mr. S. M. Davison	Mr. H. L. McKay	Mr. H. T. Spohn
Mr. E. Dow		Mr. E. P. Stephenson

EXECUTIVE DIRECTOR and SECRETARY-TREASURER

T. A. J. Cummings, BA, FACHA

AUDITORS

Riddell, Stead & Company

NON-MEDICAL SENIOR STAFF

SANATORIUM BOARD OF MANITOBA

Executive Director	T. A. J. CUNNINGS
Assistant Executive Director	EDWARD DUBINSKI
Comptroller	ROBERT F. MARKS
Executive Assistant-Planning	RONALD G. BIRT
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	LYNN KUZENKO
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

MANITOBA REHABILITATION HOSPITAL

D. A. STEWART CENTRE

Director of Nursing	MISS AGNES FLEURY
Supervisor, Social Services	MRS. MARY JOHNSTON
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	MISS J. GEIB
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

MEDICAL STAFF
MANITOBA REHABILITATION HOSPITAL-D. A. STEWART CENTRE

MANITOBA REHABILITATION HOSPITAL

Director of Physical Medicine and Rehabilitation	R. R. P. HAYTER, MB, BS, D. Phys. Med. (Eng.), CRCP(Can).
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Heads of Departments

Electrodiagnostic Department	J. F. R. BOWIE, MB, ChB, CRCP (Can).
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Paraplegic Unit	H. DUBO, MD, FRCP (Can).
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Ambulatory Care Services	E. G. BROWNELL, MD, FACC, FAC, Card; MRCP(Lond.), FACP, FRCP (Can), Int. Med.
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Medical Microbiology	J. C. WILT, MD, DABPath; DABClinPath; FACP, FRCP(Can.)
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Honorary Consultants

L. G. BELL, MD, MRCP(Lond), FRCP(Lond & Can), FACP,

DAVID SWARTZ, MD, FRCS(Edin), FRCS(Can),

F. R. TUCKER, MD, FRCS(Edin. & Can), MCh, (Orth. Liv).

Consultants

Anaesthesiology: D. M. HUGGINS, MD, DABA, FACA.

Cardiology: LEON MICHAELS, MB, BS, PhD, MRCP(Lond), FRCP
(Can).

Chest Diseases: R. M. CHERNIACK, MD, FRCP (Can), FACP.

Dermatology: R. A. L. DAVIS, MB, BS, MRCS (Eng.), LRCP (Lond),
Cert. Derm.

Electrophysiology: M. G. SAUNDERS, MSc, MB, ChB(Manch).

General Surgery: HARVEY CHOCHINOV, MD, BSc. Dip. Surg. DABS,
FACS, FRCS(Can).

Internal Medicine: F. D. BARAGAR, MD, FRCP(Can).

J. B. FAST, MD, FRCP(Can), FACP.

JOHN GEMMELL, MD, MRCP(Lond), FACP,
FRCP(Can).

Neurology: M. J. D. NEWMAN, MB, BCh, MRCP (Lond), FRCP (Can).
 Neurosurgery: DWIGHT PARKINSON, MD, CM, MSc, DABNS, FACS,
 FRCS (Can).
 Obstetrics and Gynecology: F. R. FRIESEN, MD, FRCS (Can).
 Ophthalmology: G. M. KROLMAN, BSc, MD, FRCS (Edin & Can).
 Orthopaedic Surgery: P. N. PORRITT, MRCS (Eng), LRCP (Lond)
 FRCS (Eng. & Can).
 Otorhinolaryngology: W. ALEXANDER, MD, DABO.
 Pathology: J. G. FOX, MD, Cert. Path., Dip. Bact.
 D. W. PENNER, MD, FACP, DABP.
 Pediatric Anaesthesia: T. J. McCAUGHEY, MD, BCh, DA.
 Physical Medicine: J. F. R. BOWIE, MB, ChB, CRCP (Can).
 R. R. P. HAYTER, MB, BS, D. Phys. Med. (Eng).
 CRCP (Can).
 Plastic Surgery: D. A. KERNAHAN, MB, ChB, FRCS (Edin & Can)
 Psychiatry: J. M. DOUGAN, MB, BCh, BAO, DPM (Eng).
 Radiology: M. K. KIERNAN, MD, DABR, FACR, FCCP.
 Radiotherapy: R. J. WALTON, MB, ChB, DMR (Lond), DMRT.
 Resuscitation (Internal Medicine): T. E. CUDDY, MD, FRCP (Can).
 BRYAN KIRK, MD, FRCP (Can).
 Thoracic Surgery: L. L. WHYTEHEAD, BM, BCh, FRCS (Eng).
 Urology: J. WILSON GRAHAME, MB, BCh, FAO, FRCS (Can), Urol.
 J. B. McBEATH, MB, FRCS (Eng & Can).

Active Medical Staff

Dr. W. Alexander	Dr. R. F. Friesen	Dr. M. J. Newman
Dr. F. D. Baragar	Dr. J. Wilson Grahame	Dr. Dwight Parkinson
Dr. S. Blumenthal	Dr. G. G. Habib	Dr. P. N. Porritt
Dr. J. F. R. Bowie	Dr. R. K. Hay	Dr. D. M. Riddell
Dr. D. M. Brodovsky	Dr. R. R. P. Hayter	Dr. M. G. Saunders
Dr. E. G. Brownell	Dr. D. M. Huggins	Dr. C. B. Schoemperlen
Dr. R. M. Cherniack	Dr. D. A. Kernahan	Dr. F. R. Tucker
Dr. V. Chernick	Dr. M. K. Kiernan	Dr. R. J. Walton
Dr. Harvey Chochinov	Dr. G. M. Krolman	Dr. L. L. Whytehead
Dr. R. A. L. Davis	Dr. M. J. Lehmann	Dr. J. C. Wilt
Dr. M. L. Desmarais	Dr. T. J. McCaughey	Dr. C. J. Zylak
Dr. John Dougan	Dr. R. H. McFarlane	Dr. H. W. Hart (Faculty of
Dr. H. Dubo	Dr. Leon Michaels	Dentistry)
Dr. J. B. Frain	Dr. T. J. Mills	Dr. J. W. Neilson (Faculty
		of Dentistry)

D. A. STEWART CENTRE

Medical Director

R. M. CHERNIACK, MD, MSc, (Med),
FRCP (Can), FACP.

Associate Medical Directors

Tuberculosis Control

E. S. HERSHFELD, MD, FRCP(Can),
FCCP.

Education

LOUIS CHERNIACK, MD, BSc, (Med),
MRCP (Lond), FACP, FCCP, FRCP(Can),
FRCP(Lond).

Out-Patient Services

C. B. SCHOEMPERLEN, MD, FCCP,
FACP.

Consultants

Ear, Nose and Throat: D. M. BRODOVSKY, MD, FRCS(Can), DABO.

Cardiology: T. E. CUDDY, MD, FRCP(Can).

Chest Surgery: L. L. WHYTEHEAD, MB, BCh, FRCS(Eng).

Gastroenterology: J. A. HILDES, MD, FRCP(Can), MRCP(Lond).

Hematology: L. G. ISRAELS, MD, MSc, FRCP(Can).

Internal Medicine: J. P. GEMMELL, MD, MRCP(Lond), FACP, FRCP(Can).

A. R. RONALD, MD, FRCP(Can).

Medical Microbiology: J. C. WILT, MD, DABPath, DABClinPath, FACP
FRCP(Can).

Metabolism and Endocrinology: J. A. MOORHOUSE, MD, MSc.

Neurology: J. M. McBEATH, MB, FRCS(Eng & Can).

M. J. D. NEWMAN, MB, BCh, MRCP(Lond), FRCP(Can).

Obstetrics and Gynecology: J. C. McCAWLEY, MD, MRCS(Can),
FRCOG(Eng).

Orthopaedics: Wm. B. MacKINNON, MD, CH, M(Man), FRCS(Can).

P. N. PORRITT, MRCS(Eng), LRCP(Lond), FRCS
(Eng & Can).

Pediatrics: V. CHERNICK, MD, FAAP.

Renal Disease: A. E. THOMSON, MD, FRCP(Can).

Radiology: M. K. KIERNAN, MD, FCCP, DABR(Roent), FACR.

C. J. ZYLAK, MD, FRCP(Can).

Rheumatology: F. D. BARAGAR, MD, FRCP(Can).

Surgery: H. CHOCHINOV, MD, BSc, DABS, FACS, FRCS(Can).

F. W. DUVAL, MD, DABS, FRCS(Can).

J. F. LIND, MD, FRCS(Can), FACS.

Urology: J. WILSON GRAHAME, MB, BCh, BAO, FRCS(Can).

Active Medical Staff

Dr. Louis Cherniack	Dr. E. S. Hershfield
Dr. R. M. Cherniack	Dr. M. K. Kiernan
Dr. Victor Chernick	Dr. C. B. Schoemperlen
Dr. C. J. Zylak	

MANITOBA SANATORIUM

<u>Medical Superintendent</u>	ALFRED L. PAINE, MD, Cert. Thor. Surg.
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Staff Physician	H. HERNANDO, MD.
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Consultants

Anaesthesiology: H. P. CAMRASS, MB, ChB, GMC.
S. O'BRIEN-MORAN, MD, BCh, GMC, DA, RCP & S
(Eng.).

Cardiology: V. J. H. SHARPE, MD, Cert. Int. Med.

