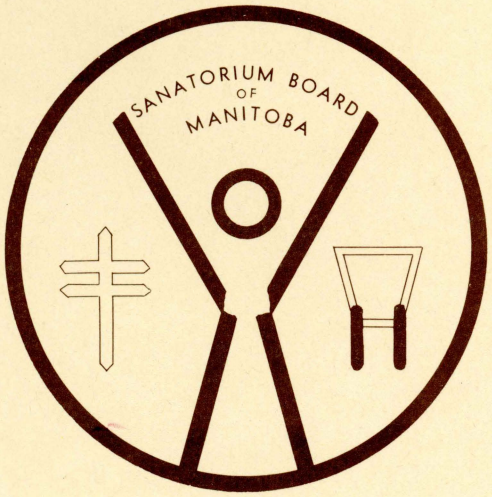


SANATORIUM BOARD OF MANITOBA
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# ANNUAL REPORT '70

SANATORIUM BOARD OF MANITOBA

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

WF 200
San
1970

EXECUTIVE OFFICE

800 Sherbrook Street
Winnipeg 2, Manitoba

OPERATIONS

EARLY DETECTION SURVEYS

CHRISTMAS SEAL CAMPAIGN

MANITOBA REHABILITATION HOSPITAL –
D.A. STEWART CENTRE, Winnipeg

MANITOBA SANATORIUM, Ninette

PEMBINA HOUSE, Ninette

PROSTHETICS AND ORTHOTICS RESEARCH
AND DEVELOPMENT UNIT, Winnipeg

PROSTHETICS PRODUCTS DIVISION, Winnipeg

# THE SANATORIUM BOARD OF MANITOBA

INCORPORATION

A VOLUNTARY, NON-PROFIT CORPORATION

(Incorporated under the Tuberculosis
Control Act of 1929)

CO-OPERATING WITH OTHER HEALTH AND
WELFARE AGENCIES IN THE PROVINCE

REPORT FOR THE YEAR 1970

## MESSAGE FROM THE HON. RENE TOUPIN

Minister of Health and Social Development, Province of Manitoba

The story of the Sanatorium Board of Manitoba has been one of determination and dedication, in the unending war against tuberculosis and other respiraatory diseases. Latterly, the philosophy of the Board to prevent illness and rehabilitate the sick to as active a life as possible, has embraced a wide range of services for disabled and chronically ill adults at the Manitoba Rehabilitation Hospital.

Programs to detect and treat tuberculosis, and to prevent the spread of this age-old disease, have resulted in dramatic decreases in the number of cases across the province over the years. Recent expansion of your laboratory facilities for investigational work in this area creates a hopeful climate for a further lessening of the incidence of the disease in Manitoba.

As well, I want to pay tribute to your whole-hearted co-operation with the public health division of my Department and the Workmen's Compensation Board in surveys to search out silicosis and other dust-induced diseases among employees in certain industries. This, together with your work with chest specialists from the University of Manitoba who supervise your Respiratory Disease and Tuberculosis Service at the D. A. Stewart Centre and your active health education programs, point to an encouraging prospect for a healthier province.

An impressive record of accomplishments in the field of general rehabilitation has earned the Manitoba Rehabilitation Hospital - D. A. Stewart Centre international renown. The more than 1,200 in-patients and the 2,665 new outpatients admitted to the "Rehab" during 1970 found available to them a remarkable array of services from physiotherapy, occupational therapy, speech therapy and neurological treatments to evening classes for community residents who suffer from cardiac and respiratory diseases.

An outstanding attainment in research and development this past year has been in the field of prosthetics and orthotic devices. Full-scale production of the solid ankle-cushion heel foot developed by your staff prosthetics engineers has led to large orders from abroad and has further enhanced the good international reputation enjoyed by your hospital.

On behalf of the Government and people of Manitoba, I warmly commend the Sanatorium Board of Manitoba and the staffs of its institutions for their inspired service to the ill and disabled.

# TABLE OF CONTENTS

# SANATORIUM BOARD OF MANITOBA

## EXECUTIVE

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

## HONORARY LIFE MEMBERS

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

## STATUTORY MEMBERS

Appointed by Provincial Department Health:

Mr. J. G. McFee
Dr. E. Snell
Dr. J. A. MacDonell
Mr. L. Stevens

## ELECTED MEMBERS

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

## EXECUTIVE DIRECTOR-SECRETARY-TREASURER

T. A. J. Cunnings, BA, FACHA

## AUDITORS

Riddell, Stead & Company

## NON-MEDICAL SENIOR STAFF

### SANATORIUM BOARD OF MANITOBA

| | |
|---|---|
| Executive Director | T. A. J. CUNNINGS |
| Assistant Executive Directors | EDWARD DUBINSKI |
| | ROBERT F. MARKS |
| Comptroller | RONALD J. THOMAS |
| Executive Assistant-Planning | RONALD G. BIRT |
| Executive Assistant-Patient Services | MISS E. L. M. THORPE |
| Purchasing Agent | K. J. ROWSWELL |
| 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. D. MOAR |
| Plant Superintendent | WILLIAM O. D. EVANS |

### CENTRAL TUBERCULOSIS REGISTRY

| | |
|---|---|
| Supervisor | MISS JANET SMITH |

### 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). |

#### Heads of Departments

| | |
|---|---|
| Electromyography Laboratory | J. F. R. BOWIE, MB, ChB, CRCP (Can). |
| Paraplegic Unit | H. DUBO, MD, FRCP (Can). |
| Ambulatory Care Services | E. G. BROWNELL, MD, FACC, FAC, Card:MRCP(Lond.), FACP, FRCP (Can), Int. Med. |
| Medical Microbiology | J. C. WILT, MD, DABPath: DABClinPath: FACP, FRCP(Can). |

#### Honorary Consultants

L. G. BELL, MD, 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).
Clinical Psychology: ROBERT M. MARTIN, BA., MS., PhD.
TERRENCE P. HOGAN, BA., MS., PhD.

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, 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.
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).
Radiology: C. J. ZYLAK, MD, FRCP (Can).
Radiotherapy: R. J. WALTON, MB, ChB, DMR(Lond), DMRT.
Respiratory Disease: R. M. CHERNIACK, MD, MSc, (Med), FRCP (Can), FACP.
E. S. HERSHFIELD, MD, FRCP (Can), FCCP.
C. B. SCHOEMPERLEN, MD, FCCP, FACP.
Thoracic Surgery: L. L. WHYTEHEAD, MB, BCh, FRCS (Eng).
Urology: J. WILSON GRAHAME, MB, BCh, FAO, FRCS (Can)
J. B. McBEATH, MB, FRCS (Eng & Can).

## Active Medical Staff

Dr. W. Alexander
Dr. F. D. Baragar
Dr. S. Blumenthal
Dr. J. F. R. Bowie
Dr. D. M. Brodovsky
Dr. E. G. Brownell
Dr. R. M. Cherniack
Dr. V. Chernick
Dr. Harvey Chochinov
Dr. R. A. L. Davis
Dr. M. L. Desmarais
Dr. H. Dubo
Dr. J. B. Frain
Dr. R. F. Friesen
Dr. J. Wilson Grahame
Dr. G. G. Habib
Dr. R. K. Hay
Dr. R. R. P. Hayter
Dr. E. S. Hershfield
Dr. D. M. Huggins
Dr. D. A. Kernahan
Dr. M. K. Kiernan
Dr. R. S. Kihm
Dr. G. M. Krolman
Dr. M. J. Lehmann
Dr. R. H. McFarlane
Dr. A. J. Mehta
Dr. Leon Michaels
Dr. T. J. Mills
Dr. M. J. Newman
Dr. D. Parkinson
Dr. P. N. Porritt
Dr. D. M. Riddell
Dr. M. G. Saunders
Dr. C. B. Schoemperlen
Dr. F. R. Tucker
Dr. R. J. Walton
Dr. L. L. Whytehead
Dr. J. C. Wilt
Dr. C. J. Zylak
Dr. H. W. Hart (Faculty of Dentistry)
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. HERSHFIELD, MD, FRCP (Can), FCCP. |
| Education | LOUIS CHERNIACK, MD, BSc (Med), FACP, FCCP, FRCP, (Can. & 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).
Hematology: L. G. ISRAELS, MD, MSc, FRCP (Can). FACP.
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 Endrocrinology: J. A. MOORHOUSE, MD, MSc.
Neurology: J. H. 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).
Ophthalmology: G. M. KROLMAN, BSc, MD, FRCS (Edin & Can).
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.
Physical Medicine: J. F. R. BOWIE, MB, ChB, CRCP (Can).
R. R. P. HAYTER, MB, BS, D. Phys. Med. (Eng), CRCP (Can).
Renal Disease: A. E. THOMSON, MD, FRCP(Can).

Radiology: C. J. ZYLAK, 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. R. M. Cherniack
Dr. Victor Chernick
Dr. E. S. Hershfield
Dr. M. K. Kiernan
Dr. D. S. McCarthy
Dr. Shirley Parker
Dr. C. B. Schoemperlen
Dr. Kam Tse
Dr. C. J. Zylak

## MANITOBA SANATORIUM

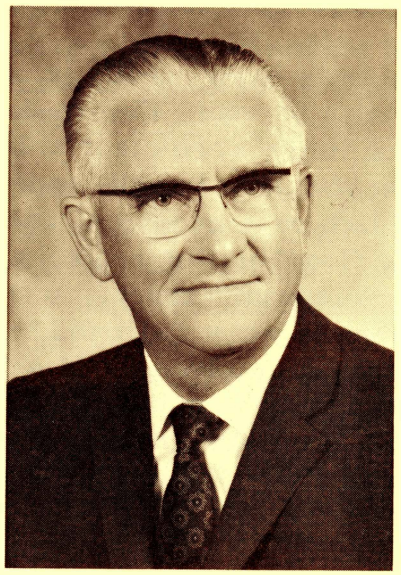
Medical Superintendent — ALFRED L. PAINE, MD, Cert. Thor. Sug.

Part-time Attending Physicians
Dr. George Dow
Dr. P. G. W. Lommerse
Dr. Mel Woods

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

# CHAIRMAN'S REPORT



Harold L. McKay

Ladies and Gentlemen:

This is the 60th Annual Meeting of the Sanatorium Board of Manitoba and I welcome each one of you most sincerely.

This has been another busy year in all areas of the Board's operations. These activities will be reviewed in detail in the reports to be presented to you today, and I shall confine my remarks to matters of more general concern.

## HEALTH SCIENCES CO-ORDINATING COUNCIL

The Health Sciences Co-ordinating Council was established at the request of the provincial government, following the premier's announcement of a proposed 97 million dollar development for patient care, teaching and research. The council is composed of one board member representing each of the following: The Manitoba Health Services Commission, the University Grants Commission, the Children's Hospital of Winnipeg, the Manitoba Cancer Treatment and Research Foundation, St. Boniface General Hospital, Sanatorium Board of Manitoba, the University of Manitoba, the Winnipeg General Hospital, together with a senior official from the Manitoba Department of Health

and Social Development and from the Metropolitan Corporation of Greater Winnipeg.

Your chairman represents this Board on the council and Mr. Cunnings is our representative on its planning committee.

While there have been many meetings, I am afraid I cannot report much progress in the Health Sciences Centre development during the past year. A number of major items were cleared by planning committee, approved by council and recommended to the appropriate commission, including a revised initial five year program, with a further projection for the subsequent 10 years. Construction projects were prepared by each of the institutions, and after clearance through planning committee, construction and development projects were approved by the council and recommended to the appropriate commission. These include our own comprehensive functional plan for the expansion of the D. A. Stewart Centre and some modifications to the Manitoba Rehabilitation Hospital. Joint Task Forces were constituted to study and make recommendations for the coordination of specific services.

Unfortunately, none of these time-consuming activities has resulted in any building.

Before the government put a temporary freeze on medical centre activity, we had approval for a small expansion of the physiotherapy department, which we are financing internally, and which really does not come under the Health Sciences Program. This project is now virtually complete.

It remains that planning continues for the basic sciences building for the University of Manitoba, for St. Boniface General Hosptial expansion, and for the power house in the Manitoba Medical Centre. The development of a master plan by the consultants to the medical centre, and certain other preparatory measures are being continued. Almost everything else is being held in abeyance for the time being. In our own case, our D. A. Stewart Centre expansion project has again been recommended by the Health Sciences Council on a priority basis, but this has not yet resulted in approval for detailed planning.

## MANITOBA SANATORIUM

I regret that continued study for alternative use for Manitoba Sanatorium has not resulted in anything tangible. Our recommendations that the Pembina House project be expanded from a capacity of 57 to a

capacity of 100 clients is apparently under study by the government. The West-Man Corporation has set up a special committee, of which Mr. Cunnings is a member, to consider long-term alternative use following the discontinuance of tuberculosis treatment at Ninette. The committee for several months has unsuccessfully sought a meeting with the Minister of Health and Social Development or his senior officials to discuss certain proposals.

## HUNT COMMISSION

A brief on the Manitoba Rehabilitation Hospital - D. A. Stewart Centre was presented to the Hunt Commission. Their report has recently been issued, containing some 42 recommendations. They appear to have found no special problems with respect to our hospital and on the whole we would find their recommendations acceptable. We will co-operate fully with those concerned in implementing the recommendations.

## THE BOARD

The Board and its committees met 19 times during the year and I would like to express my appreciation to all members for their support and their consideration of the many matters brought before them.

## CONTRIBUTIONS

We gratefully acknowledge bequests and donations for research and other special purposes in the amount of $ 4,139.00.

Again we extend special thanks to the Associated Canadian Travellers in Winnipeg and Brandon for their continued support. The Brandon Club contributed $3,000, the Winnipeg Club gave $11,195, the Dauphin Club gave $100, and the Ladies Auxiliary of the Winnipeg Club gave $300 during 1970. This assistance has been of great help to us.

The annual Christmas Seal Campaign continues to be the primary source of funds for preventive services. A total of $199,437 was contributed during 1970, the largest annual return we have ever had. We deeply appreciate the confidence and support of thousands of people who continue to assist in financing our efforts to prevent illness and improve health.

*Among the gifts received during the year was this ergometer, donated by the Manitoba Society of Medical Assistants for the use of cardiac patients attending evening exercise classes at the Manitoba Rehabilitation Hospital-D.A.Stewart Centre.*

During the year hundreds of volunteers assist us in our preventive surveys. There is also a very active volunteer service at the Manitoba Rehabilitation Hospital, and in 1970 their contribution in service and cash totalled $12,250.00. We are most grateful for this generous contribution of time and talent.

