ANNUAL REPORT

SANATORIUM BOARD OF MANITOBA
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SANATORIUM BOARD OF MANITOBA

FOUNDED IN 1904

"WHERE THERE IS NO VISION, THE PEOPLE PERISH"
— Book of Proverbs

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

EXECUTIVE OFFICE

800 Sherbrook Street
Winnipeg, Manitoba R3A 1M4

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

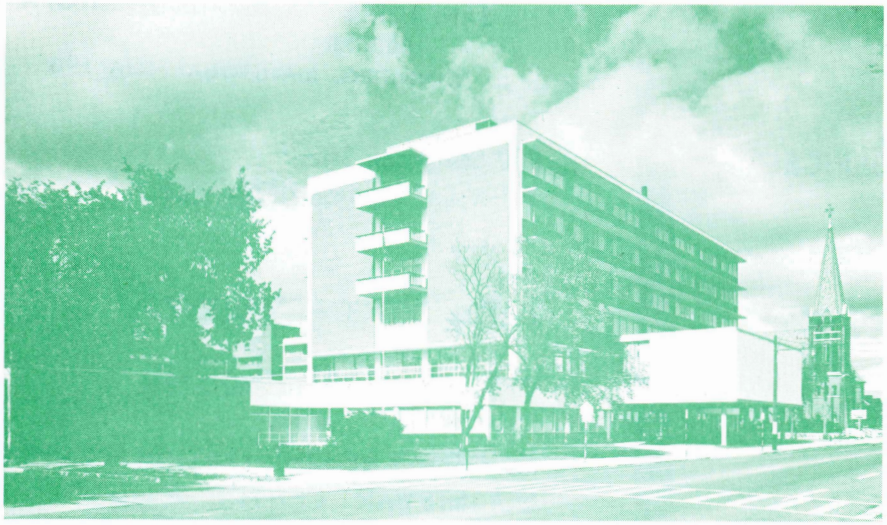
INCORPORATION

A VOLUNTARY, NON-PROFIT CORPORATION

(Incorporated under the Tuberculosis
Control Act of 1929)

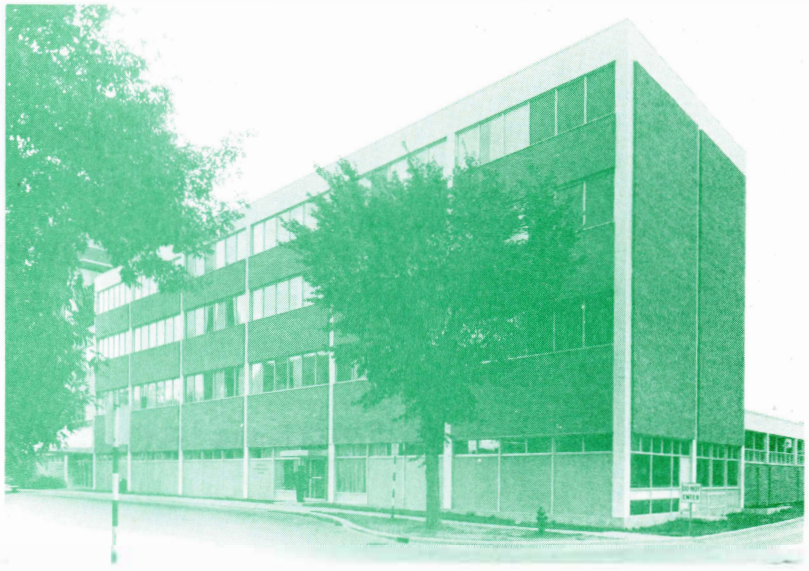
CO-OPERATING WITH OTHER HEALTH AND
WELFARE AGENCIES IN THE PROVINCE

REPORT FOR THE YEAR 1971



Manitoba
Rehabilitation
Hospital

D. A. Stewart
Centre



Manitoba
Sanatorium

MESSAGE FROM THE HON. RENE TOUPIN

Minister of Health and Social Development, Province of Manitoba

It is largely through the efforts of the Sanatorium Board of Manitoba that the great strides we have seen in the control of tuberculosis have been made. The fact that the Board and the Institutions so closely associated with it have broadened their scope to include other respiratory diseases, rheumatic diseases and related problems must be an encouragement to those Manitobans afflicted with these diseases.

Much of the success of the efforts of the Sanatorium Board, the D. A. Stewart Centre and the Manitoba Rehabilitation Hospital can be attributed to the spirit of co-operation which has existed between them and the Provincial Government and other agencies. This co-operation is evident in the development of the new Rheumatology Unit with the University of Manitoba. The reorganization of the Central Tuberculosis Registry, silicosis surveys, and the location of a full-time Workmen's Compensation Board officer in the "Rehab" indicate a high degree of co-operation between the Board and the Provincial Government.

The contribution of the Board and its related institutions to the fields of rehabilitation, physical medicine, and its specialized treatment services are recognized well beyond the boundaries of Manitoba, and are a credit to the province.