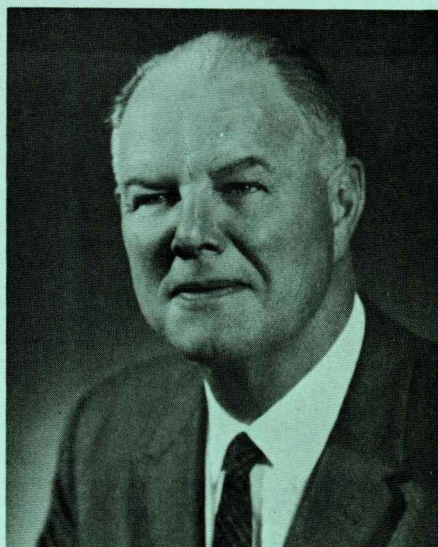
Eye, Ear, Nose & Throat: R. P. McDIARMID, MD, Cert. Ophth. Otol.

General Surgery: H. S. EVANS, MD, FRCS (Edin & Can), FACA, Cert.
Gen. Surg.

Orthopaedics: W. B. MacKINNON, MD, Ch. M (Man), FRCS (Can), Cert.
Orth. Surg.

Pathology: JAMES HENDRY, MB, ChB, GMC, DPH.

CHAIRMAN'S REPORT



Frank Boothroyd

Ladies and Gentlemen:

This is the 59th Annual Meeting of the Sanatorium Board of Manitoba and I welcome each one of you most cordially.

Before proceeding with the business of the meeting, I would ask you to honour the memory of the late R. L. Bailey, who died on July 7th, 1969 and the late Percy Beachell, who died on November 14th, 1969.

Mr. Bailey was for 20 years a valued member of this Board and at the time of his death he was the vice-chairman. He had also served as our representative on the Executive Council of the Canadian Tuberculosis and Respiratory Disease Association. He rarely missed a meeting of the Board, and his long experience, his wisdom and his judgement, enriched by his sharp and penetrating wit, were brought to bear on the Board's affairs throughout his period with us. All of us felt a deep sense of loss at his passing.

Mr. Beachell was a valued member of this Board from 1940 to 1944, as a representative of the Union of Manitoba Municipalities. He continued his interest in our work and faithfully attended the annual meetings until in recent years age prevented him from coming out. He was a courteous and kindly gentleman, remembered with respect by all who knew him.

I would ask you to stand in tribute to the memory of these distinguished men.

THE BOARD

There have been 23 meetings of the Board or its committees during the year. We deeply appreciate the generous contribution of time and thought that has been made by members of the executive and administrative committees; and particular thanks are extended to Mr. S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee, and Mr. John F. Baldner, chairman of the Tuberculosis and Respiratory Disease Committee.

HEALTH SCIENCES CO-ORDINATING COUNCIL

The Board has continued to participate fully in the Health Sciences Co-ordinating Council, the other members of which consist of representatives of the Manitoba Hospital Commission, the University Grants Commission, the Winnipeg General Hospital, the Children's Hospital of Winnipeg, the St. Boniface General Hospital, the Manitoba Cancer Treatment and Research Foundation, the University of Manitoba, the Department of Health and Social Development, and the Metropolitan Corporation of Greater Winnipeg.

The Council has now established fairly clearly its terms of reference, has appointed a co-ordinator in the person of Mr. David Brown, has appointed J. P. Hamilton and Associates of Minneapolis as consultants on the general program, and has a number of projects in the active planning stage.

The provincial government has confirmed its approval of the 97 million dollar development program for the member institutions.

Mr. H. L. McKay is our representative on the Council and Mr. T. A. J. Cunnings represents us on the Planning Committee.

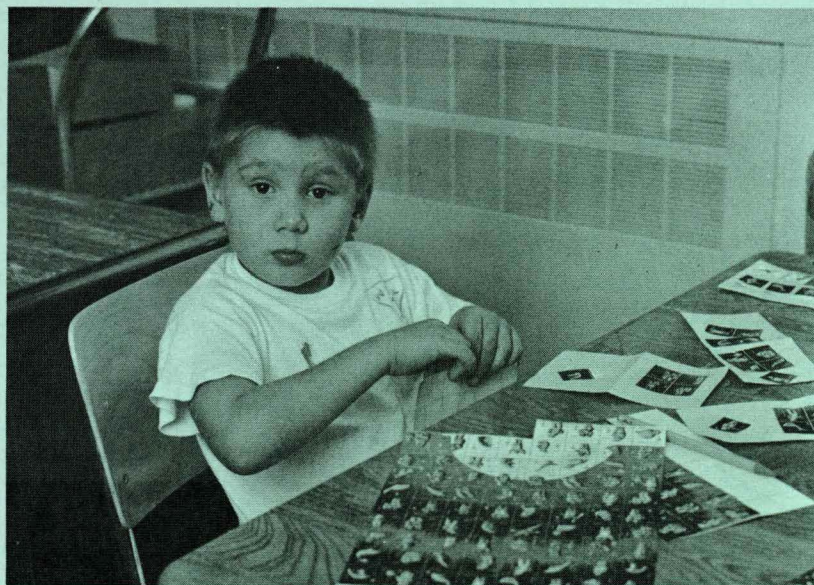
UNIVERSITY AGREEMENT

The formal agreement with the University of Manitoba, with respect to medical and para-medical teaching at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, which was referred to in my report last year, is still subject to final completion.

PLANNING - DEVELOPMENT

To meet changing circumstances and needs, the Board has under way, with approval of the Health Sciences Co-ordinating Council and the Manitoba Hospital Commission, the expansion to about 140 beds of the D. A. Stewart Centre, and certain urgently needed modifications in the Manitoba Rehabilitation Hospital to meet pressing demands for increased services. It is hoped

to get this under way in 1970.



Christmas Seal funds finance year-round programs of prevention--including drug prophylaxis for children infected with tuberculosis.

It is anticipated that tuberculosis treatment will be discontinued at Manitoba Sanatorium in 1971. There have been many meetings and discussions with all concerned, including the Minister and officials of the Department of Health and Social Development, regarding alternative use of the facilities at Ninette. There is substantial demand for an expansion of Pembina House, the Special Rehabilitation Service which we have operated in some of the buildings at Ninette for several years, and recommendations have been made to the Minister in this respect. Other projects continue to be examined.

As a later development in Winnipeg, two floors will be added to the Manitoba Rehabilitation Hospital along with the necessary treatment space; and when new accommodation is developed for the School of Medical Rehabilitation, we will gain the third floor for hospital use.

CONTRIBUTIONS

We gratefully acknowledge bequests and donations for research and other special purposes in the amount of \$ 15,801.14.

We again extend special thanks to the Associated Canadian Travellers in Winnipeg and Brandon for their continued support, which is

valued so highly. The Brandon Club contributed \$ 2,500.00, the Winnipeg Club, \$ 3,444.47, and the Ladies Auxiliary of the Winnipeg Club, \$150.00.

The annual Christmas Seal Campaign continues to be the primary source of funds for Preventive Services. A total of \$ 193,907 was contributed in the 1969 campaign, the largest return we have ever had. Unfortunately, with the sharply higher postage rates, our costs have also increased, despite every effort to control them. We deeply appreciate the confidence and support of the thousands of people who by their interest and generosity, make it possible for us to continue efforts to prevent illness and improve health.

We are grateful to the hundreds of volunteers who assist with our preventive surveys, and to the ladies who give generously of their time to assist us at the Manitoba Rehabilitation Hospital. The Volunteer Services here contributed in service and in cash a total of \$ 11,903 in 1969.

APPRECIATION

Through its many services, the Sanatorium Board of Manitoba continues to have as its goal the helping of people with special health and rehabilitation problems. We appreciate the concern of our excellent medical staff and all our administrative and department heads with achieving the highest possible standard of service for the thousands of people who come under our care. We are grateful for the confidence and cordial relationships which we share with the Minister of Health and Social Development and his staff, the officers of the Department of National Health and Welfare, and other agencies in the health field. To each member of the staff, I extend thanks for their valued contribution to our accomplishments.

F. Boothroyd
Chairman of the Board

EXECUTIVE DIRECTOR'S REPORT



T. A. J. Cummings

One of the concerns among responsible people in hospital and other health services, as well as in government, is the continually increasing cost of health care, which is now mainly financed by tax funds. Under the aegis of the federal government, a team of task forces has recently completed a six months' study resulting in more than 300 specific recommendations with respect to the organization of medical, hospital, preventive and related health care. These recommendations are now being studied by all concerned.

The attendant publicity has led to some rather generalized statements about efficiency in hospital management. Because of the peculiar evolution of these complex organizations, and the structure of authority that has existed, some hospitals have indeed suffered in efficiency.

However, I think it should be recorded that the Sanatorium Board of Manitoba has had, since it established a centralized administration 25 years ago, a high measure of co-operation between the executive and the medical and other professional disciplines, that has resulted in a substantial degree of efficiency, economy and effectiveness. For example, in 1967 (the latest published D. B. S. figures), the lowest per diem cost for tuberculosis treatment in Canada was Manitoba at \$ 17.15. (The highest, in Alberta, was \$37.86.) From 1955 to 1969, we have been able to reduce the Manitoba per capita cost for treatment from \$ 1.17 per capita to 52¢ per capita, despite the substantial rise in hospital costs in this period. For comparison, the D. B. S. quotes the

the 1967 per capita cost in Canada as \$ 1.32 for tuberculosis treatment. Turning to the Manitoba Rehabilitation Hospital, the per diem rate in the first full year of operation (1963) was \$22.50. In 1969 it was \$ 35.70, an increase of about 59 percent. As a comparison, a group of four large Winnipeg hospitals show a composite increase of 101 percent in per diem rate from 1963 to 1969.

Our methods and procedures are under constant review, and we will be considering the Federal Task Force recommendations as they might be applied to improve our own services. For example, on April 16th, we instituted a systems analysis in our physiotherapy department, to re-study the operation of this very important service.

Because the details of our services will be reviewed in other reports, the following sections refer primarily to the financial aspects of our operations.