## APPRECIATION

The Sanatorium Board of Manitoba serves many thousands of people in Manitoba each year through its preventive, treatment and rehabilitation services. The Board appreciates the high standard of

excellence demonstrated by our medical staff and our administrative and department heads. We are grateful for the confidence and cordial relationships which we enjoy with health services at both the provincial and federal level. We look forward to continuing to share in the provision of a high standard of health service for the people of Manitoba.

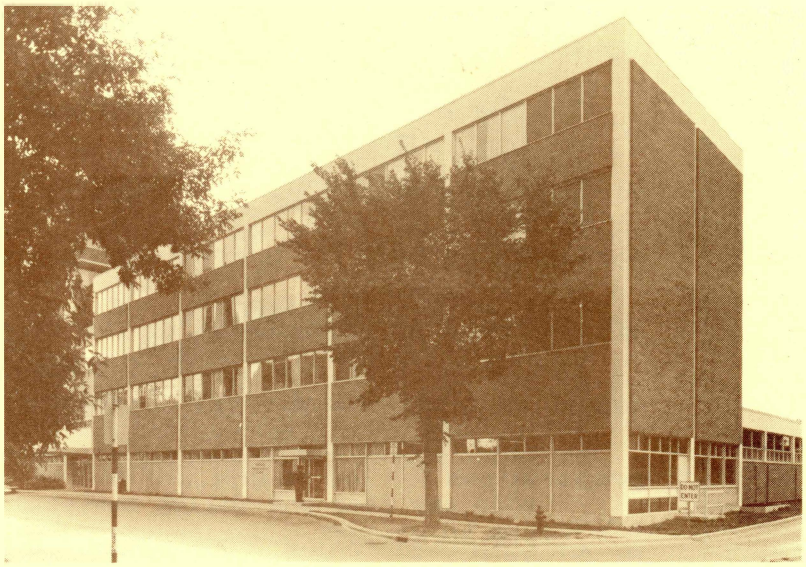
Harold L. McKay
Chairman of the Board.

## THANK YOU !

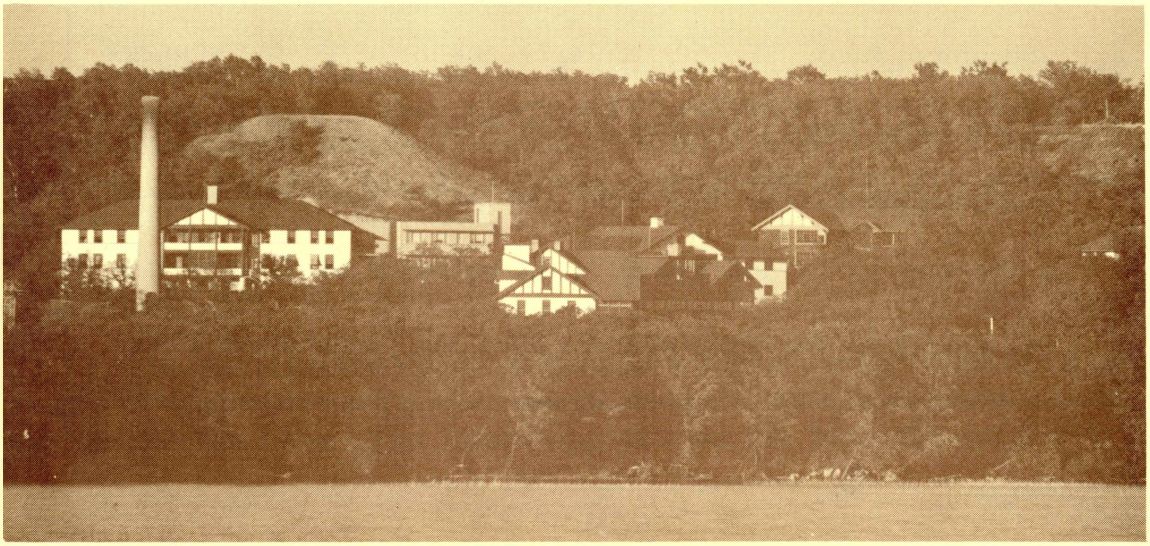
The Sanatorium Board of Manitoba expresses gratitude to the thousands of people throughout the province who support our efforts in the preventive and rehabilitative fields. We are very much indebted to the volunteer workers who assist us in our community screening programs, with the preparations for the annual Christmas Seal Campaign, and in our patient services. 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, Brandon and Dauphin Clubs, who over the years have contributed $ 520,485.52 to our work. This splendid assistance has been given by the Winnipeg and Brandon Clubs since 1945.

Manitoba
Rehabilitation
Hospital

D. A. Stewart
Centre



Manitoba
Sanatorium



# EXECUTIVE DIRECTOR'S REPORT

T. A. J. Cunnings

The year 1970 has on the whole been a difficult one administratively. While there have been a number of positive achievements, there has been a large measure of frustration with respect to a number of matters of major importance with which we have to make day to day decisions without clear guide lines.

On the positive side should be mentioned our undertaking of the silicosis examinations for employees in certain designated industries, mainly mining and foundry workers, under an arrangement with the Department of Health and Social Development and the Workmen's Compensation Board; and the combining into a single unit for budgeting, administration, and medical organization of the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

On the other hand, the expansion of the D. A. Stewart Centre and its related developments, which have been planned for several years, and which we fully expected to commence in 1970 and complete in 1971, has not yet been approved for detailed planning, let alone construction. The unsettled condition at Ninette, with low occupancy and increasing cost, continues without change. Tuberculosis treatment continues there pending final decision with respect to the D. A. Stewart Centre development. There has been a continued consideration of alternative use of the Ninette facilities, and meetings have been held with representatives of West-Man Corporation, physicians in the district and others. In the present state of uncertainty it is difficult to make specific plans. The West-Man Corporation advise that they have been unable to arrange a meeting between the

Minister and his senior officials, with respect to certain proposals for alternative use of Manitoba Sanatorium. (They have established a special committee to consider the matter, on which your executive director was asked to represent the Board.)

Early in 1970 specific recommendations were made to the Minister of Health and Social Development with respect to an expansion of Pembina House, which has been recommended by the advisory committee to that program. No decision has been given by the government, although a number of questions were asked of us earlier this month which apparently emanated from the Management Committee of Cabinet. Hence we presume this expansion is still under consideration.

In November, after strong recommendation from the executive committee of the Medical Staff, and with approval of the Board, a specific proposal to build an outpatients' residence or hostel, was presented to the Manitoba Health Services Commission, but no reply has been received up to this time. Meanwhile, we continue from time to time to have the Health Services Commission refusing to pay for patients from outside the City of Winnipeg, who are admitted, but in the opinion of the Commission, could be treated as outpatients.

Our budget for the Manitoba Rehabilitation Hospital-D. A. Stewart Centre submitted last October has not yet been approved for 1971. Rates for Manitoba Sanatorium have not been established for the current year and rumor has it that our payments will in future come through the Manitoba Health Services Commission, although we have no official advice to this effect.

The Board continues to offer its full co-operation in improving the delivery of health care, if this is requested by the government in relation to the plans which we understand are being developed, and if our services would be appropriate and helpful.

Details of our services will be reviewed in other reports, so the following sections refer primarily to the financial aspects of our operations for 1970.

## SUMMARY OF SERVICES TO INDIVIDUALS

| | 1970 | 1969 |
|---|---|---|
| Admissions for Treatment | 1,931 | 1,824 |
| Outpatient Visits | 62,205 | 65,819 |
| Special Rehabilitation Services- | | |
| Pembina House | 195 | 204 |
| Preventive Services- | | |
| Survey Examinations | 62,779 | 76,747 |
| Treatment Days for Inpatients | 100,000 | 124,918 |

## ASSETS AND LIABILITIES

### Analysis of Net Increase in Assets

| Increase in Assets 1969 to 1970 | | Decrease in Assets 1969 to 1970 | |
|---|---|---|---|
| Cash in Bank | $ 101,800 | Depreciation | $ 120,700 |
| Accounts Receivable | 46,800 | Amortization Bond Discount | 2,600 |
| Property, Plant and Equipment | 41,400 | | |
| Investments | 9,600 | | |
| Inventories and Prepaid Express | 8,900 | Net Increase in Assets | 85,200 |
| | $ 208,500 | | $ 208,500 |

Net value of assets held by the Board as at December 31st, 1970, totalled $ 4,115,400, after deducting accumulated depreciation and construction grants of $ 4,151,000. This represents an increase of $ 85,200 from the preceding year.

Liabilities of $ 2,379,100 as at December 31st, 1970 were $ 45,300 less than the preceding year.

### Analysis of Decrease in Liabilities

| | |
|---|---|
| Debentures Redeemed | $ 85,000 |
| Deduct: | |
| Increase in Accounts Payable | 39,700 |
| Decrease in Liabilities | $ 45,300 |

The net deficit receivable from the Manitoba Health Services Commission as at December 31st, 1970, was $ 57,500, an increase of $ 43,400 from the preceding year.

## INVENTORIES

As at December 31st, 1970, supplies on hand and prepaid expenses totalled $ 152,500, an increase of $ 8,950 over the preceding year.

## 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.

## HOSPITAL OPERATIONS

Manitoba Rehabilitation Hospital - D. A. Stewart Centre: -with 224 beds, had an average occupancy of 87.1 percent, a reduction of .7 percent from the previous year. Average length of stay was 41.8 days, a reduction of .2 days from the previous year. As a matter of fact, we run at more than 90 percent occupancy for most of the year, but a sharp drop seems to occur annually in mid-summer and late December.

Manitoba Sanatorium:- had an average occupancy of 55.3 percent of the presently available beds. The average length of treatment of patients discharged was 167 days, as compared to 304 days in 1969.

## PREVENTIVE HEALTH SERVICES

In 1970 we were able to contain our expenditures in preventive services within the amount of our revenue for the first time in three years.

The following are comparative direct expenditures for preventive services:

Preventive Services - Direct Service Costs

| | 1970 | 1969 |
|---|---|---|
| Surveys Services | $ 27,500 | $ 35,000 |
| Tuberculin Surveys | 11,400 | 9,600 |
| X-Ray Field Services | 20,500 | 24,900 |
| Tuberculosis Clinic, Brandon | 900 | 3,100 |
| Indian Clinics | 18,500 | 20,700 |
| Health Education | 13,000 | 13,500 |
| Screening Services | 6,200 | 6,900 |
| Diabetic Surveys | ---- | 7,900 |
| Pulmonary Function | 14,500 | 8,100 |
| X-Ray Follow-up Service | 1,400 | 2,000 |
| B. C. G. Program | 4,000 | 4,000 |
| Silicosis Surveys | 25,500 | ---- |
| | $ 143,400 | $ 135,700 |

In 1970 grants were made to the Canadian Tuberculosis and Respiratory Disease Association in the amount of $ 14,767 for support of their operations, international commitments, and for research.

## NATIONAL HEALTH GRANTS

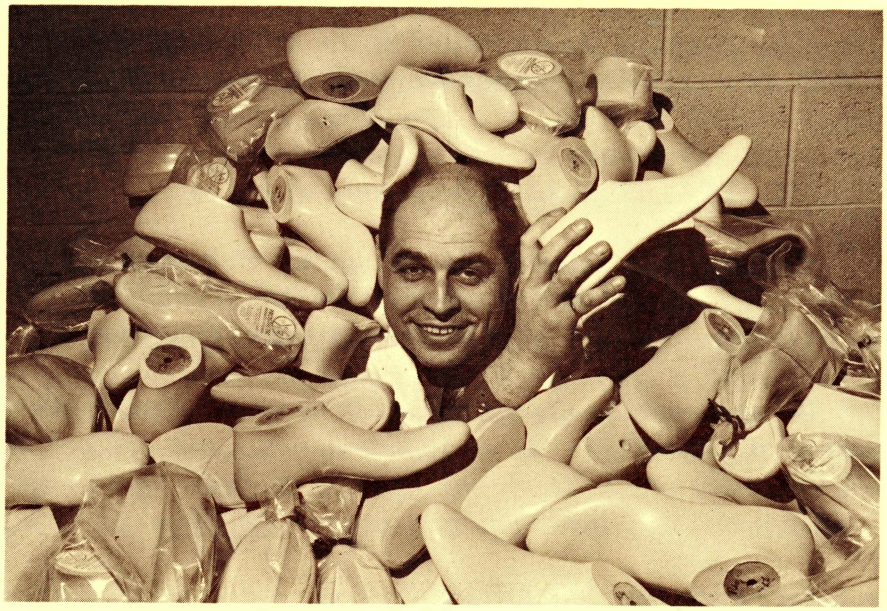
The appropriation available under Tuberculosis Control Grants from the Government of Canada for the fiscal year 1970-71 was $ 40,995, a further reduction of $ 23,610 from the previous year.

We understand the grants will be phased out entirely at the end of the fiscal year 1971-72.

| | 1971 | 1970 |
|---|---|---|
| Streptomycin and Other Antibiotics | $ 14,800 | $ 29,900 |
| Assistance to Sanatorium Board of Manitoba | 8,000 | 16,700 |
| Extension of B. C. G. Vaccination Program | 5,900 | 5,900 |
| Tuberculin Surveys | 11,100 | 10,400 |
| | $ 39,800 | $ 62,900 |

Under the special grant from the federal government for the Prosthetics and Orthotics Research and Development Unit, $ 49,981 was expended against the appropriation of $ 50,000.

It should be noted that the former grant of about $ 66,000 for the Prosthetics and Orthotics Research and Development Unit was cut to $ 50,000 for 1970-71. It was indicated to us that this would be further cut in half in 1971-72 and phased out entirely in the following year. We made a strong appeal against this, since this unit has made not only an outstanding contribution to the improvement of prosthetics services in Manitoba but indeed in Canada and other countries. Following our efforts, I am pleased to advise that the grant was re-established at $50,000 for the year 1971-72, and the Deputy Minister of National Health and Welfare has indicated that methods are being investigated to maintain the grant at this level for the Winnipeg, Toronto, and Montreal research units in ensuing years.