Again, on behalf of the Government and the people of Manitoba, may I congratulate the Sanatorium Board of Manitoba on its fine efforts in the past and encourage the staff of its various institutions in their future work.

For many ill and disabled Manitobans, much depends on their success.

TABLE OF CONTENTS

SANATORIUM BOARD OF MANITOBA

EXECUTIVE

Chairman	Mr. S. Price Rattray
Past-Chairman	Mr. Harold L. McKay
Vice-Chairman	Mr. R.S. Allison
Members	Mr. J.F. Baldner
	Mr. F. Boothroyd
	Mr. J.B. Craig
	Dr. H.H. Saunderson

HONORARY LIFE MEMBERS

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

STATUTORY MEMBERS

Appointed by Provincial Department of Health and Social Development:

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. E. Dow
Mr. G.W. Fyfe
Dr. T.W. Fyles
Mr. C.F. MacNaughton
Mr. H.C. Maxwell
Mr. D.S. McGiverin
Mr. H.L. McKay
Mr. F.O. Meighen, QC
Dr. Arnold Naimark
Mr. E.B. Pitblado, QC
Mr. S. Price Rattray
Dr. H.H. Saunderson
Mr. George Schwindt
Mr. A.R. Williams

EXECUTIVE DIRECTOR-SECRETARY-TREASURER

T.A.J. Cunnings, BA, FACHA

AUDITORS

Riddell, Stead & Co.

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	MRS. DORIS SETTER
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	MRS. J. OTT
Senior X-Ray Technician	MRS. D. MOAR
Plant Superintendent	WILLIAM O. D. EVANS

CENTRAL TUBERCULOSIS REGISTRY

Nursing Consultant, Tuberculosis Control	MISS JOANN MacMORRAN

PROSTHETICS AND ORTHOTICS RESEARCH AND DEVELOPMENT UNIT

Medical Director	DR. F. R. TUCKER

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

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, FAO, FRCS(Can).
J. B. McBEATH, MB, FRCS (Eng & Can).

D. A. STEWART CENTRE

Physician-in-Chief, Respiratory Disease Service	R. M. CHERNIACK, MD, MSc, (Med), FRCP (Can), FACP.
Medical Director	E. S. HERSHFIELD, MD, FRCP(Can), FCCP.

Associate Medical Directors

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).
J. 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 - Manitoba Rehabilitation Hospital-D. A. Stewart Centre

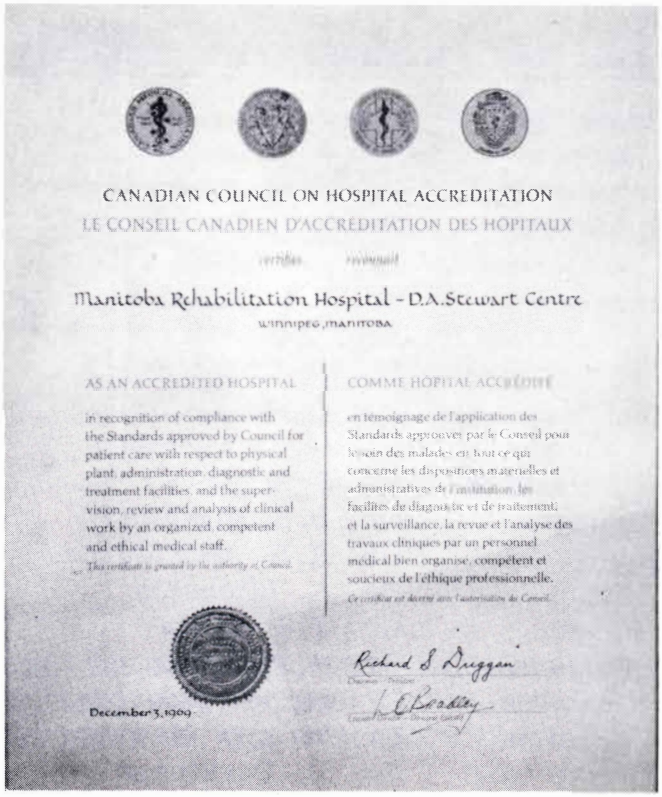
Dr. W. Alexander	Dr. George Hardy	Dr. S. Parker
Dr. F.D. Baragar	Dr. R.K. Hay	Dr. P.N. Porritt
Dr. S. Blumenthal	Dr. R.R.P. Hayter	Dr. D.M. Riddell
Dr. J.F.R. Bowie	Dr. E.S. Hershfield	Dr. S.D. Rusen
Dr. D.M. Brodovsky	Dr. D.A. Kernahan	Dr. M.G. Saunders
Dr. L. Cherniack	Dr. R.S. Kihm	Dr. P.W. Schmidt
Dr. R.M. Cherniack	Dr. Brian Kirk	Dr. C.B. Schoemperlen
Dr. V. Chernick	Dr. M.K. Kiernan	Dr. J.W. Snarr
Dr. F. Chochinov	Dr. G.M. Krolman	Dr. Kam Tse
Dr. R.A.L. Davis	Dr. M.J. Lehmann	Dr. F.R. Tucker
Dr. M.H.L. Desmarais	Dr. I. Mayba	Dr. R.J. Walton
Dr. H.K. Dhingra	Dr. D.S. McCarthy	Dr. W.R. Waters
Dr. H. Dubo	Dr. R.H. McFarlane	Dr. J.C. Wilt
Dr. J.G. Fox	Dr. L. Michaels	Dr. L.L. Whytehead
Dr. J.B. Frain	Dr. T.J. Mills	Dr. C.J. Zylak
Dr. R.F. Friesen	Dr. A.J. Mehta	Dr. H.W. Hart (Faculty of Dentistry)
Dr. J.W. Grahame	Dr. Ian M. Morrow	Dr. J.W. Neilson (Faculty of Dentistry)
Dr. F.H. Gunston	Dr. M.J.D. Newman	
Dr. G.G. Habib	Dr. D. Parkinson	