SUMMARY OF SERVICES TO INDIVIDUALS

	<u>1969</u>	<u>1968</u>
Admissions for Treatment	1,824	1,803
Out-patient Visits	65,819	62,963
Special Rehabilitation Services -		
Pembina House	204	154
Preventive Services-Examinations	76,747	129,473
Brandon Tuberculosis Clinic		
-Examinations	1,449	1,398
Treatment Days for In-patients	124,918	121,434

ASSETS AND LIABILITIES

Analysis of Net Increase in Assets

<u>Increase in Assets</u>		<u>Decrease in Assets</u>	
<u>1968 to 1969</u>		<u>1968 to 1969</u>	
Cash in Bank	\$ 133,471	Depreciation	\$ 134,324
Property, Plant and		Accounts Receivable	33,843
Equipment	44,471	Unamortized Bond	
Investments	25,000	Discount	2,697
Inventories	18,679	Prepaid Expense	700
		Net Increase in Assets	50,057
	<u>\$ 221,621</u>		<u>\$ 221,621</u>

Net value of assets held by the Board as at December 31st, 1969 totalled \$ 4,070,151, after deducting accumulated depreciation and construction grants of \$ 4,030,408. This represents an increase of \$50,057 from the preceding year.

Liabilities of \$ 2,424,489 as at December 31st, 1969, were \$ 109,689 less than the preceding year.

Analysis of Decrease in Liabilities

Debentures Redeemed	\$ 85,000
Bank Loans Repaid	<u>76,000</u>
	\$ 161,000
Deduct:	
Increase in Accounts Payable	<u>51,311</u>
Decrease in Liabilities	<u><u>\$ 109,689</u></u>

The net deficit receivable from the Manitoba Hospital Commission as at December 31st, 1969, was \$ 14,347, a reduction of \$ 13,759 from the preceding year.

The D. A. Stewart Centre was approved as a budget hospital under the Manitoba Hospital Commission as at April 1st, 1969, and commencing on January 1st, 1970, the budgets of the Manitoba Rehabilitation Hospital and the D. A. Stewart Centre are integrated.

INVENTORIES

As at December 31st, 1969, supplies on hand (including medical stores, drugs, engineering supplies and fuel etc.) totalled \$ 141,254, an increase of \$ 18,679 over the preceding year.

HOSPITAL OPERATIONS

Manitoba Rehabilitation Hospital, with 160 beds, had an average occupancy of 87.6 percent. This is an increase of 2.9 percent as compared to last year. The average length of stay for discharged patients was 43.1 days, almost identical to 1968. There were 1,190 admissions to the wards and 8,275 patients were seen in the out-patient department. The latter figure, of course, does not include out-patient visits for treatment, since these run to about 175 per day.

D. A. Stewart Centre, with 64 beds, had an average occupancy of 90 percent, and an average length of stay of 40.9 days. This is a reduction

in length of stay of 6.5 days as compared to 1968. Out-patient visits totalled 12,951 as compared to 11,984 in 1968.

Manitoba Sanatorium had an average occupancy of 110 patients, with a patient population of 85 at the year end. Admissions totalled 134 as compared to 174 in 1968. The average length of treatment of patients discharged was 304 days.

PREVENTIVE HEALTH SERVICES

In recent years our expenditures on Preventive Services have sharply exceeded our income, but in 1969, by careful selection, the service was curtailed so that the loss in this service was \$ 3,159.

The following are comparative direct expenditures for preventive services:

Preventive Services - Direct Service Costs

	<u>1969</u>	<u>1968</u>
Survey Services	\$ 35,025	\$ 54,055
Tuberculin Surveys	9,635	16,173
X-ray Field Services	24,934	23,151
Tuberculosis Clinic, Brandon and The Pas	3,139	13,421
Indian Clinics	20,743	14,193
Health Education	13,499	12,845
Screening Services	2,877	4,692
Diabetic Surveys	7,853	9,262
Pulmonary Function	8,120	----
X-ray Follow-up Service	1,998	5,880
B. C. G. Vaccinations	3,955	3,694
	<u>\$ 131,778</u>	<u>\$ 157,366</u>

In 1969 grants were made to the Canadian Tuberculosis and Respiratory Disease Association in the amount of \$ 14,167 for support of their operation, for international commitments, and for research.

In 1969 the Board spent \$ 24,143 on instructional services for patients in Manitoba Sanatorium and the D. A. Stewart Centre.

NATIONAL HEALTH GRANTS

The appropriation available under Tuberculosis Control Grants from

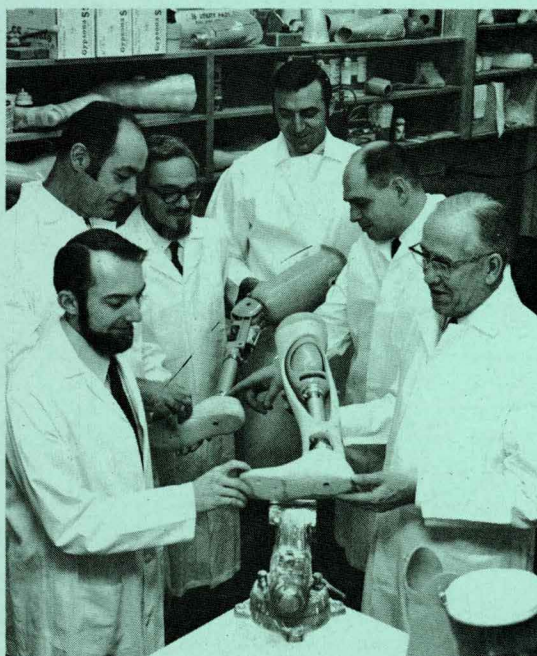
the Government of Canada for the fiscal year 1969 - 1970 was \$ 64,605, a further reduction of \$ 21,045 from the previous year. The following is a comparative statement of claims on the respective projects:

	<u>1970</u>	<u>1969</u>
Streptomycin and other Antibiotics	\$ 29,826	\$ 35,311
Assistance to Sanatorium Board of Manitoba	16,731	25,441
Extension of B. C. G. Vaccination Program	5,902	6,224
Tuberculin Surveys	<u>10,375</u>	<u>17,220</u>
	<u>\$ 62,834</u>	<u>\$ 84,216</u>

Under the special grant from the federal government for the Prosthetics and Orthotics Research and Development Unit, \$ 66,576 was expended against the appropriation of \$ 66,600.

INSURANCE

Fire insurance, including supplementary perils, was carried on the Board's property in the amount of \$ 7,120,000. Public liability, professional liability, boiler and steam vessel, motor vehicle, fidelity and robbery cover is carried in appropriate amounts.



The Prosthetics and Orthotics Research and Development Unit has won international recognition for its contributions to the art of making artificial limbs and braces. An outstanding achievement is the Winnipeg Modular System of Prostheses, developed for lower extremity amputees.

EDUCATION

In a hospital, educational programs contribute to maintaining and improving a high standard of patient care. Medical education will be referred to in other reports. In other areas, we operate a continuing program of in-service education in the nursing department; and two courses annually of three weeks each for post-graduate training in rehabilitation nursing (attended not only by members of our own staff but by nurses from many points of Canada). We participate actively in the clinical training of students in physiotherapy and occupational therapy. The department of communication disorders participates in education in the field of speech and hearing; and a course in prosthetics was given by the technical director of our Prosthetics and Orthotics Research and Development Unit, with students attending from Toronto, Thunder Bay, Edmonton and Winnipeg. Mr. Ron Thomas, accountant in the Executive Office, completed the course in Hospital Organization and Management. Mr. E. Dubinski, assistant executive director, completed his year as president of the Manitoba Hospital Association. Many members of our staff are taking evening courses at the university level to improve their qualifications, and these people are to be warmly commended.

Our health education service for the public reaches thousands of people each year through pamphlets, films, radio, television and the news media. Our monthly News Bulletin is widely read.

SPECIAL REHABILITATION SERVICES

The Special Rehabilitation Service, which was established in 1956, has been accommodated for the past three years in some of the buildings at Ninette and is known as Pembina House. The program operates with the assistance of an advisory committee, consisting of representatives of the appropriate departments of the provincial and federal governments and members of our senior staff. This committee meets monthly. In addition there is a review committee which meets monthly at Pembina House to consider problems. This committee has representatives from the community, from Brandon, the R. C. M. P., Canada Manpower, and Community Development Services.

Pembina House is a resource for cases referred through the Social Services division of the Provincial Department of Health and Social Development, providing detailed assessment and counselling and social and educational up-grading for disadvantaged people. The program was begun in 1956 to assist in meeting the social and economic problems of Treaty Indians but has been extended to other persons in the community since that time.



"If you have dropped out of school ... if you have trouble finding a job, or are uncertain about what you want to do ... if you want to open the way to a better life ... then perhaps Pembina House can help you". Such is the message of the Board's unique training school at Ninette.