*Sanatorium Board engineers put forward their best feet in 1970...and launched a brand new industry. The industry concerns the manufacture of off-the-shelf components for the Winnipeg modular system of artificial legs and the first item to go into full production was the Winnipeg SACH foot, displayed here by SBM prosthetics research engineer, Reinhart L. Daher.*

## PROSTHETICS PRODUCTS DIVISION

In order to apply the products of the Prosthetics and Orthotics Research and Development Unit, it became necessary to establish what is known as the Prosthetics Products Division. The function of this division is to fit patients with the modular prostheses developed in the research unit; to contract with local manufacturers for the production of component parts; and to supply component parts to prosthetics units in other centres. Components have been shipped not only to many places within Canada, but to United States and Europe. A contract has been made with the Winnipeg Pattern and Model Company Limited to produce artificial feet developed in the research unit, and it is noteworthy that more than 500 were ordered, basically for evaluation purposes, by the British Ministry of Health. Winnipeg is the only place in Canada where artificial feet are manufactured.

## SPECIAL REHABILITATION SERVICES

The special facilities for rehabilitation of disadvantaged persons,

established in part of the plant at Manitoba Sanatorium, designated "Pembina House", has continued on an active basis, and as noted earlier, recommendations have been made for its expansion. Continuing effort has been made to improve the quality and effectiveness of the program and it has continued to meet with a large measure of success.

The following tables summarize the 1970 experience:

TABLE I - COMPOSITION

| | | | |
|---|---|---|---|
| (a) | Female | | 64 |
| | Unmarried mothers | 22 | |
| (b) | Male | | 131 |
| | Married | 2 | |
| | TOTAL | | 195 |

TABLE II - RACIAL ORIGIN

| | | |
|---|---|---|
| (a) | Treaty Indian | 94 |
| (b) | Other | 100 |
| (c) | Eskimo | 1 |
| | TOTAL | 195 |

TABLE III - AGE GROUP

| | | |
|---|---|---|
| (a) | 16 - 20 years of age | 169 |
| (b) | 21 - 30 years of age | 21 |
| (c) | 30 years or over | 5 |
| | TOTAL | 195 |

TABLE IV - WORK EXPERIENCE

| | | |
|---|---|---|
| (a) | No work experience | 94 |
| (b) | One year or less | 70 |
| (c) | One year or more | 31 |
| | TOTAL | 195 |

TABLE V - ACADEMIC LEVEL ON ADMISSION

| | | |
|---|---|---|
| (a) | No formal education | 2 |
| (b) | Grade 1 - 4 level | 25 |
| (c) | Grade 5 - 8 level | 151 |
| (d) | Grade 9 or higher | 17 |
| | TOTAL | 195 |

TABLE VI - DELINQUENCIES

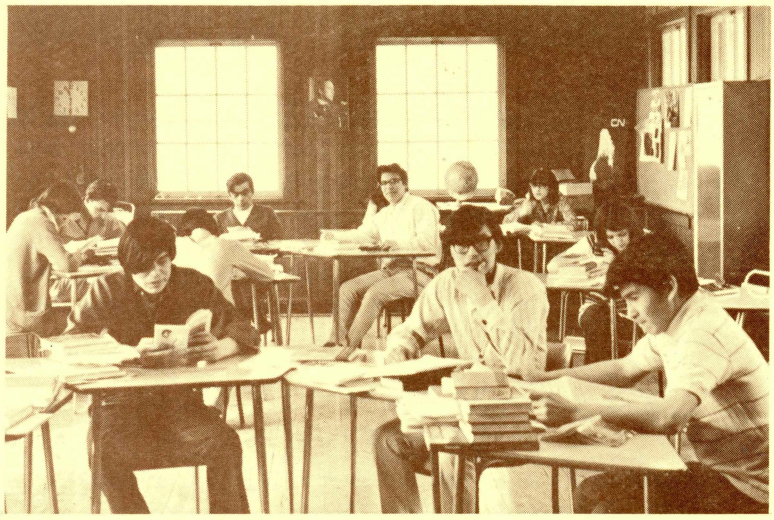
| | | |
|---|---|---|
| (a) | Minor involvement | 54 |
| (b) | Serious involvement | 36 |
| (c) | No involvement | 105 |
| | TOTAL | 195 |

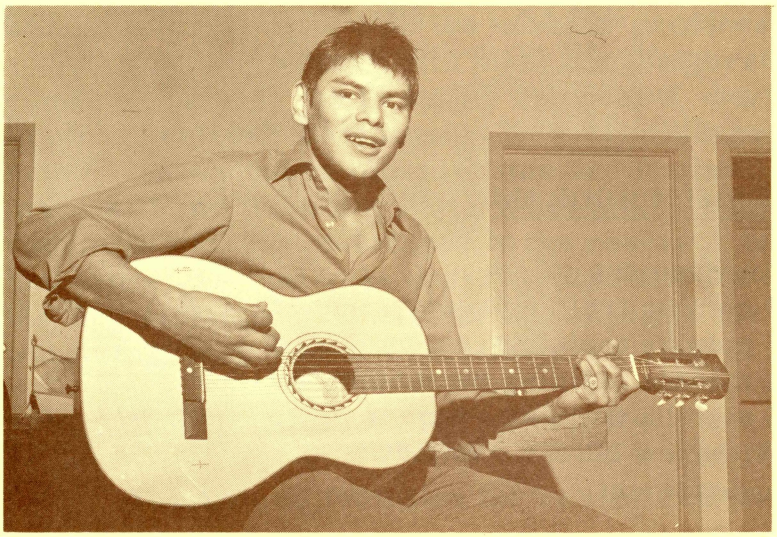
TABLE VII - ASSESSMENT PROGRAM

| | | |
|---|---|---|
| (a) | Assessment only | 24 |
| (b) | 2 months training recommended | 6 |
| (c) | 3 months training recommended | 1 |
| (d) | 4 months training recommended | 98 |
| (e) | 6 months training recommended | 49 |
| (f) | Withdrew before completion of assessment | 17 |
| | TOTAL | 195 |


*Last year a total of 195 young men and women were admitted to Pembina House for social, vocational and personal counselling, and basic academic up-grading.*

*Approximately 85 percent of the group were between 16 and 20 years of age; 85 percent had little or no work experience; one-half had been involved with the law; and very few had achieved higher than a grade 8 education.*





*Despite these obstacles, the failure rate within the Pembina House program was only 17 percent. Most of the students were placed in job training or jobs, or they continued in the program, or were referred to other agencies.*

TABLE VIII - DISPOSITION OF CASES

| | | |
|---|---|---|
| (a) | Up-grading | 72 |
| (b) | Job placement | 34 |
| (c) | Vocational training | 1 |
| (d) | Training-on-the-job | 2 |
| (e) | High School | 1 |
| (f) | After assessment, referred to other agencies for specialized treatment | 24 |
| (g) | Withdrew during training or assessment | 26 |
| (h) | Incarcerated | 5 |
| (i) | Still attending Pembina House | 30 |
| | TOTAL | 195 |

EDUCATION

Education programs are important in a hospital and health service to maintain and improve standards and keep abreast of the multitude of new developments. Medical education will be referred to in other reports. In all other departments of the hospital there is an active interest and encouragement of continuing education. In the nursing department, in addition to the continuing program of in-service education, we continue to provide two courses annually three weeks each for post-graduate training in rehabilitation nursing, which has registrants not only from our own staff, but from nurses from other institutions in Manitoba and from many other parts 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. A great many individuals are taking university courses to improve their personal qualifications. Your executive director gives a 14 hour lecture course in supervisory management to those in the Degree Course in the School of Medical Rehabilitation, including some of our own senior physiotherapy and occupational therapy department staff; and a series of seminars in management are being given to head nurses and other senior nursing personnel. A number of department heads have completed the Department Management Course sponsored by the Manitoba Hospital Association.

Our health education service for the public reaches thousands of people each year, including many students and teachers,

through pamphlets, films, radio, television, and the news media. Our monthly news bulletin is widely read not only in Manitoba but across Canada.

## APPOINTMENTS

We are proud of the election of Dr. A. L. Paine as President of the Canadian Tuberculosis and Respiratory Disease Association for 1970-71.

Our staff is encouraged to participate in the work of their professional organizations and I am pleased to record that Mr. J. Brayton Person is presently serving as President of the Canadian Speech and Hearing Association; Miss Joan K. Edwards is Vice-President of the Canadian Physiotherapy Association; and your Executive Director was installed as a Fellow of the American College of Hospital Administrators at their annual convocation last September in Houston, Texas.

## PERSONNEL

Our staff numbered 526 as at December 31st, 1970, as compared to 515 a year earlier. There are 197 employees enrolled in the Pension Plan. Two persons retired in 1970: Miss Vera Peacock, who joined our staff in 1962 and was Assistant Director of Nursing at time of retirement; and Mr. Maximilian Ulm who had 10 years of service at Clearwater Lake and the Manitoba Rehabilitation Hospital. We take pride in the continued striving for excellence which is a noteworthy quality in our staff and I am grateful for the sense of dedication and enthusiasm which they bring to their work, contributing immeasurably to the quality of care that is given to those we serve.

It is a pleasure to record once again the responsibility and cooperation shown by the organized medical staff in all our endeavours, and their concern with maintaining a high standard of patient care.

On my own behalf and on behalf of the members of the staff, I would like to express deep appreciation to the chairman and members of the Board for their interest and support and their able direction of our affairs.

T. A. J. Cunnings,
Executive Director.

# RESPIRATORY DISEASE AND TUBERCULOSIS SERVICE

Dr. R. M. Cherniack

The Respiratory Disease and Tuberculosis Service of the Sanatorium Board of Manitoba functions as an integral component of the Joint Respiratory Program of the University of Manitoba and its affiliated teaching hospitals. Located in the Manitoba Rehabilitation Hospital - D. A. Stewart Centre in Winnipeg, this service plays a major role in the education of residents, research fellows, undergraduate medical and other health sciences students, as well as in the investigation and care of patients suffering from respiratory disease.

## RESIDENCY TRAINING

The residents on the respiratory program have been stationed primarily at the D. A. Stewart Centre where they have received exposure to a broad spectrum of respiratory disease, including an appropriate emphasis on the prevention, diagnosis and treatment of tuberculosis. During 1970 Dr. A. Dahan, as the chief resident in respiratory disease, and 10 other residents who were on the chest service as part of their rotation in internal medicine, assumed responsibility for the management of inpatients in the D. A. Stewart Centre, outpatient chest clinics at the centre and the Winnipeg General Hospital, and the consultant service and the endoscopy service at the Winnipeg General Hospital.

## UNDERGRADUATE TEACHING

Undergraduate teaching clinics are organized around the patients in the D. A. Stewart Centre. The entire teaching of physical examination of the chest to first and second year students was carried out at the centre by the full-time physicians in the D. A. Stewart Centre and part-time practising chest physicians in the community. Further undergraduate teaching responsibilities of the full-time staff included lectures in pulmonary physiology and introduction to respiratory disease (first year), clinical science (second year), respiratory disease lectures and "clinics" (third year), and ward sessions with clinical clerks (fourth year), as well as lectures to students in physiotherapy and inhalation therapy.

## CONFERENCES

Chest conferences of an interdisciplinary nature, one formal and one informal, and a seminar on advanced pulmonary physiology are held weekly. Radiological rounds are conducted daily. A seminar dealing with the interpretation of pulmonary function tests, and one dealing with problems in Home Care Management, are held on alternate weeks.

## STAFF

During the year, the staff was formally organized and now includes 10 members of the active staff and consultant physicians. Dr. Shirley Parker, Department of Medical Microbiology, has assumed responsibility for the microbiology laboratory. Dr. Carl Zylak has assumed responsibility for the Department of Radiology, with the able assistance of Dr. M. K. Kiernan; and Dr. Victor Chernick, Department of Paediatrics, is in charge of all paediatric problems. In addition, we are very pleased that Dr. Kam Tse, formerly of the University of Buffalo, who has a special interest in allergy and asthma, and Dr. Donal McCarthy, formerly of the Brompton and Hammersmith Hospitals, London, England, with a special interest in immunology and pulmonary fibrosis, have joined the active staff during the past year.

## RESEARCH

Many of the clinical research projects carried out in the Respiratory Division of the Clinical Investigation Unit of the Winnipeg General Hospital were centered around the patients from the D. A. Stewart Centre. Studies on mechanical properties of the lungs, control of respiration, exercise, and properties of sputum have been carried out by four research fellows in the Respiratory Unit. Support for research by the Medical

Research Council, the Department of Health, the Canadian Tuberculosis and Respiratory Disease Association, and several pharmaceutical firms continues.

## PATIENT CARE

Drs. E. S. Hershfield and A. L. Paine have submitted full reports of the activities of the D. A. Stewart Centre and the Manitoba Sanatorium. Their submissions indicate that despite vigorous preventive and therapeutic regimens, the number of cases of active tuberculosis is increasing. There were 304 cases of active tuberculosis in 1970, (an increase of 22 percent over 1969). Of these, 267 were new active cases, and 37 were reactivations. Clearly, tuberculosis continues to present a problem in the young Indian and Metis, and in all ages in whites.

The staff continues to increase its involvement in the investigation and management of non-tuberculous respiratory disease, and provides a valuable service to the other practising physicians in the community. The number of consultations seen is increasing, and the variety of disease is vast. Our efforts in both acute respiratory care and the management of chronic respiratory insufficiency, emphasizing rehabilitation and home care, are recognized internationally.

## PREVENTIVE SERVICES

As of December 31st, 1970, a total of 1,109 patients were receiving antituberculosis chemotherapy, 713 of these on an outpatient prophylactic basis. We are continuing to advocate prophylactic chemotherapy to highly positive tuberculin reactors, even with no other evidence of disease, to tuberculin converters, young children who have been exposed to infection, and all patients with radiological evidence of inactive disease who have never received chemotherapy. We are continuing to study the effects of chemoprophylaxis among the population of Eskimo Point, along with the Medical Services branch of the Department of National Health and Welfare.

In addition, during the year we embarked on another important measure, in co-operation with the Manitoba Department of Health and the Workmen's Compensation Board. We will now be carrying out an annual assessment of all miners in the province, in an attempt to recognize changes in function early. Since the fall of 1970, we have assessed 3,059 miners and 137 foundry workers, and it would appear that about 10,000 inidividuals will be assessed annually.