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



CANADIAN COUNCIL ON HOSPITAL ACCREDITATION

LE CONSEIL CANADIEN D'ACCREDITATION DES HOPITAUX

certifies reconnait

Manitoba Rehabilitation Hospital - D.A.Stewart Centre

WINNIPEG, MANITOBA

AS AN ACCREDITED HOSPITAL

in recognition of compliance with the Standards approved by Council for patient care with respect to physical plant, administration, diagnostic and treatment facilities, and the supervision, review and analysis of clinical work by an organized, competent and ethical medical staff.

This certificate is granted by the authority of Council.

COMME HÔPITAL ACCRÉDITÉ

en témoignage de l'application des Standards approuvés par le Conseil pour le soin des malades en tout ce qui concerne les dispositions matérielles et administratives de l'institution, les facilités de diagnostic et de traitement, et la surveillance, la revue et l'analyse des travaux cliniques par un personnel médical bien organisé, compétent et soucieux de l'éthique professionnelle.

Ce certificat est décerné avec l'autorisation du Conseil.

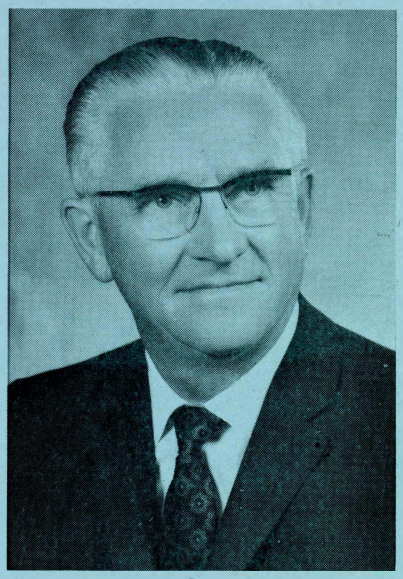
December 3, 1969

Richard S. Duggan

Director - Directeur

Chairman - Président

CHAIRMAN'S REPORT



Harold L. McKay

Ladies and Gentlemen:

First may I welcome you most cordially to this, the 61st Annual Meeting of the Sanatorium Board of Manitoba. Details of our many and varied activities in advancing health and rehabilitation services in Manitoba will be given to you in reports presented today.

THE BOARD

The Board and the Executive Committee met regularly throughout the year, with a total of 20 meetings in 1971. I wish to thank the members for their attendance at these meetings, and their continued interest in the Board's widespread activities despite the unsettlement of our affairs during the past year.

HEALTH SCIENCES CO-ORDINATING COUNCIL

In May 1971, the consultants to the Health Sciences Co-ordinating Council, James A. Hamilton Associates (Incorporated), presented its plan for physical development of the Manitoba Health Sciences Centre. This report recommended that the development of facilities at the D. A. Stewart Centre, to provide for the discontinuance of tuberculosis treatment at Ninette, be given high priority. It also advised that "extended

treatment facilities are of the highest priority. It is recommended that the project at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre combine the extended treatment bed accommodation with the project initially proposed by the Sanatorium Board." Perhaps, understandably, there was not unanimous support among the institutions concerned for all the major recommendations of the consultant. This led to the appointment by the Government of a Review Committee, composed of senior civil servants.

REVIEW COMMITTEE

On September 1st, 1971, the Chairman of the Review Committee, Mr. Andre Ouellette, proposed to the institutions that all the facilities in the Manitoba Medical Centre be integrated on the basis of single ownership, a single Board of Directors, and a single administrative structure. After consideration, and consultation with the Executive Committee of the Medical Staff, the Board expressed the opinion that a single Board of Directors, with authority particularly in the area of planning and development, might end the impasse that had developed in getting final approval for any construction under the Health Sciences Co-ordinating Council structure. Since it was established in October, 1968, despite the establishment of a planning office, many hours of planning time by the individual institutions, and innumerable meetings, no single new development had occurred. Yet there is a pressing need for some additional facilities. In writing to the Review Committee, the Board stipulated that the medical staffs of the several institutions should retain their identity; that while the central Board might be needed in terms of cost and planning, there should be sub-committee administrative units concerned with the day to day affairs of the individual hospitals; that the Sanatorium Board continue to have responsibilities in the area of Preventive Services, Pembina House operation, and other health programs; that research and special funds be retained and the Christmas Seal Sale be continued; and it was pointed out that there might be considerable difficulty in operating an effective program unless the treatment and preventive services continue to be integrated under one Board.