A total of 204 persons were admitted to the program in 1969 and the following tables give pertinent information with respect to the Pembina House population for the 12 month period:

TABLE I - COMPOSITION

(a) Female	56
Unmarried mothers	19
(b) Male	148
Married	2
TOTAL	<u>204</u>

TABLE II - RACIAL ORIGIN

(a) Treaty Indian	112
(b) Other	91
(c) Eskimo	1
TOTAL	<u>204</u>

TABLE III - AGE GROUP

(a) 16 - 20 years of age	166
(b) 21 - 30 years of age	34
(c) 30 years or over	4
TOTAL	<u>204</u>

TABLE IV - WORK EXPERIENCE

(a) No work experience	142
(b) One year or less	43
(c) One year or more	19
TOTAL	<u>204</u>

TABLE V - DELINQUENCIES

(a) Minor involvement	52
(b) Serious involvement	53
(c) No involvement	<u>99</u>

TOTAL	<u>204</u>
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TABLE VI - ACADEMIC LEVEL
ON ADMISSION

(a) No formal education	3
(b) Grade 1-4 level	32
(c) Grade 5-8 level	149
(d) Grade 9 or higher	<u>20</u>

TOTAL	<u>204</u>
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TABLE VII - ASSESSMENT PROGRAM

(a) Assessment only	17
(b) 1 month training recommended	2
(c) 2 months training recommended	14
(d) 3 months training recommended	5
(e) 4 months training recommended	122
(f) 5 months training recommended	2
(g) 6 months training recommended	15
(h) Withdrew before completion of assessment	<u>27</u>

TOTAL	<u>204</u>
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TABLE VIII - DISPOSITION OF CASES

(a) Job Placement	29
Still working	27
(b) Transferred to up-grading	82
Graduated or still attending	55
(c) Vocational training	2
Still attending	2
(d) Placement in regular school	3
Still attending	1
(e) Incarcerated	1
(f) After assessment, discharged to other agencies for specialized treatment	19
(g) Still attending Pembina House	33
(h) Withdrew during assessment or training	<u>35</u>

TOTAL	<u>204</u>
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There is a general consensus among those concerned that there is a permanent and growing demand for the Pembina House program. There is at present a long waiting list for admission. Current capacity is 57 persons and a recommendation has been made by the Board to the Minister of Health and Social Development for approval and support to expand the program to accommodate 100 rehabilitants during 1970.

PERSONNEL

Our staff numbered 515 as at December 31st, 1969, as compared to 536 a year earlier. There are 204 employees enrolled in the Pension Plan. Two members of the staff retired on pension: Dr. D. L. Scott, with 40 years of service, and Miss Gertrude Manchester, a senior teacher at Ninette, with 18 years of service. The members of the staff, each of whom contributes in an important way to the work of the total organization, have continued to fulfill their responsibilities in a most exemplary manner. I am grateful for the enthusiasm and zeal which they bring to their work, which reflects notably in the quality of care that is given to the patients, rehabilitants, and the public.

It is a pleasure to record the cordial relations and excellent support given to all our endeavours by the members of the medical staff and their committees.

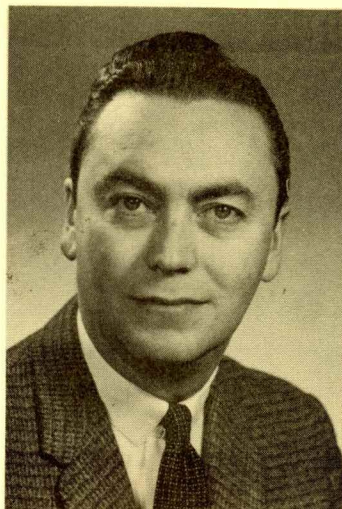
I would also like to express the deep appreciation of the members of the staff for the interest and direction of the Chairman and members of the Board, and for their concern for the effective development of all of our services for the people of Manitoba.

T. A. J. Cunnings
Executive Director

THANK YOU !

The Sanatorium Board of Manitoba expresses gratitude to the thousands of people throughout the province who support our efforts in the preventive and rehabilitative fields. We are very much indebted to the volunteer workers who assist us in our community screening programs and with the preparations for the annual Christmas Seal Campaign, and who perform so many valuable services for our patients. We are also grateful to the citizens of Manitoba who have made donations to our research and equipment fund. We particularly acknowledge the support of the Associated Canadian Travellers, Winnipeg and Brandon Clubs, who from 1945 to December 31st, 1969, have contributed \$506,190.52 to our work.

TUBERCULOSIS AND RESPIRATORY DISEASE SERVICE



Dr. R. M. Cherniack

The Tuberculosis and Respiratory Disease Service of the Sanatorium Board of Manitoba is part of the Joint Respiratory Program of the University of Manitoba and its affiliated teaching hospitals. As such, it has been intimately involved in the resident training program, the teaching of undergraduate students, clinical research, and the investigation and care of patients suffering from respiratory disease. Unfortunately, the effectiveness of the service has been hampered by the inadequacy of space, particularly for out-patient activities. Hopefully this lack of space will be rectified in the near future.

RESIDENCY TRAINING

The respiratory residency program in the institutions in the Medical Centre has been integrated. The residents on the program are stationed at the D. A. Stewart Centre, and have responsibility for the management of in-patients in the Centre, as well as for an out-patient chest clinic at both the Centre and the Winnipeg General Hospital. In addition, they are involved on the consultant chest service and the endoscopy service at the Winnipeg General Hospital. In this way, the resident receives exposure to a broad spectrum of respiratory disease, including appropriate emphasis on the prevention, diagnosis and treatment of tuberculosis.

In addition, two residents from the Department of Pediatrics at the Winnipeg Children's Hospital participate in a pediatric out-patient clinic at the D. A. Stewart Centre and in the consultation service *to the pediatric in-patients, under the guidance and supervision* of Dr. Victor Chernick.

UNDERGRADUATE TEACHING

Undergraduate teaching clinics are organized around the patients in the D. A. Stewart Centre. The physicians in the D. A. Stewart Centre are involved in the teaching of physical diagnosis to first and second year students, clinical science to second year students, lectures and "clinics" to third year students, and ward sessions with fourth year clinical clerks on the medical services.

CONFERENCES

Chest conferences of an interdisciplinary nature, one formal and one informal, are held weekly. Radiological rounds are conducted daily. In addition, there is a weekly seminar dealing with interpretation of pulmonary function tests.

RESEARCH

Support for research by the Medical Research Council, Department of National Health and Welfare, Canadian Tuberculosis and Respiratory Disease Association, and several pharmaceutical firms continues.

HONOURS

During the year two members of the staff were recognized for their achievements by the Royal College of Physicians and Surgeons of London and Johns Hopkins University respectively. All members presented scientific and clinical papers at local, national and international meetings.

PATIENT CARE

Dr. E. S. Hershfield and Dr. A. L. Paine have submitted full reports of the D. A. Stewart Centre and the Manitoba Sanatorium. Dr. A. H. Povah, the Board's Tuberculosis Consultant in Brandon, conducted a weekly chest clinic and supervised patients in the Brandon Hospital for Mental Diseases.

Their submissions indicated that despite vigorous preventive and therapeutic regimens, tuberculosis remains a problem. There were 249 cases of active tuberculosis in 1969 (a decrease of 13 percent from 1968), and there were 21 deaths from tuberculosis. Of the 249 active cases, 213 were new active cases and 36 were reactivations. Tuberculosis presents a problem in the young Indian and Metis (who comprised about 65 percent of the new cases under 30 years of age) and in the older whites (73 percent of the new cases after the age of 30). The ratio of males to females was about 2:1.



In 1969 the Board participated in 22,327 pulmonary function studies in 17 Manitoba municipalities.

Another important point to note is that Indian and Metis constituted 75 percent of the reactivations between the ages of 20 and 50. After the age of 50, 15 of 16 cases occurred in whites. Reactivations can take place at any time, and in eight cases (22 percent) this occurred more than 20 years following the last classification of active disease.

The length of treatment stay in hospital for patients has again fallen slightly. Along with the shortened length of hospital stay, there has been an increase in out-patient chemotherapy. During the year, 721 patients received out-patient chemotherapy while another 777 received chemotherapy on a prophylactic basis. As of December 31st, 1969, 1,154 patients were still on drugs.

The chemoprophylaxis program is particularly important, as we feel it will lead to a reduction in the incidence of active tuberculosis. This program will continue to grow. We are treating all highly positive tuberculin reactors even with no other evidence of disease, as well as all tuberculin converters and young children who have been exposed to infection. In addition, because of the high incidence of reactivation, particularly in individuals over 50 years of age, we advise prophylactic chemotherapy for all patients with radiological evidence of inactive disease, who have never received chemotherapy.

To further reduce the incidence of active tuberculosis, we are increasing our efforts to tuberculin test all grade one school children, and provide thorough follow-up of the families and contacts of any positive reactors. This year the program will include a number of rural health units and the City of Winnipeg. We will also continue to tuberculin

test all school leavers. B. C. G. is administered to all students in the health sciences who are negative tuberculin reactors. B. C. G. was administered to 1,324 individuals in 1969, including 74 on the Dauphin project and 148 newborn infants in The Pas and Flin Flon.

We are continuing to co-operate with the Medical Services branch of the Department of National Health and Welfare in the Keewatin District, where a study of the effects of chemoprophylaxis among the population of Eskimo Point is continuing. In the near future we hope to carry out a similar program in selected Indian reserves where the new case rate is high.

Credit must be given to the entire staff of the Central Registry who centralized all information about out-patient chemotherapy, and supervised the close follow-up of patients through health units and their staff. Through the excellent work of Miss Janet Smith and her staff, the Registry continues to play a major role in the tuberculosis control program. The total number of patients in the active registry file is 7,483.

These measures to control tuberculosis are important and warrant intensification. Nevertheless it must be pointed out that the increasing incidence of chronic bronchitis and emphysema presents another important area in which we must intensify our efforts. Despite the change in philosophy adopted by the Sanatorium Board in 1968, efforts to publicize and institute measures to prevent these extremely disabling disorders have been grossly inadequate. It is not that tuberculosis has been overemphasized but rather that chronic bronchitis and emphysema have not been emphasized enough. Future annual reports will hopefully deal with the results of measures directed at these chronic respiratory diseases.

A step in the right direction has been taken, for the scope of our surveys program, which is co-ordinated by Mr. James Zayshley, was broadened last year in an attempt to discover these other respiratory disorders. Chest x-rays, a respiratory questionnaire and function tests were carried out in 22,327 individuals over 16 years of age. The lung function studies are currently supported by a Federal-Provincial Research Grant, and are organized to promote early discovery of obstructive airway disease, and to learn more about its incidence and natural history, as well as the factors which influence it. However, this program is expensive and current support only temporary. We must obtain other avenues of support in order to continue it. As a result of our experience with chest x-rays and the economics involved, we will have to change our approach to surveys further. Hopefully the number of individuals in whom pulmonary function is assessed can be increased. X-ray surveys will be reduced and we will be 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 receive priority while people known to have previous tuberculosis, people in nursing homes, senior citizens' homes, the Salvation Army hostel, and prison inmates will be followed closely. Teachers, barbers, and food handlers will continue to be examined, mainly as sound public health practice.