*Since 1968 lung function studies have been conducted among 55,000 people living in many parts of Manitoba, employed in many kinds of jobs, and ranging in age from 18 to 85. Evidence of chronic obstructive pulmonary disease was found to be high in cigarette smokers; cough and phelgm was present in 20 percent of the group.*

In view of the continuing rate of active tuberculosis, measures to control tuberculosis warrant intensification. We shall continue to tuberculin test all school leavers, and administer BCG to all students in the Health Sciences who are negative tuberculin reactors. Tuberculosis contacts and all high risk groups will be followed closely. On the other hand, recent experience with chest x-rays and the economics involved dictates that x-ray surveys be reduced further, and we will be more selective in our choice of areas, i.e. high risk segments of our population.

Concurrently, with the intensification of measures to control tuberculosis, it is important to mount an all-out effort directed at the alarming increase of chronic bronchitis and emphysema. It must be pointed out that despite the change in philosophy adopted by the Sanatorium Board in 1968, our efforts to publicize and institute measures to prevent these extremely disabling disorders continue to be grossly inadequate. It is not that tuberculosis has been overemphasized but rather that chronic bronchitis and emphysema have not been emphasized enough. The morbidity of these diseases is extremely high, and although they develop insidiously, their impact on the community cannot be overemphasized.

The incidence of chronic obstructive pulmonary disease is high in cigarette smokers and in areas with high levels of air pollution. Over the past three years approximately 55,000 individuals have been assessed for obstructive lung disease by survey. Data has now been analyzed in 35,000 of these individuals. Of the individuals studied, 15,134 were non-smokers, 13,480 were smokers and 4,003 were ex-smokers. Cough and phlegm rose with increasing age, and was present in five percent of non-smokers, and in 20 percent of smokers, the prevalence being higher than that in non-smokers at each age in the smokers. Evidence of obstruction to air flow was present in seven percent of non-smokers, 12 percent of ex-smokers and 13 percent of smokers. In Manitoba, where air pollution is virtually non-existent, the prevalence of symptoms and evidence of obstructive airway disease is surprisingly high.

These findings indicate the importance of education regarding the role of cigarette smoking in respiratory disease. Despite the political stress on measures to control pollution, it does not seem to be recognized that tobacco smoke is the most important form of air pollution in Manitoba. It must be our role to educate government and the public about dangers of cigarette smoking and particularly about the social and economic impact of chronic bronchitis.

The epidemiological studies of chronic airway obstruction and our attempts at early recognition of this disorder are presently being supported by a Dominion-Provincial Public Health Research Grant, it is likely that support will cease after 1971. From the point of view of the health of the community, it would indeed be a mistake to stop these studies.

If we are to make an impact on chronic respiratory disease, lung function surveys must be not only continued but expanded considerably, and in addition, an intensive educational campaign must be carried out. Although such programs may be expensive, I feel that it is imperative that the Sanatorium Board place particular emphasis on this aspect of our activities. In order to ensure the instigation and perpetuation of this, I would suggest that the Board institute discussions regarding the possibilities of other avenues of support with government or other agencies.

Another important problem which continues to face us is the marked requirement for additional space. The effectiveness of our training program is hampered by the lack of facilities. In particular, the outpatient facilities are grossly inadequate to cope with our teaching requirements. Because of the shortage of space in the outpatient area, it is virtually impossible to permit the medical students, and to

some extent even the residents, to interview, examine and follow the long-term care of outpatients with chronic respiratory disease. Thus we are unable to fulfill our goals and stress adequately one of the most important aspects of Respiratory Medicine. In addition, the separation of clinical investigation facilities and clinical investigators from the patient wards of the hospitals and the attending physicians has further hampered our ability to initiate clinical research programs and to influence clinical care. For these reasons, our impact on the investigation and care of respiratory disease in the D. A. Stewart Centre and the other hospitals in the centre is not as great as it could be. Without increased space there will continue to be marked limitation of all aspects of our program so that many of our goals and objectives may not reach fruition. It is to be hoped that all efforts will be increased to ensure that this lack of space can be rectified in the near future.

## PUBLICATIONS OF THE STAFF

Dr. R. M. Cherniack:

Respiratory Insufficiency in Acute Myocardial Infarction, C. M. A. J.
The Management of Acute Respiratory Failure. Chest.

Dr. Victor Chernick:

Pneumothorax and Chylothorax in the Newborn. J. Pediat.
Disorders of the Lungs in Current Pediatric Therapy. Fourth Edition. W. B. Saunders.
Electric Hazards in the Newborn Nursery, J. Pediat.
Composition of the Lung. Biological Handbooks: Respiration and Circulation Eds. P. L. Altman and D. S. Dittner. Fed. Am. Soc. Exp. Biology.

Dr. E. S. Hershfield:

Guidelines for Treatment of Tuberculosis in Selected General Hospitals.

Dr. C. B. Schoemperlen:

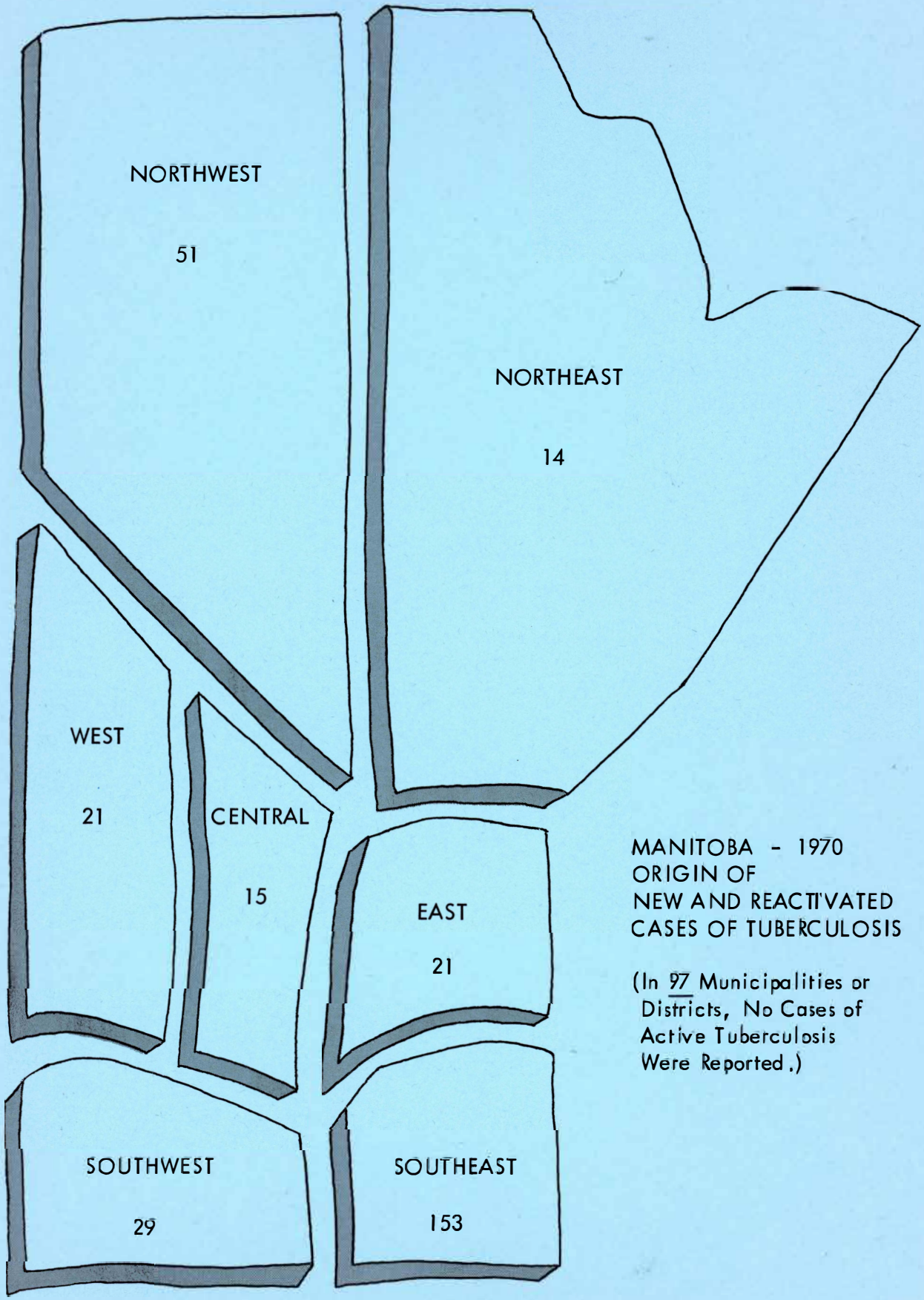
Lung Biopsy Via Bronchoscope-Discussion, Annals of Otology, Rhinology and Laryngology.
Transactions of the American Broncho-Esophagological Association.

Dr. Reuben M. Cherniack,
Medical Director.

# TUBERCULOSIS CASES - MANITOBA

| | 1969 | | | | 1970 | | | |
|---|---|---|---|---|---|---|---|---|
| | Whites | Treaty Indians | Eskimos | TOTAL | Whites | Treaty Indians | Eskimos | TOTAL |
| Patients Carried in Central Tuberculosis Registry File, Dec. 31. | 5,340 | 2,089 | 54 | 7,483 | 5,652 | 2,115 | 40 | 7,807 |
| New Active Cases of Tuberculosis | 156 | 57 | | 213 | 212 | 55 | | 267 |
| Reactivated Cases of Tuberculosis | 25 | 11 | | 36 | 22 | 15 | | 37 |
| Presumed Tuberculosis, Inactive | 28 | 8 | | 36 | 14 | 4 | | 18 |
| Active Cases Admitted to Sanatorium | 106 | 53 | | 159 | 141 | 49 | | 190 |
| New Diagnoses Counted upon Notification of Death (included in total of new active cases) | 7 | 2 | | 9 | 3 | | | 3 |

| | Chemotherapy | Chemoprophylaxis |
|---|---|---|
| Persons on Outpatient Drug Therapy as at December 31, 1970 | 396 | 713 |



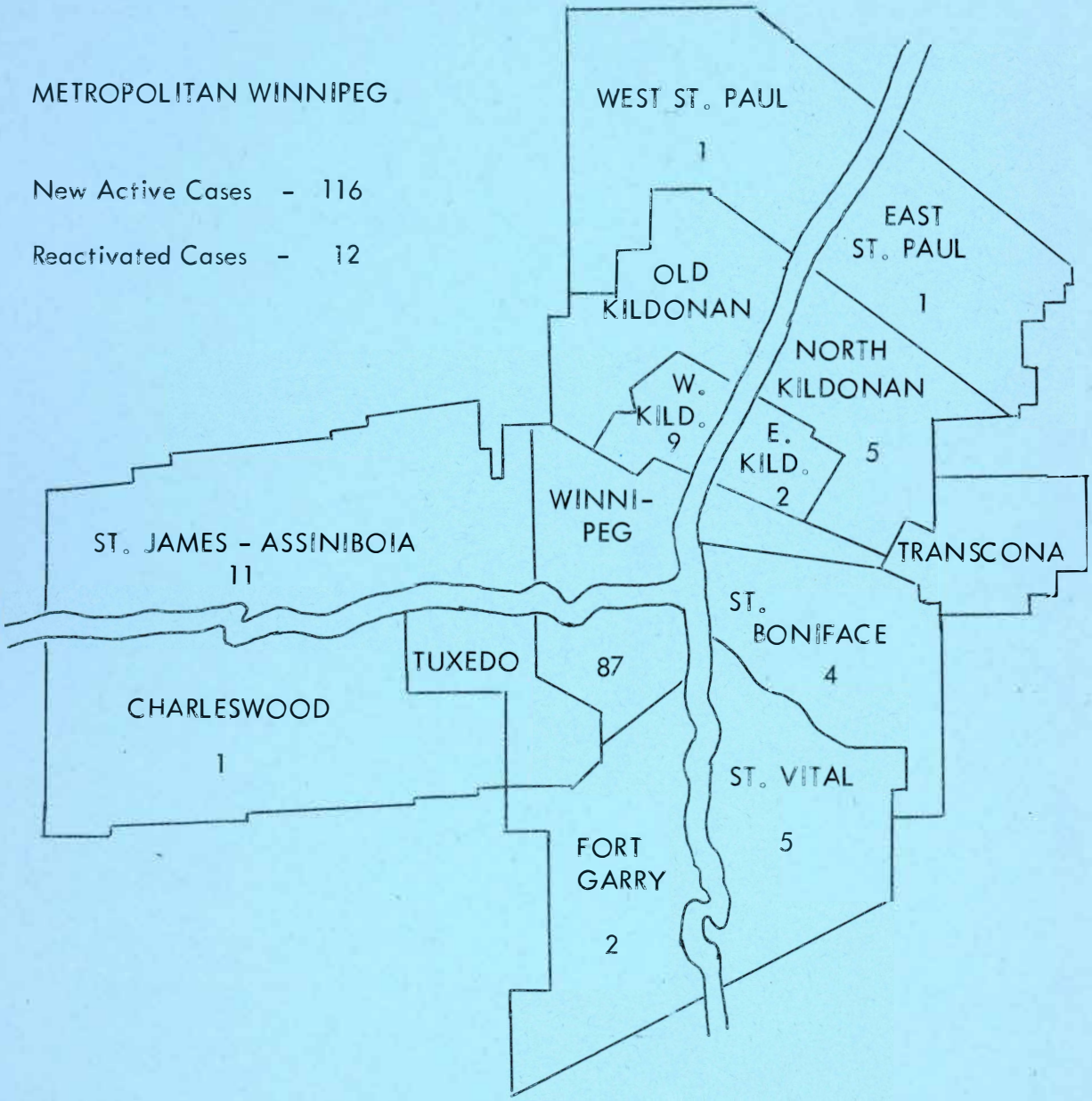

MANITOBA - 1970
ORIGIN OF
NEW AND REACTIVATED
CASES OF TUBERCULOSIS

(In 97 Municipalities or Districts, No Cases of Active Tuberculosis Were Reported.)