Representatives of the Board met with some members of the Review Committee on October 28th. It was agreed that they would consult with the Board again before any action was taken but no further meeting has taken place, other than a meeting between Mr. Ouellette and one representative from each of the hospital boards on March 11th, 1972.

MANITOBA SANATORIUM

The Board has continued to explore alternative uses for the Manitoba Sanatorium site, in co-operation with the West-Man Corporation and government departments. In a report prepared for the government by Mr.

C. D. Blakeslee, issued in November, 1971, it was recommended that the Board expand the Pembina House operation at Ninette and establish a number of half-way houses to facilitate the integration into the community of young people who have spent the necessary time in Pembina House. Up to the present, there has been no positive indication from the government as to whether or not they endorse the Blakeslee recommendation.

CONTRIBUTIONS

We gratefully acknowledge bequests and donations for research and other special purchases in the amount of $ 6,260.00. Again we extend special thanks to the Associated Canadian Travellers in Winnipeg for a contribution of $ 10,600 which was used to assist in the purchase of x-ray equipment. The Christmas Seal Fund, which is used entirely for preventive services, health education and related health programs, reached its highest point in the campaign concluded on January 31st, 1972, with contributions totalling $205,557. We deeply appreciate the confidence and support of the thousands of people who annually assist in financing our efforts to prevent illness and improve health.

We are grateful also for the hundreds of volunteers who have helped us during the year - in the Christmas Seal Campaign, the surveys, and in many other ways. The very active volunteer service at the Manitoba Rehabilitation Hospital contributes much by way of service, the operation of the gift shop, the library and special fund raising events. Their contribution was valued at $ 9,521 in 1971.

APPRECIATION

I would like to express appreciation for the high standard of excellence achieved by our medical staff in the care of patients and in our preventive services, as well as in the research projects they have undertaken. On behalf of the Board, I would like to extend special appreciation to the department heads and members of the staff who have served so loyally and efficiently throughout the year.

Harold L. McKay,
Chairman of the Board.

April 28th, 1972

HELPING HANDS

The Volunteer Service at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre operates a gift shop, library, barbershop, hairdressing salon and many other important services for patients and staff.

Through the annual Christmas Candle Fair and other fund-raising projects, our hospital's volunteers helped to purchase for the electromyography department in 1971 special portable equipment for use in and outside of the hospital.

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 $ 531,085. 52 to our work. This splendid assistance has been given by the Winnipeg and Brandon Clubs since 1945.

EXECUTIVE DIRECTOR'S REPORT

T. A. J. Cunnings

Due to the uncertainties engendered by the government's proposals with respect to the Health Sciences Complex, the day to day management of the Board's affairs in 1971 has presented unusually complicating factors. Nevertheless, we have continued to progress and make improvements in the services which are our special concern.

The following items are noted briefly, since details will be referred to in other reports:

1) Under agreement with the University of Manitoba, a 20-bed clinical teaching unit in rheumatology has been established at the Manitoba Rehabilitation Hospital under the medical direction of Dr. Fletcher D. Baragar.

2) A revised proposal for construction and alterations at the Manitoba Rehabilitation Hospital-D. A. Stewart Centre was prepared and submitted to the Manitoba Health Services Commission in January of 1972. This would alleviate the pressing need for out-patient space, teaching space, and a number of other needs, including the transfer of the remaining patients at Ninette. We have been advised that the Manitoba Health Services Commission would like to discuss this proposal in

detail once the government lifts its freeze on planning in the Health Sciences Centre.

3) We have completely taken over the operation of the Central Tuberculosis Registry, which was formerly part of the Public Health Service. This has now been re-organized and automated.

4) The Federal Health Grants, established by the federal government in 1948, have been gradually diminised from about $230,000 per year to $21,000 in the last fiscal year, at which time they have been terminated. Major recent expenditures were for out-patient anti-tuberculosis drugs and this cost is now being covered by the province.

5) Winter Works Projects were approved and are presently underway in the amount of $146,683.

6) The arrangement under which we undertook the silicosis surveys for the province in 1970 was expanded and developed. The recording procedure has been fully automated and we now do the total program including preparation of the licenses for miners, who are required to be examined under provincial legislation. This should represent a substantial saving to the province.

7) A global budgeting system was introduced by the Manitoba Health Services Commission and the general rate of increase in 1972 over 1971 is seven percent.

8) Changes in medical staff organization have been prepared in co-operation with other Winnipeg hospitals and are now ready for final approval to implement recommendations in the Hunt Report.

9) Following the recommendations of a special inter-hospital medical committee, the recommendation has been made to the Manitoba Health Services Commission that a Spinal Injuries Unit be established at the Manitoba Rehabilitation Hospital to take cases at an earlier stage after injury. Our present unit consists of 20 beds.