The report on the D. A. Stewart Centre further reflects the change in philosophy. Of the 8,009 patients seen as out-patients, about half were suffering from non-tuberculous respiratory disease and were referred to the physicians in the Centre, who are practicing on a consultant basis. There were 508 patients discharged from the wards of the D. A. Stewart Centre, having received 21,032 treatment days, an average length of stay of 43 days. The integrated approach is again reflected by the fact that close to 40 percent of these patients were suffering from non-tuberculous respiratory disease.

In conclusion, it is important to point out that this large program is a success only because of the efforts of the entire staff of the D. A. Stewart Centre and the wonderful co-operation we have received from the Executive Office and the Board. On behalf of the medical staff, may I offer our sincere thanks to all.

Dr. R. M. Cherniack
Medical Director

TUBERCULOSIS CONTROL AMONG INDIANS

During the past year we divided, for statistical purposes, the Indian people into two groups: i. e. those living north of the 53rd parallel, and those living south of the 53rd parallel.

Economic and cultural conditions and access to medical services vary in these two areas. The incidence of tuberculosis among Indians in the mid-north has been at least twice as high as among Indians in southern Manitoba. The southern Manitoba incidence rate is 136 per 100,000 population, while the mid-north rate is 246 per 100,000. Both of these, however, represent a decrease from previous years. The over-all incidence rate (north and south) decreased from 230 per 100,000 population in 1968 to 186 per 100,000 in 1969.

With the help of the Sanatorium Board of Manitoba, x-ray surveys of the mid-north have been doubled to two a year. The Sanatorium Board and Medical Services are also investigating the possibility of instituting the administration of anti-tuberculosis drug prophylaxis to a community of 1,000 people for one year. (A similar community would be observed as a control group.) This type of program has been done previously on a small scale at Eskimo Point in the Northwest Territories and in Alaska, but analyses of the results will take a few years. Should the results justify it, we would then try to institute the program in the whole mid-north.

During the year Medical Services contributed half the cost of a travelling x-ray unit for the Sanatorium Board. Previously our survey x-ray films were read at no cost to us by the former Central Tuberculosis Clinic. Now we are charged \$1.85 per x-ray interpretation by the radiologists. We feel that these costs should be borne by the Manitoba Health Services Insurance Corporation. Failing that, we are prepared to have our departmental tuberculosis expert screen these films and submit only those which show pathology to the radiologists for interpretation.

I would like to express the appreciation and thanks of my Department to the Sanatorium Board of Manitoba.

M. J. DeKoven, MD, DPH, FRSH
Director, Manitoba, Zone, Medical Services
Department of National Health & Welfare

THE D. A. STEWART CENTRE



Dr. E. S. Hershfield

The changes initiated in 1968 at the D. A. Stewart Centre continued into 1969. Increasingly, patients were referred to the out-patient department for diagnosis and treatment of respiratory and tuberculous diseases. The in-patient service was equally busy and handled an increased number of admissions and discharges.

The medical staff of the D. A. Stewart Centre were active in teaching not only in this institution but also at the University of Manitoba, the Winnipeg General Hospital, the Children's Hospital of Winnipeg and Deer Lodge Hospital. In addition, the members of the medical staff of the Joint Respiratory Program participated in consultative and endoscopic services at these other institutions. The residency staff of the D. A. Stewart Centre continued patient care at a high level. A weekly formal chest conference and weekly informal chest rounds were held for the benefit of all concerned.

There were 12,951 out-patient visits in 1969 as compared to 11,984 in 1968. The number of actual patients increased from 7,460 in 1968 to 8,009 in 1969. A new service was instituted in 1969, consolidating the BCG program and out-patient mantoux testing. The number of treatment days was down slightly from 1968 but the number of admissions and discharges has increased. A total of 138 active cases of tuberculosis were discovered at the D. A. Stewart Centre in 1969 as compared to 151 the previous year.

A total of 22,327 pulmonary function studies were done on survey as well as 46,245 chest x-ray examinations and 20,433 blood tests for diabetes and other conditions. In addition, four active cases of tuberculosis were discovered among 14,021 hospital admission films reviewed. The



Each day around seven children attend the schoolroom at the D.A. Stewart Centre. About one-half are on preventive therapy.

Hospital Admission Film Program was under constant review by members of the medical staff of the D. A. Stewart Centre and the Hospital Commission.

An additional function of the medical staff of the D. A. Stewart Centre was the supervision of the out-patient chemotherapy. During 1969, 275 patients were started on out-patient chemotherapy and as of December 31st, 1969 there were 510 people receiving antituberculosis chemotherapy in the province of Manitoba. In addition, the use of INH chemoprophylaxis was expanded during 1969 in accordance with the guidelines set down by the medical staff of the D. A. Stewart Centre for the prevention of active tuberculosis. A total of 777 individuals were started on chemoprophylaxis in 1969 and as of December 31, 1969 there were still 644 receiving INH chemoprophylaxis. It is felt that this program is valuable in reducing the incidence of active tuberculosis, and it is to be continued.

Dr. E. S. Hershfield
Associate Medical Director

five was it considered adequate.

One hundred and seventy-five patients were discharged in 1969. There were six deaths, predominantly in older patients.

Discharge to out-patient chemotherapy is now well established, with the incidence increasing from 73 percent to 83 percent in the last year. The increase in children alone was from 41 percent to 69 percent. In all, 98 patients were discharged to out-patient chemotherapy.

TREATMENT

Manitoba Sanatorium is one of the few Canadian sanatoria which still has an appreciable record of long-term treatment. This relates mainly to the high proportion of native patients (82 percent) and to the attendant socio-economic factors. Besides direct admissions, we receive, as transfers, most of the long-term patients from the D. A. Stewart Centre in Winnipeg. In 1969 average stay in sanatorium was approximately one year -- nine months for adults and 18 months for children.

In Eskimos, there is little variation in the management of individual cases, except due to extent of disease. The great majority are tractable in-patients. Their home conditions are now greatly improved and supervision of out-patient chemotherapy is uniformly good. In whites, Indians and Metis, delays in discharge were not uncommon, due to unsatisfactory home conditions and inadequate supervision of drug therapy as reported by field workers. Such delay was found in 14 or 24 percent of the adults discharged to home treatment, and in six instances length of stay was over one year. Incidence of delayed discharge for children was far greater, being 21 or 70 percent.

An attempt was made to assess the effectiveness of drug taking in all patients discharged to home chemotherapy during the year. No figures on Eskimos were available but, with a supervised once-a-day drug routine, one could assume good co-operation. For a group of 68 whites, Metis and Treaty discharged to home chemotherapy, field workers report good co-operation in 45 or 67 percent. (Figures for the racial groups were whites 50 percent, Metis 74 percent and Treaty 67 percent.) In Treaty and Metis children satisfactory co-operation was reported in 81 percent.

SURGERY

The chest surgical service was terminated at Manitoba Sanatorium in June, 1969. During the year there were only five lung operations - all wedge resections, one gland resection and one removal of dacron mesh following chest wall repair for Schede thoracoplasty. There were no deaths

or post-operative complications. The surgical service at Ninette was started in 1936, under Dr. Herbert Meltzer. Since 1941 all surgery has been performed by the writer. Besides many hundreds of thoracoplasties and other chest wall procedures, 884 lung resections have been done since 1946 and most of this work has been published. At the present time a comparative study of pathology in resected lung specimens is under way.

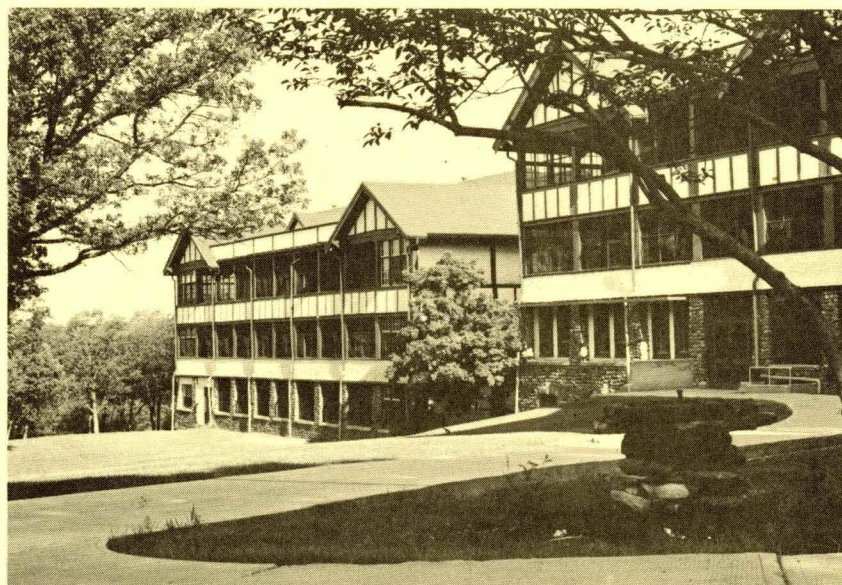
OUT-PATIENT DEPARTMENT

A total of 1,203 patients attended our out-patient department in 1969. Of these 293 were old patients back for review, with 34 being on chemotherapy. Two discoveries of pulmonary tuberculosis were made and placed on treatment. In the remaining 908, non-tuberculous chest conditions were found in 10.

X-RAY AND LABORATORY

The x-ray department made 2,168 radiographic examinations, did 32 electro-cardiographic tracings and took 70 clinical photographs. The laboratory did 9,738 tests for 36,266 units of work. In addition, 1,406 cultures of tubercle bacilli were planted, 28 pulmonary function tests were done and 17 units of blood cross-matched.