METROPOLITAN WINNIPEG

New Active Cases - 116

Reactivated Cases - 12



## CLASSIFICATION OF ACTIVE TUBERCULOSIS

### By Extent and Type of Disease

| Pulmonary | Whites | Treaty Indians | Metis & Non-Treaty Indians | Other Non-Whites | Total |
|---|---|---|---|---|---|
| Silicotuberculosis | 43(39) | 7( 4) | 11(6) | 1(1) | 62(50) |
| Minimal | 18(16) | 12(12) | 5(5) | | 35(33) |
| Moderately Advanced | 18(16) | 9( 9) | 5(4) | - | 32(29) |
| Far Advanced | 7( 3) | 2 | 1(1) | 1(1) | 11( 5) |
| Miliary | 2( 1) | | | | 2( 1) |
| Stage unspecified | - | - | - | - | - |
| Other Respiratory | | | | | |
| Primary | 13 | 9( 2) | 16(3) | - | 38( 5) |
| Pleurisy | 19( 3) | 5( 1) | 5(1) | - | 29( 5) |
| Lymph nodes | 3( 2) | - | - | - | 3( 2) |
| Non-Respiratory | 28(15) | 11( 6) | 9(4) | 7(3) | 55(27) |

## REACTIVATED TUBERCULOSIS

| Pulmonary | Whites | Treaty Indians | Metis & Non-Treaty Indians | Other Non-Whites | Total |
|---|---|---|---|---|---|
| Silicotuberculosis | 4(3) | 4(2) | 1 | - | 9( 5) |
| Minimal | 4(3) | 8(8) | 2(2) | - | 14(13) |
| Moderately Advanced | 5(4) | - | 1(1) | - | 6( 5) |
| Far Advanced | - | - | - | - | - |
| Miliary | - | - | - | - | - |
| Stage unspecified | - | - | - | - | - |
| Other Respiratory | | | | | |
| Primary | - | - | - | - | - |
| Pleurisy | 1 | - | - | - | 1 |
| Lymph nodes | - | - | - | - | - |
| Non-Respiratory | 2 | 3(2) | 2 | - | 7( 2) |

Bracketed figures are number of bacillary cases.

## TIME ELAPSE BETWEEN REACTIVATION AND LAST CLASSIFICATION OF ACTIVE TB

| Time (year) | Whites | Metis | Indians | Total |
|---|---|---|---|---|
| 1 | 2 | 1 | 1 | 4 |
| 1 - 4 | 2 | 2 | 4 | 8 |
| 5 - 9 | 3 | 1 | 3 | 7 |
| 10 - 14 | 2 | 2 | 5 | 9 |
| 15 - 19 | 4 | - | 2 | 6 |
| 20 and over | 3 | - | - | 3 |
| TOTAL | 16 | 6 | 15 | 37 |

## TUBERCULOSIS DEATHS

| Age | Whites | Metis | Indians | Total |
|---|---|---|---|---|
| 0 - 9 | - | 1 | 1 | 2 |
| 10 - 19 | - | - | - | - |
| 20 - 29 | - | - | - | - |
| 30 - 39 | 1 | - | - | 1 |
| 40 - 49 | - | 1 | 1 | 2 |
| 50 - 59 | 3 | 2 | - | 5 |
| 60 - 69 | - | - | - | - |
| 70 and over | 12 | 1 | 1 | 14 |
| TOTAL | 16 | 5 | 3 | 24 |

## CLASSIFICATION OF ACTIVE TUBERCULOSIS BY AGE GROUP AND SEX

| Age | | Whites | Treaty Indians | Metis & Non-Treaty Indians | Other Non-Whites | Total |
|---|---|---|---|---|---|---|
| 0 - 9 | Male | 6 | 5(1) | 9 | 1 | 24(1) |
| | Female | 8 | 8 | 8 | | 24 |
| 10 - 14 | Male | 1 | 2 | 1 | - | 4 |
| | Female | 3 | 4 | 4 | - | 11 |
| 15 - 19 | Male | 2 | 7(1) | 3 | | 12(1) |
| | Female | 5 | 2 | 6 | - | 13 |
| 20 - 24 | Male | 10 | 2(1) | 2 | 1 | 15(1) |
| | Female | 7 | 6 | 4 | 1 | 18 |
| 25 - 29 | Male | 3 | 1 | 1 | - | 5 |
| | Female | 7(1) | 1 | -(1) | 2 | 10(2) |
| 30 - 39 | Male | 6 | 2(2) | 2 | - | 10(2) |
| | Female | 10 | 1(2) | 3(1) | 1 | 15(3) |
| 40 - 49 | Male | 16(2) | 1(1) | 2 | - | 19(3) |
| | Female | 7(1) | 2(1) | 1(1) | 2 | 12(3) |
| 50 - 59 | Male | 14(5) | 4(1) | 2 | 1 | 21(6) |
| | Female | 3(1) | (1) | -(1) | - | 3(3) |
| 60 - 69 | Male | 11(3) | 1(1) | -(2) | - | 12(6) |
| | Female | 5(2) | 2 | 2 | - | 9(2) |
| 70 & Over | Male | 12 | 4(2) | - | - | 16(2) |
| | Female | 15(1) | -(1) | 2 | - | 17(2) |
| TOTAL | | 151(16) | 55(15) | 52(6) | 9 | 267(37) |
| | Male | 81(10) | 29( 9) | 22(2) | 3 | 135(21) |
| | Female | 70( 6) | 26( 6) | 30(4) | 6 | 132(16) |

Bracketed figures designate reactivations.

## PREVENTIVE SERVICES

| SURVEY STATISTICS | 1970 |
|---|---|
| No. of Pulmonary Function Tests | 10,695 |
| No. X-rayed | 33,089 |
| Silicosis Surveys | 3,308 |
| No. of BCG Given | 862 |
| No. of Mantoux Tests | 14,825 |

| HOSPITAL ADMISSION STATISTICS | |
|---|---|
| No. X-rayed | 13,849 |
| No. of Active Cases of Tuberculosis Discovered | 1 |
| No. of Known Tuberculosis Reviewed | 501 |
| No. of Inactive Cases of Tuberculosis Discovered | 2 |
| No. of Hospitals Involved | 84 |

# TUBERCULOSIS CONTROL AMONG INDIANS

The incidence in the total population of registered Indians in the Manitoba Region is 186 per 100,000, which is the same as last year.

The rate of tuberculosis in Northern Manitoba continues to be twice as high as in the South. Tuberculosis surveys in the North are still productive and have not outlived their usefulness.

In conducting surveys in the North, we intend to place more emphasis on:

1) X-raying people who have had no x-rays in the past two to three years.
2) X-raying arrested cases of tuberculosis.
3) X-raying all contacts.

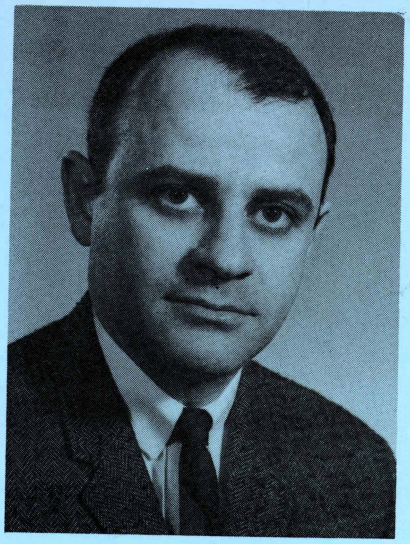
It is our intention to set up teams in the isolated communities, that will go from house to house to persuade people in the above categories to come in for x-rays. We will provide transportation for them to and from the clinic.

Reactivated cases of tuberculosis constitute 20 percent of our active cases. We intend to see that all inactive cases of pulmonary tuberculosis are re-x-rayed at least once a year.

I would like to express the appreciation of Medical Services to the following for their continued co-operation and advice: Mr. T. A. J. Cunnings, Mr. J. J. Zayshley, Dr. E. S. Hershfield, and Dr. R. M. Cherniack.

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

# THE D. A. STEWART CENTRE



Dr. E. S. Hershfield

The year 1970 was the third full year of the D. A. Stewart Centre. The members of the Medical Staff were active in teaching under-graduate and graduate students at the Winnipeg General Hospital, The Children's Hospital, Deer Lodge Hospital and the D. A. Stewart Centre. These teaching activities include conducting clinics for third year students, the teaching of physical diagnosis of chest diseases to second year students and the supervising of clinical clerks, interns and residents. The residency program at the D. A. Stewart Centre expanded over the previous years. Teaching included formal chest conferences, informal rounds and daily x-ray conferences.

There was a substantial increase in the number of cases of active tuberculosis discovered at the D. A. Stewart Centre in 1970. These numbered 184, a 25 percent increase over the number discovered at the Centre in 1969. This increase can be attributed partially to a number of localized outbreaks, as well as to a more intensive searching out of contacts.

Although tuberculosis remains a problem in all age groups, the incidence of disease has been gradually rising in older people. In contrast to the situation some 15 years ago, when about 15 percent of the new active cases were over the age of 50 and 45 percent were under 20 years of age, about 32 percent of the active cases reported last year were 50 years of age or more, and only 22 percent

were under the age of 20. This represents a change in the previously held concept that tuberculosis is primarily a disease of children and young adults. Although this old pattern holds true to a certain extent in females, it seems that tuberculosis is being discovered increasingly in the older age groups, more particularly in the older white population, and most particularly in older white males, who in the 40 to 70 age group outnumbered female tuberculosis patients more than two to one.

Diagnostic methods have changed and intensified. More reliance is placed on laboratory investigation including radiological examinations. The laboratory facilities of the Sanatorium Board of Manitoba were expanded during 1970. The laboratory examined specimens from other areas of the Manitoba Medical Centre and the province, concentrating on the culturing and identification of mycobacteria. It is hoped that in 1971 the laboratory will expand further to encompass the whole field of mycobacterial organisms, including the specific identification and specific antibiotic sensitivity of all acid fast organisms.

The Preventive Service Program of the D.A. Stewart Centre has continued in high gear with an increased number of BCG vaccinations being administered. In addition, the use of INH as chemoprophylaxis has increased. In 1970, 713 individuals were started on INH and as of December 31st, there were still 713 people receiving this form of preventive treatment. In addition, 84 hospitals in Manitoba referred films to the D. A. Stewart Centre for interpretation and there were 13,849 films reviewed. One case of active tuberculosis was discovered in these films and 501 cases of inactive tuberculosis were reviewed. As of December 31st, 1970, there were 395 people in Manitoba receiving anti-tuberculosis chemotherapy as outpatients.

With the shift in emphasis from inpatient to outpatient treatment, more stringent methods of surveillance of these patients must be instituted in the 70's. In addition, facilities must become available for long-term patients from rural areas so that they may remain in urban Winnipeg for part of their anti-tuberculosis treatment. It is essential that the facilities of the Manitoba Sanatorium and the D. A. Stewart Centre be integrated as soon as possible to ensure that during the 70's the high standard of tuberculosis care and control can be continued.

Dr. Earl S. Hershfield
Associate Medical Director

OUTPATIENT SERVICE - D. A. Stewart Centre

| | 1970 | 1969 |
|---|---|---|
| Total No. of Patient Visits | 12,352 | 12,951 |
| Of These: | | |
| Streptomycin Visits | 4,562 | 4,942 |
| Repeat Patients | 4,319 | |
| New Patients | 774 | |
| Repeat Contacts | 1,335 | |
| New Contacts | 1,362 | |
| Total No. of Mantoux Tests | 4,836 | 4,983 |
| Total No. of BCG given | 1,195 | 1,024 |
| Total No. of Pulmonary Function Tests | 2,061 | 348 |
| New Starts on Chemoprophylaxis | 713 | 777 |

INPATIENT SERVICE - D. A. Stewart Centre

| | | |
|---|---|---|
| Discoveries of Active Tuberculosis | 184 | 138 |
| No. of Admissions to the Ward | 512 | 500 |
| No. of Discharges | 526 | 508 |
| No. of Treatment Days | 20,804 | 21,032 |

## OUTPATIENT SERVICE - Manitoba Sanatorium

| | 1970 | 1969 |
|---|---|---|
| Total No. of Patient Visits | 1,294 | 1,203 |
| Of these: | | |
| Reviews of Former Patients | 287 | 293 |
| Other Examinations | 1,007 | 910 |
| New Starts on Chemoprophylaxis | 27 | - |

## INPATIENT SERVICE

| | 1970 | 1969 |
|---|---|---|
| No. of Admissions | 144 | 134 |
| No. of Discharges | 158 | 175 |
| No. of Treatment Days | 33,534 | 53,268 |
| Average Length of Hospital Stay | 212 days | 304 days |

*Dr. A.L. Paine of Ninette (right) was elected president of the Canadian Tuberculosis and Respiratory Disease Association at the annual meeting in Winnipeg in June, 1970. He and Mrs. Paine chat with the immediate past president, Dr. A.B. Colohan of St. John's, Newfoundland, and Mrs. Colohan.*

## MANITOBA SANATORIUM

Dr. A. L. Paine

Manitoba Sanatorium completed its 61st year of operation in 1970. The year saw a further decrease in patient population, which on December 31 stood at 67 as compared to 85 in 1969, and 126 in 1968. Total treatment days for discharged patients dropped from 53,268 in 1969 to 33,534 in 1970 and average treatment days declined from 304 to 212.

### ADMISSIONS AND DISCHARGES

In spite of the decline in patient population, total admissions increased from 134 to 144.

As most of the province's long-term tuberculosis patients are cared for at Manitoba Sanatorium, the type and extent of disease in the new cases is significant. Of the 94 patients with new disease, 59 or 63 percent were of the adult pulmonary type; 19 or 20 percent had primary or childhood tuberculosis, and sites in the remainder were as follows: pleural effusion 6; meningitis 2, glandular 5, renal 2, bone and joint 1. Of the 59 patients with adult pulmonary disease, 63 percent were in the moderately or far advanced stage and 78 percent were infective. Of these, three patients (aged 86, 87 and 96) were admitted in the terminal stages of tuberculosis. Three younger adults with advanced disease had miliary involvement, but they recovered. It is important to stress that the majority of adult patients coming to hospital with pulmonary tuberculosis are still sick with advanced infective disease, despite modern methods of tuberculosis control. Also, as

regards infectivity in those not so sick, 37 percent of all children with primary tuberculosis were infective, as were 70 percent of all new cases whether disease was pulmonary or in other areas.