10) The Physiotherapy Department was enlarged by building into the central court to provide 16 additional treatment plinths for heavy resistance exercises.

11) An office was established in the Manitoba Rehabilitation Hospital to accommodate a full-time rehabilitation officer for the Workmen's Compensation Board.

12) A new tuberculosis laboratory was established on the second floor to do tuberculosis bacteriology for the Medical Centre.

13) The Search Committee, under the chairmanship of the Dean of the Faculty of Medicine, has been re-activated to select and recommend the appointment of a University Head of Physical Medicine and Rehabilitation, who would also have special responsibilities at the Manitoba Rehabilitation Hospital and become Director of the School of Medical Rehabilitation. Out of these discussions, it appears that a clinical teaching unit in the order of 20 beds should be established in the hospital to serve as the core teaching unit in this important area of medicine.

SUMMARY OF SERVICES TO INDIVIDUALS

	1971	1970
Admissions for Treatment	2,001	1,931
Out-Patient Attendances	80,325	76,705
Special Rehabilitation Services - Pembina House	214	195
Preventive Services - Survey Examinations	77,134	62,779
Treatment Days for In-Patients	95,582	100,090

ASSETS AND LIABILITIES

Net value of assets held by the Board as at December 31st, 1971, totalled $ 4,285,900, after deducting accumulated depreciation and construction grants of $ 4,257,000. This represents an increase of $ 130,600 over the preceding year.

Liabilities of $2,380,900 as at December 31st, 1971, were $1,800 greater than the preceding year.

The net deficit receivable from the Manitoba Health Services Commission as at December 31st, 1971, was $ 43,200, a decrease of $ 14,500 from the preceding year.

Analysis of Net Increase in Assets

Increase in Assets 1970-1971		Decrease in Assets 1970-1971	
Property, Plant and Equipment	$ 133,000	Depreciation	$ 105,800
Investments	90,000	Cash in Bank	29,800
Inventories and Prepaid Expenses	33,700	Unamortized Bond Discount	2,500
Accounts Receivable	12,000	Net Increase in Assets	130,600
	$ 268,700		$ 268,700

Analysis of Increase in Liabilities

Increase in Accounts Payable	$ 86,800
Deduct:	
Debentures Redeemed	85,000
Increase in Liabilities	$ 1,800

INVENTORIES

As at December 31st, 1971, supplies on hand totalled $ 175,169, an increase of $ 24,900 over the preceding year.

INSURANCE

Fire insurance, including supplementary perils, was carried on the 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.

SPECIAL GRANTS

In 1971, grants were made to the Canadian Tuberculosis and Respiratory Disease Association in the amount of $ 17,300, in support of their operations, international commitments and for research. In addition, a grant of $ 1,250 was made to a special Canadian project aiding a tuberculosis control program in South-east Asia. This project was supported by contributions from the provinces, matched by a grant from the Canadian International Development Agency.

PREVENTIVE HEALTH SERVICES

The following are comparative direct expenditures for preventive services:

Preventive Services - Direct Service Costs

	1971	1970
Survey Services	$ 23,100	$ 29,900
Tuberculin Surveys	7,400	11,400
X-ray Field Services	16,400	20,400
Tuberculosis Clinic, Brandon	800	900
Indian Clinics	18,300	18,500
Health Education	13,600	13,000
Screening Services	10,500	6,200
Pulmonary Function Studies	21,700	14,500
X-ray Follow-up Service	700	1,400
B.C.G. Program	1,600	4,000
Silicosis Surveys	44,600	27,100
	$ 158,700	$ 147,300

NATIONAL HEALTH GRANTS

The appropriation available under Tuberculosis Control Grants from the Government of Canada for the fiscal year 1971-72 was $21,023, a further reduction of $19,972 from the previous year. The Tuberculosis Control Grant Program was phased out entirely as of March 31st, 1972.

The following are comparative expenditures under the program:

	1972	1971
Streptomycin and Other Antibiotics	$ 12,523	$ 14,800
Assistance to Sanatorium Board of Manitoba	8,475	8,000
Extension of B.C.G. Vaccination Program	-	5,900
Tuberculin Surveys	-	11,100
	$ 20,998	$ 39,800

The special federal government grant available to the Prosthetics and Orthotics Research and Development Unit, in the amount of $50,000, was expended in its entirety.

Effective, April 1st, 1972, financial support for the Prosthetics and Orthotics Research and Development Unit was transferred to the Public Health Research Grant Program. At the same time, we requested and received an increase in the appropriation to $65,000, thus providing for the continued operation of the research unit during the coming year, as well as an opportunity to intensify and expand research efforts in the field of prosthetics and orthotics.

PROSTHETICS PRODUCTS DIVISION

Manitoba has shown leadership in Canada by including prosthetic and orthotic devices in the insured health service. This change was brought about in 1971.