Dr. A. L. Paine
Medical Superintendent



*Infirmary
Manitoba Sanatorium*

NEW HONORARY LIFE MEMBERS

At the annual meeting of the Sanatorium Board of Manitoba in April, 1970, honorary life memberships were awarded to Mr. S. A. Magnacca of Brandon, Mr. W. B. Chapman of The Pas, and Dr. D. L. Scott of Winnipeg.

Mr. Magnacca was elected a member of the Board in 1965. He is a distinguished citizen of Brandon, who gave effective and imaginative leadership to his community during his long service as mayor of the city. He was keenly interested in the work of the Sanatorium Board, and gave assistance to us in many ways.

Mr. Chapman, who was elected a member of the Board in 1964, is the long-time manager of the Royal Bank of Canada at The Pas, and a prominent citizen of that community. He has been most helpful to us in advising on special problems related to our services in northern Manitoba.

Dr. Scott was a valued member of the medical staff of the Sanatorium Board for more than 40 years, and from 1930 he served as medical chief of the former Central Tuberculosis Clinic in Winnipeg. He joined the medical staff at Ninette shortly after graduation from the University of Manitoba Medical College in 1927. Dr. Scott's long service to retirement in 1969 was marked by the high respect of his colleagues and the affection of his patients.

MANITOBA REHABILITATION HOSPITAL



Dr. R. R. P. Hayter

In 1969 more patients were admitted to the Manitoba Rehabilitation Hospital than in any previous year. The departments were overloaded, and negotiations proceeded for expansion in many areas.

If these facts mean anything, then the hospital was responding to a need in the community, and hopefully this role was a successful one. Visitors usually express interested admiration, the majority of patients go away better than they were before, and the staff keeps hoping that plans for expansion will turn into reality.

We also do what we can in the fields of education and research. The School of Medical Rehabilitation of the University of Manitoba, the rehabilitation nursing course, and postgraduate training in physical medicine have all become mature fields of instruction. The only significant lack is at the undergraduate level, and this should be taken into account when formal affiliation with the University of Manitoba is completed.

MEDICAL STAFF

Our thanks are extended to the members of the Active Medical Staff who gave so much of their time to serving on the committees -- and in particular to our president, Dr. R. H. McFarlane, who ably chaired the Medical Executive Committee at its regular meetings. Dr. R. A. Davis, as secretary-treasurer, Dr. J. F. R. Bowie, chairman of the Medical Standards and Medical Records Committees, Dr. D. A. Kernahan, chairman of the Admission and Discharge Committee, and Dr. Rankin Hay, chairman of the Credentials Committee, are each to be congratulated on the accomplishments during the year.

Major changes in medical staff affected the Paraplegic Unit. Dr. B. J. S. Grogono, who had served as medical director of the unit for nearly five years, left at the end of June to take up a post in Halifax. Dr. H. Dubo who acquired his Fellowship in Physical Medicine and Rehabilitation from the Royal College of Physicians of Canada, became head of the unit on his return to our hospital staff in mid-September. Earlier, Dr. Henry P. Krahn resigned his position as consultant in urology, and Dr. David Swartz admirably filled this position for six months, until the appointment of Dr. J. Wilson Grahame. At the beginning of the year, appointments confirmed to the Consulting Medical Staff included Dr. J. P. Gemmell, internal medicine, and Dr. T. E. Cuddy and Dr. Bryan Kirk, internal medicine specialists who have a particular interest in cardiology and resuscitation. We also welcomed Dr. D. M. Riddell, orthopaedic surgery, and Dr. G. G. Habib, neurology, to the Active Medical Staff.

The Resident Medical Staff was fully up to establishment in 1969. Dr. A. J. Mehta returned to us as resident and was appointed chief resident on September 1. It was a busy year for the Residents' Training Program. In addition to instruction during ward rounds and clinics, several courses were given. These included a series of lectures on basic sciences, plus seminars on neuromuscular disorders conducted by Dr. M. Newman, individual instruction in electrodiagnosis by Dr. J. F. R. Bowie, and lectures and demonstrations on traumatic and orthopaedic disabilities by Dr. P. N. Porritt, Dr. W. R. Welply, Dr. D. M. Riddell and Dr. I. Mayba.

IN-PATIENT SERVICES

<u>Year</u>	<u>Admissions</u>	<u>Average Length of Stay</u>
1967	1,098	46 days
1968	1,165	43 days
1969	1,190	43 days

During 1969 there were six deaths in the hospital and five autopsies were performed.

There were 1,116 discharges from the wards during the year and distribution of these patients under their major medical categories was as follows: amputees 94, arthritis 445, hemiplegic 147, paraplegia 88, orthopedics 276, general surgery 12, internal medicine 15, neuromuscular 89.

OUT-PATIENT DEPARTMENT

<u>Year</u>	<u>New Patients</u>	<u>Medical Reviews</u>	<u>Total</u>
1967	2,758	4,633	7,391
1968	2,818	5,024	7,842
1969	2,865	5,410	8,275

The hospital statistics show that for nearly each month of the year there were over 3,000 patient visits to the departments.

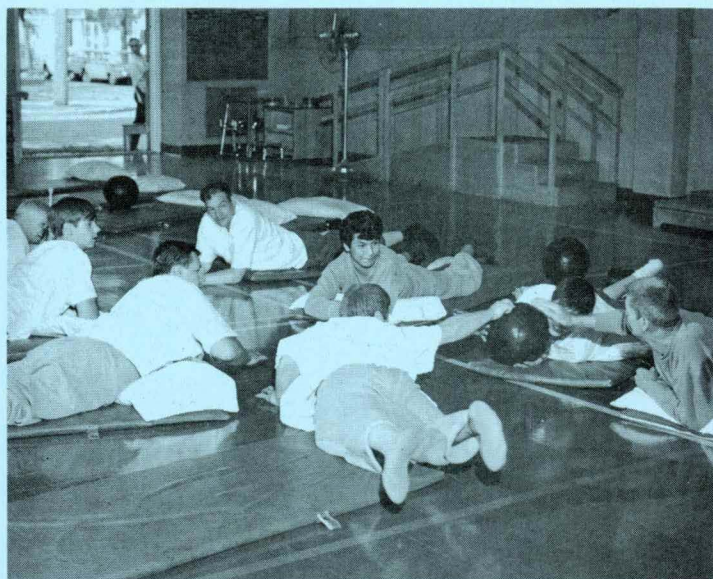
PHYSIOTHERAPY DEPARTMENT

During the year considerable overloading in the physiotherapy department took place. The treatment units jumped from 940,790 in 1968 to 1,114,709 in 1969.

The problem of space in the department has become grave and is the main reason for the waiting lists. In addition, when the increased number of out-patients, the increased turn-over of in-patients, plus increased use of respiratory and other special services are taken into account, then it will be seen that staff requirements as well as space will have to be considered.



A paraplegic patient practises crutch walking. Below right, a heavy general exercise class.



A Cardiac Rehabilitation Program was started in 1969, each session being of six to eight weeks duration and taking place on two evenings a week.

A total of 112 students from the School of Medical Rehabilitation attended the department for clinical training. The In-service Training Committee provided an excellent series of speakers and lectures on a twice weekly basis. Other committees, which were formed as an overlapping structure in 1968, made a good contribution to the work of the department. Several staff members attended congresses and professional courses outside Winnipeg.

OCCUPATIONAL THERAPY DEPARTMENT

This department also had an exceptionally busy year. Treatment units in 1969 totalled 914,707 (compared to 681,430 in 1968), an increase of 34 percent.

With respect to in-patient treatment services, two occupational therapists were assigned to the arthritic and orthopaedic programs, and three to the neurological service. The senior therapist in the arthritis program continued to conduct functional hand assessments in a study with Dr. F. D. Baragar on early polyarthritis. The senior therapist on the neurological service has collaborated with Dr. M. J. Newman and Dr. G. G. Habib in the clinical trial of the drug L-dopa, by carrying out daily tests for dexterity and co-ordination in selected patients with Parkinson's disease.

The number of patients assessed and treated in the Home Unit (which deals with such things as housework, shopping, work training methods, postural training and activities of daily living assessment) increased in 1969 to 2,328.

In May, 1969, the orthotics workshop was transferred to the Occupational Therapy Department. Referrals for splints and orthotic devices have been increasing steadily, the requests coming not only for patients in this hospital but also for patients at the Children's and Shriners' hospitals.

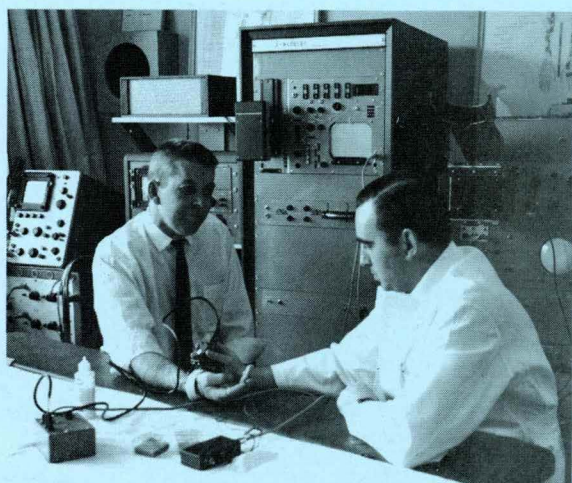
Some new equipment was added to the light workshops; equipment for wrought iron work was purchased for the metal shop. However, because of the increasing number of patients attending the department, more space and equipment are needed. In the heavy workshop, for example, a wider range of work oriented activities should be considered and in the medium workshop additional equipment is required for lower limb activities.