Of the 14 admissions classed as reactivations, five should be more properly termed first treatment failures in that, though non-bacillary on discharge, they failed to continue with prescribed chemotherapy at home. All five had had a minimum of six months sanatorium treatment but were re-admitted sick and again infective within two to 23 months of discharge. Of the remaining nine patients with reactivated disease, three had no previous drug treatment, three had one year and three two years of chemotherapy in sanatorium. The average interval since the last illness was 12 years; the shortest was two years and the longest 22 years. Age at relapse varied from nine to 82 years. It is of interest that in the total of 11 with previous chemotherapy, sensitivity tests are available to date on five and all are still sensitive to the three standard drugs.

Total discharges were 158 as compared to 175 in 1969. Of these 51 were of the miscellaneous variety arising from deaths, transfers or investigations, while 107 were classed as definitive. Of the six deaths three were from tuberculosis and three were from complicating bronchopneumonia. All were in the old age group. Autopsies were performed in two.

Of the 107 definitive discharges 94 percent went home on chemotherapy. With respect to children, discharge on chemotherapy increased to 86 percent from 69 percent in 1969. Average hospital stay for all patients going home on drugs was 241 days; adults averaged 215 days and children 350 days.

## TREATMENT

As already mentioned the majority of patients requiring long-term treatment continue to come to Ninette for most of their hospital stay; transfers from the D. A. Stewart Centre in Winnipeg, which make up 53 percent of all definitive admissions, are mainly in this category. With the incidence of Indian, Metis or Eskimo patients remaining around 80 percent, socio-economic factors continue to play a major role in the length of stay. Though rest is still indicated in the early toxic phase, all patients-not otherwise disabled-are placed on ambulant routine as soon as symptoms and toxemia have subsided and they are no longer infective. Whenever possible they are kept busy with schooling, occupational therapy, and outside exercise. The current trend is away from chest surgery; in no case has it been employed in the last year.

While accepting the dictum of early discharge to home chemotherapy, this principle often appears inadvisable in individual cases. A significant number of patients with irresponsible attitudes live in outlying areas where close supervision is not possible. But some patients, especially young adults, have a low tolerance for confinement in hospital, even on ambulant routine, and when possible they are discharged when their sputum is negative. Irregular discharge occurred in eight patients - four were disciplinary and four left without notice. All were non-bacillary on discharge. Two have been re-admitted, six are taking drugs at home, two with good co-operation and four inadequately. Five other patients with behaviour problems, who were infective, were transferred to the D. A. Stewart Centre.

As final treatment results depend on the satisfactory completion of chemotherapy at home, reports from field workers on all patients (except Edkimos) discharged on drugs in 1970 have been carefully analyzed. Of 88 such patients, 70 percent are considered to be taking drugs well at home as compared to 67 percent in 1969. In 26, or 30 percent, co-operation was not considered satisfactory. From inpatient experience it is not possible to forecast outpatient co-operation. Half of the 26 delinquent home treatment patients were restless in hospital and stayed an average of four months, but the other half were well settled in hospital, had an average nine month's stay and yet failed to co-operate at home. Details regarding the extent of supervision are not at hand, but in many instances it seems certain that the large territory to be covered would in itself defeat any attempt at adequate care, especially in the nomadic type of patient involved.

## OUTPATIENT DEPARTMENT

Total attendance was 1,294 as compared to 1,203 in 1969. There were 287 examinations of old patients back for review, of which 25 were on chemotherapy. In the remaining 1,007 examinations, non-tuberculous chest conditions were found in four and no disease in 1,003. Prophylactic INH was started on 27 individuals. Of these 22 were old patients and five had strongly positive Mantoux reactions.

## X-RAY AND LABORATORY

The x-ray department made 1,955 radiographic examinations, 884 being inpatients, 480 outpatients and 491 staff . Electrocardiographic tracings were done in 21 instances.

The laboratory did 8,015 tests - for a total of 63,665 units of work. In addition, 1,220 cultures of tubercle bacilli were planted.

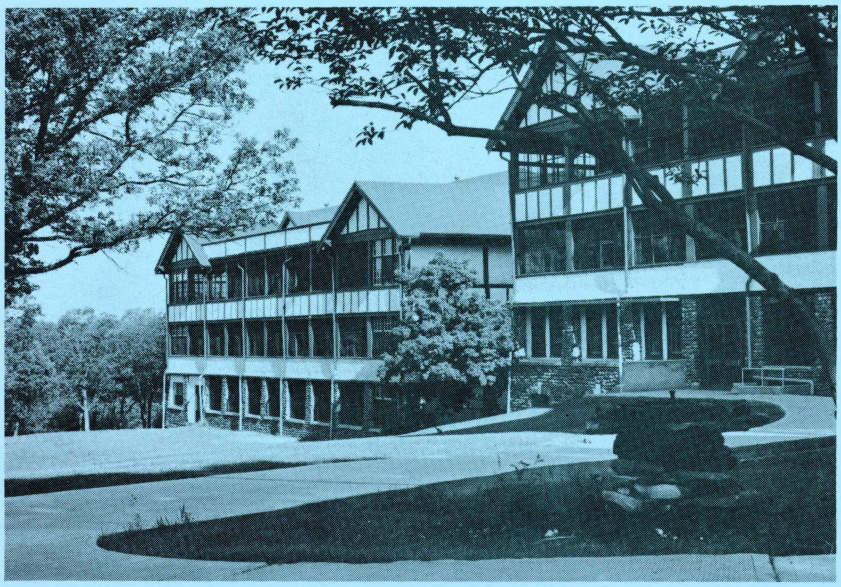
Dr. A. L. Paine,
Medical Superintendent.

## NEW HONORARY LIFE MEMBER

At the annual meeting of the Sanatorium Board of Manitoba in April, 1971, an honorary life membership was awarded to Mr. John Gardner of Dauphin.

Mr. Gardner has been a member of the Board since 1963, and his splendid service to the Dauphin community has earned him wide renown in hospital circles throughout Manitoba and the Canadian west. He has been a member of the Dauphin Hospital Board since 1926 and is a Past President of the Manitoba Hospital Association.

He was keenly interested in the work of the Sanatorium Board, and gave assistance to us in many ways.



*Infirmary*
*Manitoba Sanatorium*

## PHYSICAL MEDICINE AND REHABILITATION

Dr. R. R. P. Hayter

The Manitoba Rehabilitation Hospital - which was opened in the Manitoba Medical Centre area of Winnipeg in 1962 - aims to restore as much function as possible to physically handicapped adults. The comprehensive treatment programs - for 160 inpatients and a larger number of outpatients daily - include the services of physicians specializing in rehabilitation medicine and all other major medical specialties, physical and occupational therapy, speech and hearing assessment and rehabilitation, social and vocational counselling, rehabilitation nursing, clinical psychology, and prosthetics and orthotics. The hospital is also deeply engaged in research into basic problems related to major disabilities, and it has organized teaching programs that include a resident medical staff in physical medicine and rehabilitation, postgraduate courses in rehabilitation nursing, and clinical training of physiotherapy and occupational therapy students.

### MEDICAL STAFF

The following appointments were confirmed to the Active Medical staff in 1970: Dr. J. Wilson Grahame - Urology; Dr. G. Habib-Neurology; Dr. E. S. Hershfield - Tuberculosis and Respiratory Diseases; Dr. A. J. Mehta and Dr. R. S. Kihm - Physical Medicine and Rehabilitation.

New Consultants appointed during the year were: Dr. C. Zylak - Director of Radiological Services; Dr. H. Guenther - Psychiatry.

All of us wish to thank the members of the Active Medical Staff who served on the Executive Committee, as follows: President - Dr. D. A. Kernahan; Past-President - Dr. R. H. McFarlane; Secretary-Treasurer - Dr. M. J. D. Newman; Chairman, Admissions and Discharge Committee - Dr. J. B. Frain; Chairman, Medical Standards and Medical Records Committees - Dr. J. F. R. Bowie; Chairman, Credentials Committee - Dr. R. A. Davis. The sub-committees have dealt with many problems and have proposed several changes during the year, be they in standards, charting, or in the field of admission, care or discharge of patients. Amalgamation of the medical staffs of the Manitoba Rehabilitation Hospital and the D. A. Stewart Centre has been proposed and the by-laws, rules and regulations have been undergoing revision in order to put this into effect.

There was a full complement of Resident Medical Staff for the year, and the training program continued on a clinical basis with ward rounds and conferences, formal teaching sessions, Journal Club and series of seminars on selected subjects.

## EDUCATION

In addition to the residency training program, the physicians at the Manitoba Rehabilitation Hospital are involved in the teaching of physical diagnosis to second year medical students, and to other groups of students interested in neurological disorders. There is much teaching involvement with the students from the School of Medical Rehabilitation, and the special post-graduate courses in rehabilitation nursing.

## INPATIENT SERVICES

| Year | Admissions | Average Length of Stay |
|---|---|---|
| 1968 | 1,165 | 43 days |
| 1969 | 1,190 | 43 days |
| 1970 | 1,231 | 43 days |

There were four deaths in the hospital during the year, and autopsies were requested on all of them.

There were 1,257 discharges from the wards during the year and distribution of these patients under their major medical categories were as follows: Amputees-102, Arthritis-514, Hemiplegia-126, Paraplegia-130, Orthopaedic-274, Internal Medicine-25, Other neuro-muscular disorders-86. There was a reasonably high rate of turnover for this type of hospital with 160 beds. Seasonal changes cause variations in the waiting lists and bed occupancy, both tending to rise during the winter months.

The established programs of treatment have continued with minor modifications from time to time. Perhaps the greatest change is taking place in regard to the care of paraplegics. An Ad Hoc Committee is in the process of reporting on the development of paraplegic services in Manitoba. As far as this hospital is concerned, it has been increasingly possible to admit new spinal injury cases and some other paraplegics as early as possible after the onset of the lesion. With the co-operation of the staffs involved at the general hospitals, Dr. H. Dubo, director of the paraplegic unit, and Dr. Wilson Grahame, consultant urologist, have been requested to see nearly all the spinal injury cases within a few days of injury. This has allowed a more uniform approach to the management of these particular patients. We are looking at the need for allotting more beds for paraplegic care, but this is tied in with other considerations, especially specialized nursing staff on a 24-hour basis.

## OUTPATIENT DEPARTMENT

The medical staff saw a total of 7,823 patients, of whom 2,665 were new patients and 5,158 were medical reviews.

## PHYSIOTHERAPY DEPARTMENT

The establishment of the registered therapy staff was maintained during the year at its highest average level of 24 therapists. There was an increase in treatment units of 60,549 units over the previous year. Shortage of space continued to be the major factor limiting development of existing programs and in addition to an increased number of patients, was one cause for waiting lists, which developed from time to time. Partial expansion is now under way, and hopefully this new area will ease the situation. There was an increase in the numbers of individual treatments on weekends, and the Saturday morning program included group activities for specific patient services.

A "Shoulder Survey", comparing two types of exercise techniques for certain shoulder lesions, was finalized. Chief Physiotherapist, Miss

*Orthopaedic patients do leg exercises in the hydrotherapy pool.*

Joan Edwards presented the results in a paper to the Canadian Physiotherapy Association Centennial Congress in June, 1970. Miss Edwards has also been elected vice-president of the Canadian Physiotherapy Association.

The Cardiac Rehabilitation Program continued, a second bicycle ergometer being donated and a monitor purchased for the sessions. Work studies on the treatment services were conducted by Miss Martha Treichel, assistant charge physiotherapist. Possible solutions to previous problems were recommended out of these studies.

The standards of all the varied programs, the individual treatments, and the class activities were well maintained; in addition to which the therapists again showed keen interest in their overlapping committee structure. Some of the latter which were active include the In-Service Education Committee, The Journal Club, and the Equipment Committee.

During the year clinical training was given to 119 physiotherapy

students. There were also 14 interns. The programs were organized by Miss Sharon Dandy, clinical supervisor.

## OCCUPATIONAL THERAPY DEPARTMENT

In spite of a shortage of staff during the latter part of the year, the total number of treatments increased to 1,014,156 from 914,707 in 1969. New patients attending the department totalled 2,810-1,170 were

*Patients exercise lower limbs in the medium workshop.*

inpatients and 1,640 outpatients.

Patients in the back programs again totalled more than a third of all outpatient conditions treated in this department. Programming for this group presented difficulties due to some shortage of space and equipment.

Our occupational therapists have continued to participate in two medical research projects: a) hand assessments in the studies in early poly-arthritis, under Dr. F.D. Baragar, and b) clinical assessments of patients on L-Dopa, under Dr. M.J. Newman and Dr. G. Habib.

There was considerable increase on the demands on the orthotics workshop during the year. The other workshop areas had full case loads, although scheduling was difficult at times because of the large groups coming from physiotherapy classes. Some re-organization may be necessary in the metal workshops in order to provide adequate work assessments for patients with industrial injuries.

Clinical training has been provided for students from the University of Manitoba School of Medical Rehabilitation and interns have come to work here from the Universities of Toronto, McGill and Manitoba.

Miss Jean Colburn, chief occupational therapist, and her colleagues are to be congratulated for maintaining, so enthusiastically, such a varied program of assessments and therapy in spite of staff shortages and an increased number of patients.

## ELECTROMYOGRAPHY LABORATORY

There was a further increase in clinical activities.

| Year | Patient Examined | No. of Tests |
|---|---|---|
| 1968 | 632 | 986 |
| 1969 | 817 | 1,277 |
| 1970 | 895 | 1,505 |

The clinics were conducted by Dr. J. F. R. Bowie (head of department), Dr. H. I. C. Dubo and Dr. A. J. Mehta. Teaching sessions (by lecture and demonstrations) were given to the residents, and to the diploma and degree students from the School of Medical Rehabilitation, as well as to nursing staff attending the post-graduate course in rehabilitation nursing. A new, automated, strength-duration stimulator was acquired, and further equipment is planned for the future.

## DEPARTMENT OF COMMUNICATION DISORDERS

During the year, Mr. J. B. Person, director of the department, was elected president of the Canadian Speech and Hearing Association, and Mrs. M. Vogel, speech clinician, was elected vice-president of the Manitoba Speech and Hearing Association.