The work of our department has continued to grow and we have made a continuing effort to improve the quality of service through necessary staff changes and the provision of special courses for members of the staff. The sales for the year totalled $ 105,097, an increase of $30,000 over the previous year. During the year we appointed a new manager for this department, in the person of Mr. Wayne Bates, who is a certified prosthetist and orthotist. This has enabled us to broaden our service to patients.

PEMBINA HOUSE

This special rehabilitation facility was improved in a number of ways during 1971 and it is now operating at a very satisfactory level. However, there were periods of low occupancy and the average for the year was about 40 students. The staff are gaining in experience and the quality of the testing and evaluation reports is of an excellent standard. This of course, provides the basis for on-going work with the rehabilitants. If the program were expanded, as recommended in the Blakeslee Report, the larger volume would enable us to further broaden the base of service that could be offered. A total of 214 persons were clients at Pembina House in 1971, an increase of 19 over 1970.

EDUCATION

The Board has always carried on an active educational program, both for patients and the public. The demand for health education material has increased. Our news bulletin continues to be widely read and has a circulation of 2,300. In-service training for staff is a continuing process which contributes to both the knowledge and the enthusiasm of our personnel.

We are extremely grateful for splendid support given to us by the news media, and in particular by the television and radio stations during the Christmas Seal Campaign. Many thousands of dollars of free time are provided as a public service by broadcasting stations in Manitoba.

PERSONNEL

Staff numbered 532 as at December 31st, 1971, an increase of six over the previous year. At December 31st, 1971, there were 205 persons enrolled in the Pension Plan, an increase of eight over the previous year. During 1971, without cost to the Board, we were able to materially improve pensions payable both for those who have already retired and those who will retire in the future. During the year, Mr. Walter Anderson, who had been chief radiographer for the Board, retired after 43 years on the staff. Miss Janet Smith, who was nurse consultant in tuberculosis in the Provincial Health Department and headed the Central Tuberculosis Registry in the D. A. Stewart Centre for the past 15 years, also retired last August. Although she was not actually on our staff, she was a close colleague and made a great contribution to the tuberculosis control services during her years here. Miss Gladys I. Motheral, who had been a teacher on our staff at Manitoba Sanatorium for 15 years, also retired in 1971.

Mr. J. B. Person, who heads our Department of Communication Disorders, was appointed chairman of the Hearing Aid Board by the Minister of Health and Social Development.

I receive many complimentary reports from patients and others with respect to the excellence of the work of our staff, and their genuine concern for the well-being of those both in hospital and in the community who use our services. Their high standard of care is something in which the Sanatorium Board can take pride.

I would like to pay tribute to the excellent work done by the members of our Active Medical Staff, and their interest in maintaining a high standard of medical work in our hospitals. Dr. D. A. Kernahan has now completed his two-year term as president of the Medical Staff and at the annual meeting on April 17th, 1972, he was succeeded by Dr. C. B. Schoemperlen. I am most grateful for the sound judgement and the excellence of the direction provided by Dr. Kernahan throughout his term of office.

During the year Dr. Earl S. Hershfield was appointed Medical Director of the Respiratory Disease Service, succeeding Dr. Reuben M. Cherniack, who became Physician-in-Chief. We congratulate Dr.

Cherniack on his appointment as chairman of a Sub-committee on Acute and Chronic Respiratory Failure by the National Institute of Health in the United States. The purpose of this committee is to determine the status of respiratory disease in America today and to recommend further requirements for the intensive care and rehabilitation of patients with acute or chronic respiratory conditions. Among other honors for our medical staff, I should mention that Dr. M. Newman, a member of our geographic full-time staff, was named Professor of the Year by the students in the Faculty of Medicine. Dr. A.L. Paine, medical superintendent of Manitoba Sanatorium and immediate past-president of the Canadian Tuberculosis and Respiratory Disease Association, was a Canadian representative at the meeting of the International Union Against Tuberculosis in Moscow.

In closing, on behalf of all members of the staff, I express warmest appreciation to the chairman and members of the Board for their interest and support and their able direction of our affairs.

April 28th, 1972

T. A. J. Cunnings,
Executive Director.

JOHN GARDNER

On November 22nd, 1971, the Sanatorium Board of Manitoba was saddened to learn of the death of Mr. John Gardner, who had been a highly respected member of the Board since 1963. Mr. Gardner exemplified in an admirable way the extent to which a successful businessman can contribute to the public good through community service. Mr. Gardner was a member of the Dauphin General Hospital Board for many years and served as its chairman; he was a member of the Board of Directors of the Manitoba Hospital Association for a long period, and served as president of that body. He was appointed by the provincial government to be a member of the Sanatorium Board and he took a keen interest in our affairs until ill health prevented him from attending our meetings. His friendship and his many contributions will long be remembered.

-From the Chairman's Report.

TUBERCULOSIS AND RESPIRATORY DISEASE IN MANITOBA

There were 297 cases of active tuberculosis diagnosed in the province of Manitoba during 1971, a case rate of 30/100,000. This indicates clearly that tuberculosis is still a common disease in Manitoba and remains a public health problem. Of the cases reported in 1971, 32 were due to reactivation of old disease. The time interval from initial diagnosis to reactivation ranged from one year to over 20 years, evidence that tuberculosis may remain dormant for many years. Continued surveillance of individuals with inactive or presumed inactive tuberculosis is mandatory.