The Department of Communication Disorders has a comprehensive program for the assessment and rehabilitation of people with speech and hearing impairments. It is a diagnostic and treatment centre for the province.



One graduate student internship was provided in conjunction with McGill University. Three medical students in otolaryngology received training and observation in clinical audiology. Many lectures and demonstrations in speech pathology and audiology were given, involving such groups as the School of Medical Rehabilitation, nurses at nearly all the general and children's hospitals, the pre-school program of the Society for Crippled Children and Adults, and the teachers at the Manitoba School for the Deaf.

ELECTRODIAGNOSTIC DEPARTMENT



Testing sensory conduction in the hospital's EMG Department.

Dr. J. F. R. Bowie continued as head of this department, assisted by Dr. S. Lee and later, Dr. H. Dubo. Programs of instruction were conducted regularly for the paramedical staff and students of the School of Medical Rehabilitation, and practical sessions were provided for the resident medical staff. More clinics and time had to be organized for an increasing number of referrals. In 1969 a total of 817 patients were examined and 1,277 tests given, as compared to 632 patients examined and 986 tests administered in 1968.

SOCIAL SERVICE DEPARTMENT

During the year 1,347 new patients were referred to Social Service. The total caseload was 3,305 patients.

Approximately 44 percent of the patients required social assistance. Many families needed help in adjusting to changes brought about by illness. Home care programs should be intensified, and the setting up of a day hospital program considered, on the understanding that the rehabilitation program continues long after discharge from hospital. The department has been fortunate in having volunteers who visit some patients on a regular basis, and it appreciates the co-operation of other agencies who assist in home treatment, retraining and resettlement.

About 37 percent of the requests were for financial assistance: for example, for prostheses and other appliances, transportation, homemaking service, etc. About 12 percent of the patients needed help in finding employment, and the majority were then referred to the Society for Crippled Children and Adults or the Special Services Division of Canada Manpower. It is increasingly evident that a sheltered workshop is needed in this community for disabled patients who could be gainfully employed, but who are incapable of working in the highly competitive field.

A new venture started in 1969 involved the practical training of three students from the welfare course in Brandon and at the Red River College. This proved so successful that it is planned to take more students in 1970. It is also anticipated that students taking their Social Service degree will receive some practical training at this hospital.

CONSULTANT SERVICES

Dr. J. Dougan (psychiatry), Dr. P. Porritt (orthopaedic surgery), Dr. H. W. Hart and his colleagues (dentistry), and Dr. F. R. Tucker continued their weekly sessions in the hospital. Dr. J. F. R. Bowie conducted clinics at the Manitoba School in Portage la Prairie and at Dauphin and Swan River hospitals. Dr. S. Lee went to Assiniboine Hospital at Brandon regularly. In addition, it should be noted that negotiations are under way for regular physical medicine services at the Children's Hospital and at the new Victoria Hospital.

The hospital based Active Medical Staff participated in several national and international meetings- Dr. F. D. Baragar and Dr. J. F. R. Bowie at the annual meeting of the Canadian Rheumatism Association in Toronto, Dr. F. D. Baragar at the Twelfth International Congress

of Rheumatology in Prague in October, Dr. M. J. Newman at the meeting of the Canadian Neurological Association in June, the Royal College of Physicians meeting in Vancouver and the International Neurological meeting in New York. Dr. R. R. P. Hayter read papers at the Royal College of Physicians and Surgeons meeting in Vancouver in January and at the Minnesota and District Physiatrists Society meeting at Rochester in November, and he attended the annual meeting of the Canadian Association of Physical Medicine and Rehabilitation in Halifax in August.

The annual Symposium on Orthopaedic Disabilities and Rehabilitation was held in the hospital in October, the subject being "Prostheses - Internal and External".

The hospital was accredited following a survey by Dr. F. L. Mussells for the Canadian Council on Hospital Accreditation in December. Some of the visitors through the hospital during the year included Mr. Sydney Green, the then Minister of Health in the Manitoba Government, Dr. M. Milner of the National Research Council in Ottawa, Dr. W. Murray, chairman of the Rehabilitation Committee for the Secretary of State for Scotland, Dr. O. H. Warwick, vice-president (Health Sciences), University of Western Ontario, and Dr. J. J. Walsh, medical director of Stoke Mandeville Hospital, Aylesbury, England.

Dr. R. R. P. Hayter,
Director of Physical Medicine.



Three-week courses for post-graduate training in rehabilitation nursing are offered twice each year.

NURSING DEPARTMENTS



E. L. M. Thorpe

Nineteen sixty-nine has been a very busy year in all our nursing departments but in none more so than in Nursing Education. The breakdown of activities in this area includes:

- Rehabilitation nursing courses for registered nurses
- Rehabilitation nursing courses for licensed practical nurses
- Training programs for nurses' assistants and nursing orderlies
- Guided observation tours of the hospital for professional groups
- General in-service education sessions
- Resuscitation sessions and orientation of new personnel.

The numbers of staff members attending in-service educational sessions, and the total time involved are some things that must be closely scrutinized before the full impact of the total program is realized. This is one of our major contributions toward achieving the high standard of patient care which pertains in the hospitals operated by the Sanatorium Board of Manitoba.

When it is considered that patient education is also a large part of the function of the Manitoba Rehabilitation hospital, the fact that our staff are themselves well prepared perhaps helps to explain the relaxed atmosphere that visitors to the hospital so frequently comment upon; for a feeling of security, in spite of handicaps, is based on confidence and competence.

MANITOBA REHABILITATION HOSPITAL

Miss Agnes Fleury was appointed Director of Nursing Service of the Manitoba Rehabilitation Hospital and the D. A. Stewart Centre on the 28th of July, 1969.

Miss Fleury, who is a native of Manitoba, is a graduate of the St. Boniface School of Nursing, holds the B. Sc. N. degree of L'Institut Marguerite d'Youville, University of Montreal and, in addition, has successfully completed the two-year course in Hospital Organization and Management, sponsored by the Canadian Hospital Association.

Miss Fleury brings to her new appointment a wide background of experience in both nursing and administration, being at one time Director of the School of Nursing at St. Boniface General Hospital and later, Director of the School of Nursing at the Regina Grey Nuns' Hospital, a position she held until returning to Winnipeg to join the staff of the Sanatorium Board of Manitoba.

Miss Fleury has made notable contributions in many ways to the improvement and promotion of nursing service and nursing education, serving on several local and national committees established for the purpose of studying nursing problems and ensuring an adequate supply of nursing personnel. From 1964 to 1966 she represented Western Canada on the executive committee of the Canadian Nurses' Association and at the same time, served as a member of the executive of the Manitoba Association of Registered Nurses.

Since assuming her new appointment as our Director of Nursing Service, Miss Fleury has become chairman of the Nursing Service Committee of the Manitoba Association of Registered Nurses and a member of the Board of Directors of the Association.

We look forward to a long and happy association with her.

Miss V. R. Peacock remains with us as Assistant Director of Nursing, and continues to give the most able and loyal support.

Mrs. Doris Setter continues to co-ordinate in-service education programs and directs the post-graduate courses in rehabilitation nursing. Mrs. E. Stevenson and Mrs. D. Ramsay carry out orientation programs and help new staff members to adjust to the concepts of rehabilitation nursing and its requirements and, in addition, provide the necessary clinical supervision. Mrs. J. Hutton succeeded Mrs. Weigart as Head Nurse in the out-patient department and has given very able service in this part of the hospital.

Mrs. E. Atkinson makes a valuable contribution as Supervisor of the Central Supply Room and other areas.

Two head nurses left us during the year: Miss V. Appleby to proceed to Newfoundland to join the International Grenfell Mission and Mrs. I. Thomas to revert to private life for a time. Mrs. Carol Jones replaced Miss Appleby as head nurse on R-6 and Mrs. B. Loewen replaced Mrs. Thomas as head nurse on R-4.

Miss Janice Calverly left us to proceed to the University of Manitoba for further education and Miss Marnie Jolliffe enrolled in the Extension Course in Nursing Unit Administration offered by the Canadian Hospital Association.

THE D. A. STEWART CENTRE

Our senior staff in the D. A. Stewart Centre has remained stable, both on the nursing floors and in the out-patient department, and they do excellent work.

Mrs. E. Torgerson enrolled in the Extension Course in Nursing Unit Administration.

ACTIVITIES OF THE NURSING CONSULTANT

The activities of the Nursing Consultant included regular visits to Manitoba Sanatorium, Ninette, attendance at the National Nurses' Institute of the Canadian Tuberculosis and Respiratory Disease Association in Vancouver, May 28th and 29th and attendance at the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association at St. John's Newfoundland, in June, at which meeting she was elected Chairman of the Nurses' Section of the Association for 1970.

As the result of resolutions put forward by the Nurses' Section of the Canadian Tuberculosis and Respiratory Disease Association at the Annual Meeting in Newfoundland, we are now actively planning for the Association a two-week seminar for registered nurses in respiratory disease care, which will be held at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre from September 28th to October 9th, 1970. Many excellent speakers have already agreed to participate in this program, which will cover every aspect of respiratory disease care.

The Nursing Consultant was also re-appointed Chairman of the Ad Hoc Committee on Nursing of the Canadian Tuberculosis and Respiratory Disease Association Management Committee.

E. L. M. Thorpe, R. N.
Nursing Consultant

Riddell, Stead & Co.

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, 1969. 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 \$14,347 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, 1969, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

April 6, 1970

Riddell, Stead & Co.