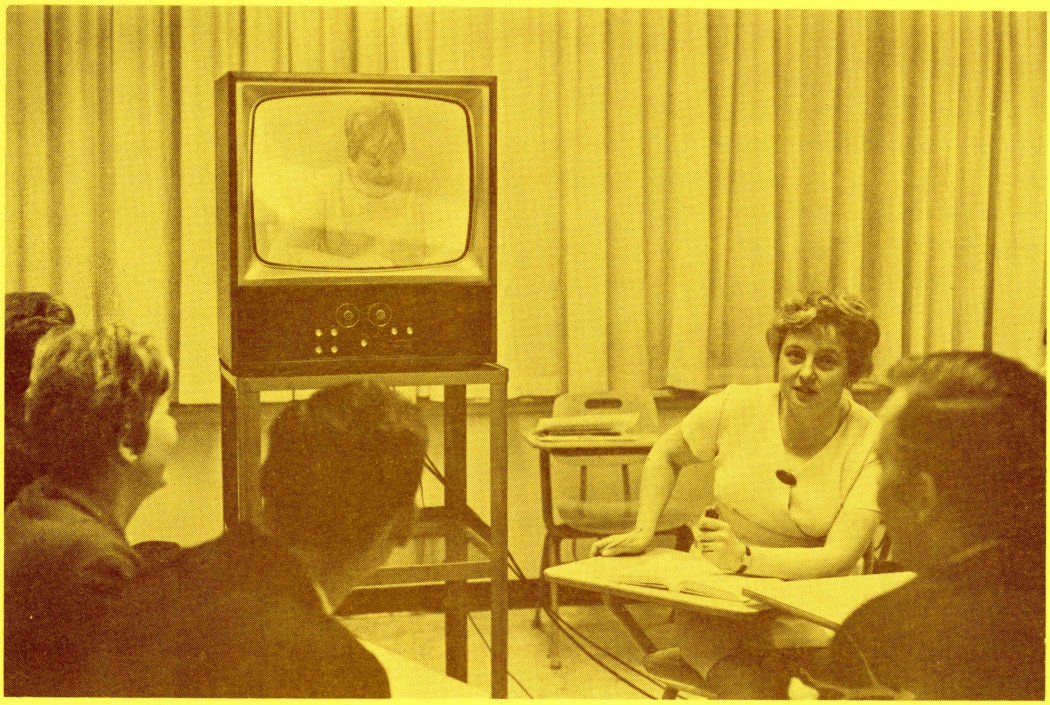
A total of 3,429 treatments were carried out in 1970, of which 766 were for various assessments (e. g., speech and language, hearing and hearing aid evaluation). The other 2,663 treatments were for speech therapy and of these two-thirds were given on an individual basis.

Total treatment units were 62,664, of which 5,820 were for inpatients and 56,844 were for outpatients.

Amongst the inpatients, dysphasia remained the most frequent problem referred for assessment and treatment. Next came patients for hearing assessments, then others with various disorders, such as voice dysrhythmias or dysphonia.

About 80 percent of outpatients were referred for hearing assessment. However, in terms of treatment, speech problems took the greatest amount of therapy time. There was an increase in the number of patients referred with voice problems, including patients with Parkinson's disease who are under study for treatment with L-Dopa. The Lost Chord Club for laryngectomy patients was developed during the year.

Teaching (by seminar and clinical practice) was given to residents in otolaryngology, and the staff was also involved in other series of formal lectures and counselling.



*Group therapy for patients who stutter includes use of videotape.*

Research projects included a) Sensory Perception Abnormality in Diabetes Mellitus (under Dr. John Moorehouse), b) L-Dopa on the Speech Behaviour of Persons with Parkinson's Disease (under Dr. M. J. D. Newman), c) two theses for Master's Degrees (under Dean Engel, Chairman of the Department of Otology and Speech Pathology, University of North Dakota).

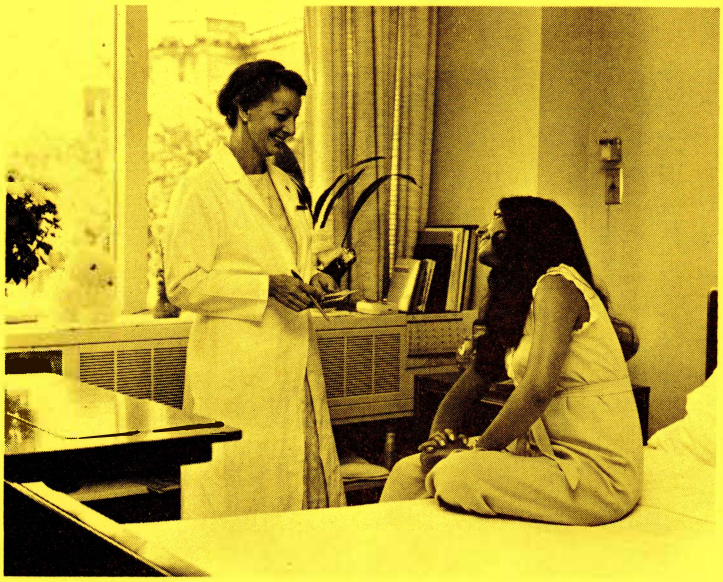
The Department has again co-ordinated its services with those of other agencies, such as assessments and counselling for pre-school deaf children from the Society for Crippled Children and Adults, and for testing and assessment programs with the Child Guidance Clinic.

## SOCIAL SERVICE DEPARTMENT

During the year 1,360 new patients (out of a total of 3,3373 patients). were seen by the department.

Some 40 percent of the patients required counselling for adjustment to their disabilities. Fifteen percent needed help in the area of

*From 50 to 75 percent of the social worker's time is devoted to counselling patients about adjustment to their disability, finances and their return to the community.*



employment or retraining, with planning being aided by an increased government emphasis on rehabilitation services. Contact is maintained with agencies such as Canada Manpower, Society for Crippled Children and Adults, and the Department of National Health and Welfare.

New nursing homes have eased the problems of placement and chronic care for the elderly disabled, but it is felt there is still a lack of facilities for the seriously disabled younger patient. Home care programs continue satisfactorily, with the co-operation of nursing services such as Victorian Order of Nurses, Public Health Nurses, Canadian Arthritis and Rheumatism Society, and the Canadian Paraplegic Association. Discussions have been held with the Alcoholism Foundation to initiate a hospital program in this field. The institution of day care programs is being considered.

The first phase of the psycho-social study of early poly-arthritic patients has been completed, and plans have been made for a further study of patients on the hemiplegic program. Other activities which have become routine include obtaining assistance in financing prosthetic and orthotic devices, for transportation, and for homemaking services.

OTHER EVENTS

A clinical psychology service has been established, and Dr. T. Hogan was appointed as clinical psychologist.

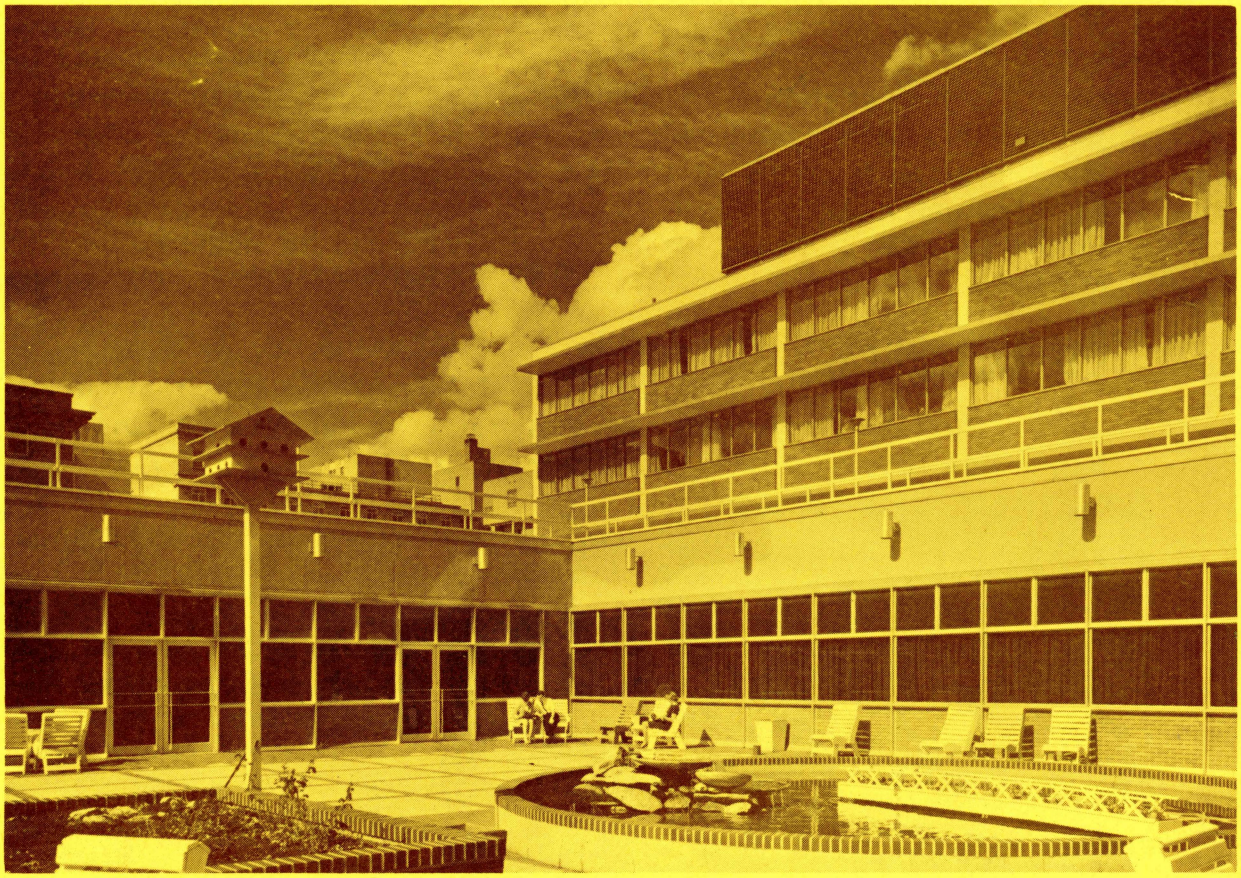
In April, the hospital was surveyed by a team of consultants from the Manitoba Hospital Commission.

In May, Mr. T. A. J. Cunnings presented a brief on behalf of the hospital to the Hunt Commission, and representatives of the Sanatorium Board and the medical staff also attended.

Visitors to the hospital included Dr. Morley E. B. Nash, medical superintendent of the King Edward Hospital, Bermuda, who was making a survey of rehabilitation services across Canada, and Dr. H. Kessler, founder of the Kessler Institute for Rehabilitation at East Orange, N. J., who made rounds and a tour of the hospital during the time of his participation in the Manitoba Health Conference. In October Dr. Frederic J. Kottke, professor and head of the Department of Physical Medicine and Rehabilitation at the University of Minnesota, came as Visiting Professor under the joint auspices of the Canadian Association of Physical Medicine and Rehabilitation and the University of Manitoba to partake in several teaching sessions.

The Sanatorium Board was again one of the sponsors of the Symposium on Orthopaedic Disabilities and Rehabilitation, held in October, on the topic of "Surgery of the Hand". The symposium was well attended and greatly appreciated in regard to its educational value.

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



Courtyard
Manitoba Rehabilitation Hospital - D. A. Stewart Centre

## NURSING DEPARTMENTS

E. L. M. Thorpe

We began the year by meeting the deadline of January 1st, 1970 for the adoption of the metric system for all Greater Winnipeg hospitals.

Our nursing services at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre continued under the direction of Miss Agens Fleury, who introduced many innovative measures during the year under review. Staffing patterns were reorganized, the number of nursing teams was doubled, and each of these smaller teams had a correspondingly smaller load, which it was hoped would make for improved nursing care. The nursing cadre of the D. A. Stewart Centre was considerably strengthened in recognition of the increasing complexity of our respiratory services.

One area where the role of nursing is sometimes not fully understood is in the outpatient departments at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre, which handled more than 60,000 outpatient visits during the year. To realize the extent of the daily influx of outpatients, one needs to reflect on how the services have expanded over the years, with no expansion in functional space or in nursing staff save for the addition of a full-time preventive services nurse in the D. A. Stewart Centre and one part-time nurse on the new allergy service. The statistics for the D. A. Stewart Centre outpatient department show that 4,836 persons were given tuberculin tests and 1,195 received B. C. G. vaccine. What is not reflected in these figures is the follow-up work entailed in reading reactions to Mantoux tests and B. C. G. The readings are more numerous than the vaccinations. In addition, to the 7,800 people reporting to the

Manitoba Rehabilitation Hospital for medical consultations and reviews, some 200 outpatients attended each day for therapeutic sessions in the physiotherapy and occupational therapy departments. Nursing service is involved in scheduling locker space, providing keys, issuing appropriate exercise clothing, helping in changing rooms where this is needed and explaining prepared schedules of treatment times.

Supportive services are also supplied by nursing to the developing cardiac rehabilitation program and the Department of Electrodiagnosis. Another busy area is the Central Supply Service, where special services to the Canadian Paraplegic Association and other community agencies continue to increase.

As far as inpatient services are concerned, nursing, like the other departments, has felt the pressures of the need for space. It would be less than honest not to say that we feel we are not doing some things as nicely as formerly because of this desperate need for space. Nevertheless, in spite of difficulties, levels of nursing care remain high. We are fortunate in our supervisors, head nurses and other senior staff who provide the threads of continuity of patient care and the maintenance of standards which are an essential part of on-going instruction.

## PERSONAL MENTION

Miss V. Peacock concluded 36 years of nursing service on August 28th, 1970, the last eight of these years as Day Supervisor and assistant Director of Nursing of the Manitoba Rehabilitation Hospital. She acted as Director of Nursing for approximately two years and was held in great affection and respect by all. We are extremely fortunate in having been able to persuade her not to make her retirement total but to agree to return to us at weekends as relief supervisor at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre, thereby strenghtening nursing supervision at a time when other staff tends to be minimal.

Mrs. Doris Setter, who has so ably handled our In-Service Education programs for the past six years had two changes of title in rapid succession in 1970. She was first named In-Service Education Co-ordinator, as it was felt that this was more truly explanatory of her varied functions; then she was appointed Assistant Director of Nursing at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre.

## IN-SERVICE EDUCATION

In-Service Education was one area in which there was great expansion. This was in part necessitated by new emphases in the training of

nurses and a consequent need for employing agencies to teach practical skills, and in part by our own developing services.