Tubercle bacilli were found in 60 percent of all cases of tuberculosis diagnosed in 1971, and 80 percent of the pulmonary cases were bacillary. Many of these cases remained undiagnosed for some time and represent a public health hazard.

Thirteen deaths were attributed directly to tuberculosis. This represents a fall from the 24 deaths reported in 1970. There were, fortunately, no deaths due to tuberculosis in individuals under the age of 30. The continued reduction in tuberculosis deaths is encouraging.

The Central Tuberculosis Registry, which for many years has been the statistical centre for tuberculosis in the Province of Manitoba, underwent changes in 1971. Miss Joann MacMorran replaced Miss Janet Smith, Nursing Consultant in Tuberculosis, who retired at the end of September, 1971. The major functions of the Nursing Consultant are the supervision of the ambulatory phase of antituberculosis therapy, the co-ordination of this program with the local health units, and contact surveillance. Additional responsibility is the education of the patient and his family about the disease.

During 1971 control programs were expanded. The administration of BCG vaccination to susceptible populations such as health science personnel continued. A total of 1,496 BCG vaccinations were administered. This program helps prevent the spread of disease to those individuals who, because of occupation or residence, are more susceptible to tuberculosis.

The continued use of INH preventive treatment in those groups in whom it is indicated is an essential and an integral part of the program of tuberculosis prevention and control. With INH chemoprophylaxis, the incidence of tuberculosis in susceptible groups can be greatly reduced. As of December 31st, 1971, 1,290 patients were receiving INH chemoprophylaxis.

Radiological and tuberculin surveys also continue. The number of individuals x-rayed totalled 33,334, and most of these people lived in areas where there was a high incidence of tuberculosis. Tuberculin surveys have increased in recent times. In 1969 and 1970 Grade 1 students were tuberculin tested throughout the province and a tuberculin positive rate of less than 0.5 percent was seen in this group. In 1971, this program was discontinued and Grade VIII students across the Province were tuberculin tested. A tuberculin positive rate of 8.5 percent was discovered. These surveys were concentrated in urban areas and rural areas with high case rates, and individuals with positive tuberculin tests and their contacts were investigated for evidence of active disease.

Health screening programs must continually be reorganized and reconstructed. The era of widespread mass population x-ray surveys has ended. X-ray surveys should now be carried out in specific areas, where the incidence of tuberculosis is high and where outbreaks can be expected. X-ray teams must become mobile and be able to adjust their schedules on quick notice in order to get into an area that has an outbreak of disease. Tuberculin surveys are again becoming an important part of the prevention of tuberculosis. By tuberculin testing susceptible populations the rate of infectivity of the tubercle bacillus can be established.

A total of 10,440 hospital admission x-ray films were reviewed during 1971. This represents one-seventh of the total number of chest films taken under this program during the year. Since only one case of active tuberculosis was discovered on review of these films, the value of this service must be questioned.

Non-tuberculous pulmonary disease continues to be an increasing problem in Manitoba and across Canada. The D. A. Stewart Centre provides investigation and treatment facilities for more and more patients with chronic pulmonary disease, and it cannot be over-emphasized that chronic pulmonary disease is a great cause of morbidity and an increasing cause of mortality in our population today. Continuing surveillance of susceptible populations, such as those exposed to polluted environment is essential. Continued education of the general public and of medical and para-medical personnel about the dangers of smoking and of air pollution is mandatory. Finally, increased financial support for research into all aspects of pulmonary disease is needed.

The population survey in Manitoba for chronic non-tuberculous pulmonary disease continued. During the year, 22,646 pulmonary function tests were carried out in various municipalities and industries, under

the direction of Dr. R. M. Cherniack. Surveys of miners, foundry workers and others exposed to harmful dusts with chest radiographs, pulmonary questionnaires and pulmonary function tests have continued.

THE FUTURE

What of the future? The 1970's will present new challenges for which reasonable solutions must be found.

With the introduction of more potent anti-tuberculosis drugs, patients are discharged from hospital much earlier and the major portion of their treatment programs is conducted on an out-patient basis. Thus, practical ambulatory treatment regimens, which are acceptable to these patients, must be developed. The use of intermittent chemotherapy regimes, where medications are administered only two or three times a week under supervision, must be instituted. This will require co-operation between local health units, patients and staff of the Tuberculosis Preventive Service, and the expansion of home visiting programs by trained nurses to supervise treatment and educate the patient and his family.

It must be made clear that, regardless of funding, the function of prevention and control of tuberculosis must remain an integral part of the Tuberculosis Preventive Service of the D. A. Stewart Centre. The planning, co-ordination of surveys, the decision with regard to the type of surveys and preventive programs undertaken must be under the supervision of those who treat the active phase of this disease.