COMBINED BALANCE SHEET AS AT DECEMBER 31, 1969

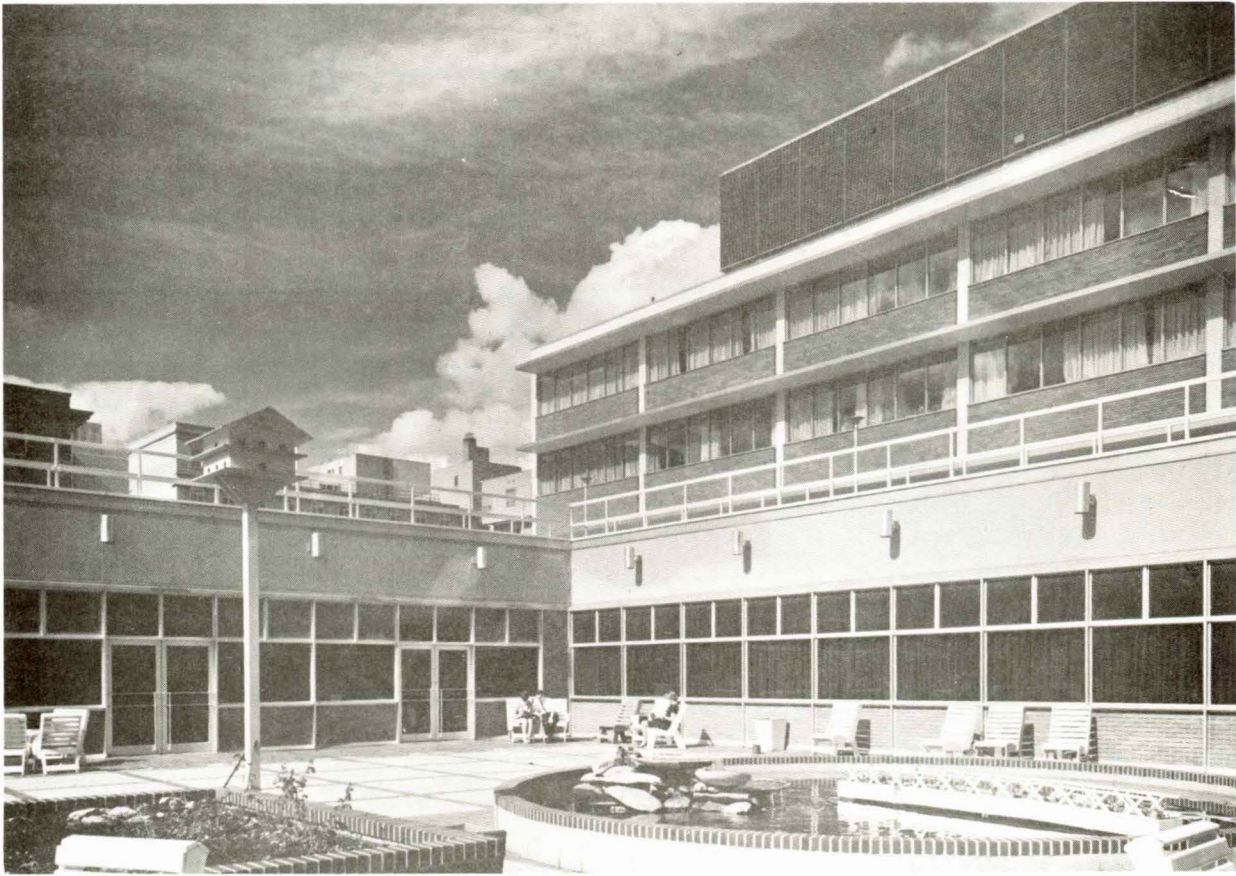
ASSETS

<u>CURRENT ASSETS</u>	<u>1969</u>	<u>1968</u>
Cash	\$ 250,955	\$ 118,611
Trust funds held for safekeeping	5,352	4,225
Accounts receivable		
Manitoba Hospital Commission		
Patients	15,918	10,496
Deficits from operations	14,347	28,106
Province of Manitoba	99,727	55,218
Other commissions and agencies	151,899	230,745
Other	92,953	77,831
Investments at par value (Quoted market value 1969 -\$543,514; 1968 -\$531,265)	606,750	581,750
Inventory of supplies at cost	141,254	122,575
Prepaid expense	2,016	2,716
	<u>1,381,171</u>	<u>1,232,273</u>
 DUE FROM SCHOOL OF MEDICAL REHABILITATION	 <u>3,307</u>	 <u>9,598</u>
 PROPERTY, PLANT AND EQUIPMENT at cost	 6,692,272	 6,647,801
Government construction grants	<u>1,886,196</u>	<u>1,886,196</u>
	4,806,076	4,761,605
 Accumulated depreciation and amortized capital grants	 <u>2,144,212</u>	 <u>2,009,888</u>
	<u>2,661,864</u>	<u>2,751,717</u>
 UNAMORTIZED BOND DISCOUNT	 <u>23,809</u>	 <u>26,506</u>
	 <u>\$ 4,070,151</u>	 <u>\$ 4,020,094</u>

SANATORIUM BOARD OF MANITOBA

LIABILITIES AND BALANCE OF FUND

<u>CURRENT LIABILITIES</u>	<u>1969</u>	<u>1968</u>
Bank indebtedness	\$ 20,000	\$ 96,000
Accounts payable	229,423	173,182
Safekeeping trust funds	5,352	4,225
Unredeemed coupons and accrued interest	14,714	20,771
Current maturities on debentures payable	85,000	85,000
	<u>354,489</u>	<u>379,178</u>
DEBENTURES PAYABLE	<u>2,070,000</u>	<u>2,155,000</u>
UNAMORTIZED CAPITAL GRANTS	<u>39,457</u>	<u>46,969</u>
RESERVES		
Rate stabilization reserve - Department of National Health and Welfare	2,433	3,162
Laundry, building and equipment replacement	15,734	15,734
Employee benefit reserve	31,571	36,571
Other	14,517	3,218
	<u>64,255</u>	<u>58,685</u>
BALANCE OF FUND		
Special Funds		
Endowment Fund #1	161,090	164,467
Building Fund	192,352	179,795
Special Assets	299,939	291,040
Other	7,256	9,379
Surplus from operations	602,822	494,151
Construction grants and donations	278,491	241,430
	<u>1,541,950</u>	<u>1,380,262</u>
	<u>\$ 4,070,151</u>	<u>\$ 4,020,094</u>



Courtyard
Manitoba Rehabilitation Hospital - D. A. Stewart Centre

ACKNOWLEDGEMENT OF GIFTS AND BEQUESTS

Although the government now supplies a large part of the income for hospitals, it is still necessary to depend on private donors to finance early detection programs to prevent ill health and to advance research into the understanding and treatment of disabling disease. The Sanatorium Board of Manitoba is deeply engaged in both of these fields, and we are grateful to the many people who make special gifts or bequests to assist us in this work.

The following individuals and organizations have made gifts or bequests of five hundred dollars or more:

Sir James Aikins, K.C., LL.D.	Mrs. C. R. Erickson	Mr. A. R. McNichol
Mr. W. F. Alloway	Mrs. Jettie C. Finley	Mr. David L. Mellish
Mr. J. H. Ashdown	Mr. Mark Fortune	Sir Augustus Nanton
Miss Jean L. Babb	Messrs. G. F. and J. Galt	Mr. F. Nation
Mr. J. M. Bernstein	Dr. Wilfred Good	Mr. W. McG. Rait
Mr. Allan S. Bond	Mr. George Gunn	Mrs. Noel Rawson
Mr. William Bower	Mr. Leslie Hamilton	Mr. Roy G. Roberts
Mr. H. H. Bradburn	Mr. H. W. Hammond	Mrs. Jessie I. Scott
Mr. J. R. Brodie	Mr. E. F. Hutchings	Mr. H. E. Sellers, C.B.E.
Mr. Duke Bryson	Mr. H. W. Kennedy	Mr. G. Shields
Hon. Colin H. Campbell, K.C.	Mr. C. M. Koestler	Mrs. Margaret Shea
Mr. John Chadbourne	Mr. H. Leadlay	Hon. Clifford Sifton, K.C.
Miss Anna Maude Chapman	Mrs. Agnes F. Lothian	Mrs. Lillian R. Simpson
Mr. Robert A. Christian	Miss Louisa J. MacBean	Dr. D. A. Stewart
Mr. John R. Clements	Mrs. Harriet Maud MacQueen	Mr. F. W. Thompson
Mr. L. R. Clements	Mr. Edward Mayo	Mr. G. Velie
Mr. Richard W. Craig	Mr. Everett McCauley	Mr. W. Warnock
Mr. T. R. Deacon	Mr. J. W. K. McCracken	Mr. A. R. Welch
Mr. Charles E. Drewry	Mr. D. A. McDonald	Mr. Max P. Wilde
Mr. E. L. Drewry	Dr. W. S. McInnes	Miss Hazel F. Winkler
Mr. F. W. Drewry	Mr. William McKenzie	Mrs. Valentine Winkler
Mr. C. H. Enderton	Mr. Martin McKitterick	Mrs. R. Wood
Alpha Delta Pi, Winnipeg Alumnae Association	Manitoba Brewers' and Hotelmen's Welfare Fund	
Associated Canadian Travellers	Moore's Taxi Ltd.	
(Winnipeg and Brandon Clubs)	Rat Portage Lumber Co. Ltd.	
Canada Packers Ltd.	Reed, Shaw and McNaught	
Carling Breweries (Manitoba) Ltd.	Riverside Lions Club	
Charles E. Frosst and Company	The T. Eaton Co. Ltd.	
G. A. Baert Construction Co. Ltd.	Zol-Mark Industries	
Great West Coal Co. Ltd.	Ladies Auxiliary, Associated Canadian Travellers	
Great-West Life Assurance Co. Ltd.	(Winnipeg and Brandon Clubs)	
J. Werier and Co. Ltd.	Women's Auxiliary, Canadian Arthritis and	
Labatt's Manitoba Brewery Ltd.	Rheumatism Society, (Manitoba Division)	
Lions Club of St. John's	Volunteer Services, Manitoba Rehabilitation	
	Hospital	