The aims of in-service education are to upgrade the level of patient care and provide uniform standards throughout the hospital. Registered nurses, licensed practical nurses, nursing orderlies and nursing assistants are provided education and training related to rehabilitation nursing skills which stimulate them to meaningful identification of and participation in the rendering of their services. One course in rehabilitation nursing for licensed practical nurses was also held in 1970 and two in-service training courses for nursing orderlies and nurses' assistants were completed. In addition, to classroom instruction and demonstrations, nursing orderlies and nurses' assistants completing these courses are helped to function effectively in ward situations by a process of follow-up and supervision, which covers approximately five hours a day for a two week period.

General in-service sessions included 10 sessions in resuscitation techniques, including two individual practice sessions in mouth to mouth resuscitation for each staff member of the sixty-one attending. In addition to this, ward teaching clinics were conducted by the nursing staff on the various nursing floors.

Orientation of new staff continues to be a major part of the teaching program, and the extent of orientation is considerable. Each new registered nurse requires approximately 40 hours orientation, licensed practical nurses receive approximately 32 hours each, and nursing orderlies and nurses' assistants approximately 24 hours each. In total, 84 new staff members, 48 of whom were registered nurses, were in the orientation programs during 1970.

## POST- GRADUATE COURSES IN REHABILITATION NURSING

Two post-graduate rehabilitation nursing courses for registered nurses were held in 1970 and, as usual, several out-of province nurses as well as nurses from rural Manitoba were enrolled. This is an intensive three week course designed to teach registered nurses the philosophy and special skills involved in the rehabilitation and functional restoration of the physically disabled. Our full time medical staff, specialist consultants, senior nursing, physiotherapy and occupational therapy staff and members of the Department of Communication Disorders, Social Service Department, and the Prosthetic and Orthotics Research and Development Unit make valuable contributions to the post-graduate courses and, over the years, we have seen the concept of rehabilitation of the disabled spreading into all manner of community areas.

## CONTINUING EDUCATION

Members of the nursing staff devote much of their own time to furthering their professional education and keeping abreast of rapid changes in the health field. Mrs. P. Torgerson, day supervisor, D. A. Stewart Centre and Miss Marnie Jolliffe successfully completed the Nursing Unit Administration Course offered by the Canadian Hospital Association. Miss Dianne Krawchuk, evening supervisor, D. A. Stewart Centre, returned to the University of Manitoba, to complete further courses in the degree nursing program.

## MANITOBA SANATORIUM

Our staff at Manitoba Sanatorium, under the direction of Mr. William Broadhead, continued to render excellent service despite uncertainty about the future of the hospital. Staff quotas were adequately maintained. Some much needed new equipment was provided, and a more adequate central supply room was established.

The last group of student nurses from the Brandon Hospital for Mental Disesases to receive part of their training at Manitoba Sanatorium completed their affiliation in July, thereby ending a long and happy association between the two hospitals. Reorganization of curricula at the Brandon Hospital for Mental Diseases, and new approaches both in the treatment of tuberculosis and mental illness, were responsible for this adjustment.

We continue to conduct a nurses' assistant training program at Manitoba Sanatorium, and 17 students completed the course in 1970.

Manitoba Sanatorium followed the Manitoba Rehabilitation Hospital - D. A. Stewart Centre into the metric world on September 30th.

## MANITOBA ASSOCIATION OF REGISTERED NURSES

Our association with the Manitoba Association of Registered Nurses was strengthened during the year. Miss Fleury served as Chairman of the Nursing Service Committee of this professional organization, and it was a matter of pride that a former Nursing Consultant to the Sanatorium Board of Manitoba became Executive Director of the M. A. R. N.

Mrs. Doris Setter attended various clinics and workshops and was active in in-service education sessions of the M. A. R. N.

## CENTENNIAL EVENTS

Members of our nursing staff were considerably involved in various centennial events.

In June, by virtue of being chairman of the Nurses Section, Canadian Tuberculosis and Respiratory Disease Association(1970), the Administrative Assistant-Nursing Consultant, had the honour and the responsibility for planning the program for the Nurses'Section sessions of the 70th annual meeting of the CTRDA, which was held at the Fort Garry Hotel, Winnipeg. Excellent support was received from the School of Nursing, University of Manitoba, the Department of Health and Social Development, the Manitoba Association of Registered Nurses and the Victorian Order of Nurses, as well as our own nursing staff, in planning for the formal program. The sessions were well attended.

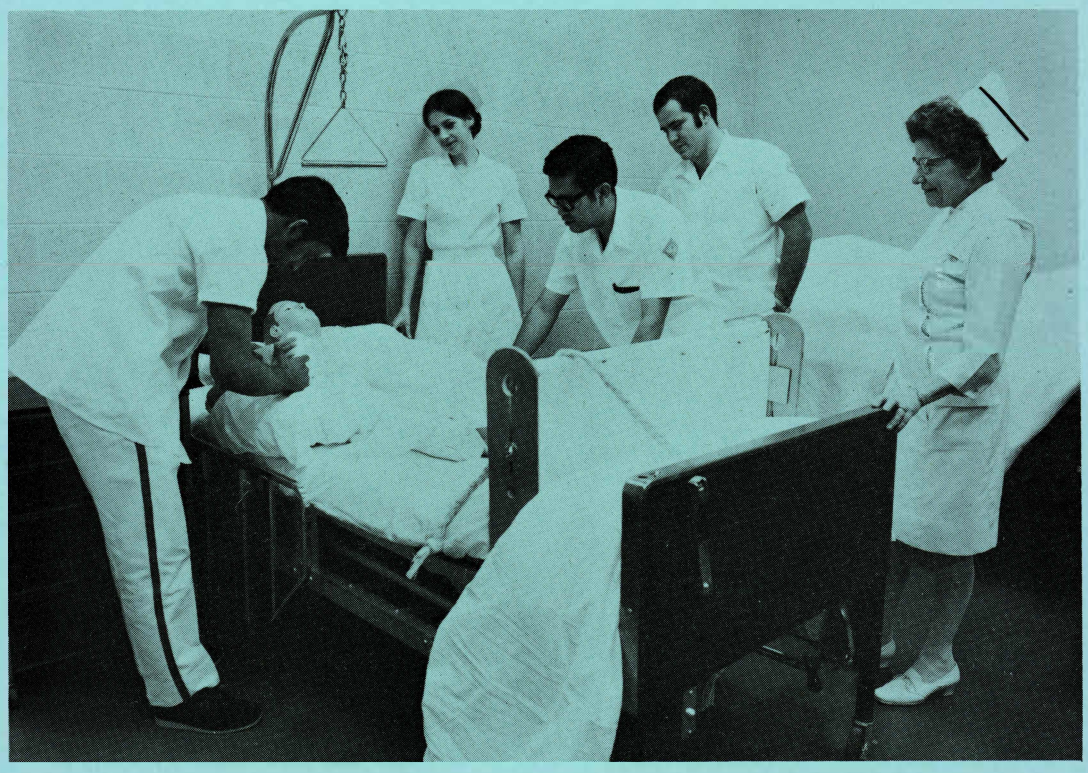
From September 28th to October 9th, the Sanatorium Board of Manitoba and the Canadian Tuberculosis and Respiratory Disease Association presented a Symposium on Respiratory Disease Care for registered nurses at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre. Members of the faculty of the University of Manitoba, the president and nursing consultant of the CTRDA, and members of our executive staff, the Winnipeg General Hospital staff and the Victorian Order of Nurses made outstanding contributions to this symposium, which was a first in Canada. With help from the Department of Manpower and Immigration we were enabled to bring in as guest speaker Miss Ruth Barstow, Clinical Nurse Specialist in Respiratory Disease Nursing at the Veterans' Administration Hospital in Livermore, California.

*Thirty nurses from different parts of Canada attended the Postgraduate Course In Respiratory Disease Care, held in Winnipeg in September- October, 1970.*

There was excellent representation from our nursing staff at the Manitoba Hospital and Nursing Conference in the fall. In addition our In-service Education Co-ordinator addressed members of the Manitoba Association of Certified Orderlies on the subject of the needs of the elderly patients.

The Nursing Consultant-Administrative Assistant, Sanatorium Board of Manitoba, and the Director of Nursing Services, Manitoba Rehabilitation Hospital-D. A. Stewart Centre, were voting delegates at the Conference.

E. L. M. Thorpe,
Executive Assistant-Patient Services



*Under the direction of our Assistant Director of Nursing Mrs. Doris Setter, new staff members taking the Nurses' Assistants and Nursing Orderlies Training Program are instructed in the use of splints, footboards and other special aids for the disabled.*

*Riddell, Stead & Co.*

CHARTERED ACCOUNTANTS 804-220 Portage Avenue, Winnipeg 1, Manitoba

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, 1970. 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 Health Services Commission operating deficits receivable of $ 57, 688 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 Health Services Commission, mentioned above, and from the ultimate disposal of the buildings as set out in Note 1 to the financial statements, in our opinion these financial statements present fairly the financial position of the Board as at December 31, 1970, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceeding year.

April 16th, 1971.

Riddell, Stead & Co.

## COMBINED BALANCE SHEET AS AT DECEMBER 31, 1970

### ASSETS

| CURRENT ASSETS | 1970 | 1969 |
|---|---|---|
| Cash | $ 353,399 | $ 250,955 |
| Trust funds held for safekeeping | 4,695 | 5,352 |
| Accounts receivable | | |
| Manitoba Hospital Commission | | |
| Patients | 2,752 | 15,918 |
| Deficits from operations | 57,688 | 14,347 |
| Province of Manitoba | 75,465 | 99,727 |
| Other commissions and agencies | 289,082 | 244,852 |
| Investments at par value (Quoted market value 1970 - $577,462; 1969 - $543,514) | 616,376 | 606,750 |
| Inventory of supplies at cost | 150,308 | 141,254 |
| Prepaid expense | 1,895 | 2,016 |
| | 1,551,660 | 1,381,171 |
| DUE FROM SCHOOL OF MEDICAL REHABILITATION | - | 3,307 |
| PROPERTY, PLANT AND EQUIPMENT at cost (note 1) | 6,733,633 | 6,692,272 |
| Government construction grants | 1,886,196 | 1,886,196 |
| | 4,847,437 | 4,806,076 |
| Accumulated depreciation and amortized capital grants | 2,264,952 | 2,144,212 |
| | 2,582,485 | 2,661,864 |
| UNAMORTIZED BOND DISCOUNT | 21,212 | 23,809 |
| | $4,155,357 | $4,070,151 |

## LIABILITIES

| CURRENT LIABILITIES | 1970 | 1969 |
|---|---|---|
| Bank indebtedness | $ 20,000 | $ 20,000 |
| Accounts payable | 265,682 | 229,423 |
| Safekeeping trust funds | 4,695 | 5,352 |
| Unredeemed coupons and accrued interest | 18,770 | 14,714 |
| Current maturities on debentures payable | 85,000 | 85,000 |
| | 394,147 | 354,489 |
| DEBENTURES PAYABLE (note 2) | 1,985,000 | 2,070,000 |
| UNAMORTIZED CAPITAL GRANTS | 31,946 | 39,457 |
| RESERVES | | |
| Rate stabilization reserve - Department of National Health and Welfare | 2,455 | 2,433 |
| Laundry building and equipment replacement reserve | 15,734 | 15,734 |
| Employee benefit reserve | 27,729 | 31,571 |
| Other | 21,356 | 14,517 |
| | 67,274 | 64,255 |
| BALANCE OF FUND | | |
| Manitoba Rehabilitation Hospital-D. A. Stewart Centre | | |
| Revenue Fund | 100,248 | 91,727 |
| Plant Fund | 326,187 | 298,197 |
| | 426,435 | 389,924 |
| Manitoba Sanatorium | 381,600 | 326,700 |
| Endowment Fund #1 | 161,212 | 161,090 |
| Endowment Fund #2 | 186,388 | 164,689 |
| Building Fund | 195,721 | 192,352 |
| Special Assets | 314,253 | 299,939 |
| Other Funds | 11,381 | 7,256 |
| | 1,676,990 | 1,541,950 |
| | $4,155,357 | $4,070,151 |

## NOTES TO THE COMBINED BALANCE SHEET

As at December 31st, 1970

### 1. PROPERTY, PLANT AND EQUIPMENT

The Sanatorium Board of Manitoba discontinued operating the Assiniboine Hospital as at December 31, 1965, and has leased the hospital site to the Brandon General Hospital for as long as the premises are required. Title to the land and buildings having a net book value of $ 78,002 has remained with the Sanatorium Board. Under the original agreement for the purchase of the hospital from the City of Brandon, title will revert back to the City if the property is no longer used for hospital purposes.

### 2. DEBENTURES PAYABLE

The outstanding debentures are as follows:

| | 1970 | 1969 |
|---|---|---|
| 5-1/2% Series A debentures maturing annually on May 1, in a principal amount of $ 31,000 with final payment of $442,000 on May 1st, 1981. | $ 752,000 | $ 783,000 |
| 5-1/4% Series B debentures maturing annually on December 15, in a principal amount of $ 54,000 with final payment of $ 778,000 on December 15, 1981 | 1,318,000 | 1,372,000 |
| | 2,070,000 | 2,155,000 |
| Current maturities | 85,000 | 85,000 |
| | $ 1,985,000 | $ 2,070,000 |

These debentures are guaranteed as to principal and interest by the Province of Manitoba.

## ACKNOWLEDGEMENT OF GIFTS AND REQUESTS

*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.*

*Over the years, the following individuals and organizations have made gifts or bequests 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. J.M. Bernstein
Mr. Allan S. Bond
Mr. William Bower
Mr. H.H. Bradburn
Mr. J.R. Brodie
Mr. Duke Bryson
Hon. Colin H. Campbell, K.C.
Mr. John Chadbourn
Miss Anna Maude Chapman
Mr. Robert A. Christian
Mr. John R. Clements
Mr. L.R. Clements
Mr. Richard W. Craig
Mr. T.R. Deacon
Mr. Frank Deeley
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. J.W.K. McCracken
Mr. D.A. McDonald
Dr. W.S. McInnes
Mr. William McKenzie
Mr. Martin McKittrick
Mr. A.R. McNichol
Mr. David L. Mellish
Sir Augustus Nanton
Mr. F. Nation
Mr. W. McG. Rait
Mrs. Noel Rawson
Mr. N.J. Reoch
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
Mr. Max P. Wilde
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.
Granada Investments Ltd.
Great West Coal Co. Ltd.
Great-West Life Assurance Co. Ltd.
J. Werier and 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