Another area of concern is education. With increasing numbers of students in medical and para-medical fields, strains are placed on existing facilities. In order that the delivery of health care to the population at large be continued at a high level, it is essential that well trained and motivated personnel graduate from our institutions. Therefore, the teaching facilities in both the in-patient and out-patient areas of this complex must be expanded. It is vitally important that the Government of Manitoba and the boards of the various hospitals in the Medical Centre accept the fact that each institution has a role to play in the education of those medical and para-medical personnel who pass through its portals, and accordingly, therefore, in the planning of new buildings and additions to existing buildings provide adequate teaching space.

Finally, as times change, re-evaluation of existing programs must continue. It is obvious that research and education form the corner stones for the proper delivery of health care to the population. Available funds must be diverted into these areas in order to maintain a high standard of health services in our community.

From Report of Medical Director, Tuberculosis Control.

TUBERCULOSIS CASES - MANITOBA

	1970				1971			
	Whites	Treaty Indians	Eskimos	Total	Whites	Treaty Indians	Eskimos	Total
Patients Carried in Central Tuberculosis Registry File, Dec. 31	5,652	2,115	40	7,807	5,826	2,243	42	8,111
New Active Cases of Tuberculosis	212	55		267	220	46		266
Reactivated Cases of Tuberculosis	22	15		37	23	9		32
Presumed Tuberculosis, Inactive	14	4		18	6	2		8
Active Cases Admitted to Sanatorium	141	49		190	154	45		199
New Diagnoses Counted on Notification of Death (included in total of new active cases)	3			3	2			2

	Chemotherapy	Chemoprophylaxis
Persons on Out-patient Drug Therapy as at December 31st, 1971	518	1,290

TIME ELAPSE BETWEEN REACTIVATION AND LAST CLASSIFICATION OF ACTIVE TB

Time (year)	Whites	Metis	Indians	Total
1 - 4	2	-	1	3
5 - 9	4	-	1	5
10 - 14	3	1	1	5
15 - 19	7	-	5	12
20 and over	6	-	1	7
TOTAL	22	1	9	32

TUBERCULOSIS DEATHS

Age	Whites	Metis	Indians	Total
0 - 9	-	-	-	-
10 - 19	-	-	-	-
20 - 29	-	-	-	-
30 - 39	-	1	-	1
40 - 49	2	-	-	2
50 - 59	1	-	-	1
60 - 69	4	-	1	5
70 and over	4	-	-	4
TOTAL	11	1	1	13

CLASSIFICATION OF ACTIVE TUBERCULOSIS

By Extent and Type of Disease

Pulmonary	Whites	Treaty Indians	Metis & Non-Treaty Indians	Other Non-Whites	Total
Minimal	52 (38)	15 (12)	10 (8)	2 (2)	79 (60)
Moderately Advanced	33 (29)	13 (13)	4 (4)	4 (4)	54 (50)
Far Advanced	13 (13)	1 (1)	1 (1)	-	15 (15)
Miliary	2	-	2 (1)	-	4 (1)
Stage Unspecified	3 (2)	-	-	-	3 (2)
Other Respiratory					
Primary	12 (1)	3	15 (6)	-	30 (7)
Pleurisy	14 (1)	4	5	-	23 (1)
Lymph Nodes	-	-	-	-	-
Non-Respiratory	40 (16)	10 (5)	4 (1)	4 (3)	58 (25)

REACTIVATED TUBERCULOSIS

Pulmonary	Whites	Treaty Indians	Metis & Non-Treaty Indians	Other Non-Whites	Total
Minimal	9 (7)	2 (1)	-	-	11 (8)
Moderately Advanced	7 (7)	4 (4)	-	-	11 (11)
Far Advanced	1 (1)	-	1 (1)	-	2 (2)
Miliary	-	-	-	-	-
Stage Unspecified	-	-	-	-	-
Other Respiratory					
Primary	-	-	-	-	-
Pleurisy	1	-	-	-	1
Lymph Nodes	-	-	-	-	-
Non-Respiratory	4 (4)	3 (3)	-	-	7 (7)

Bracketed figures are number of bacillary cases.

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	3	8	-	17
	Female	6	2	10	-	18
10 - 14	Male	4	1	1	-	6
	Female	2	2	1	-	5
15 - 19	Male	1	1	1	-	3
	Female	2	5	1	-	8
20 - 24	Male	5	3 (2)	1	2	11 (2)
	Female	3 (1)	3 (1)	4	1	11 (2)
25 - 29	Male	5	1	1	-	7
	Female	4	4	1	1	10
30 - 39	Male	6 (2)	2 (1)	1	-	9 (3)
	Female	7 (1)	3 (2)	4	3	17 (3)
40 - 49	Male	17 (2)	3	2	1	23 (2)
	Female	12 (1)	-	1	1	14 (1)
50 - 59	Male	17 (7)	4 (1)	-	-	21 (8)
	Female	10	1	-	-	11
60 - 69	Male	14 (2)	3	-	1	18 (2)
	Female	10 (1)	3	3	-	16 (1)
70 and Over	Male	27 (5)	1 (2)	- (1)	-	28 (8)
	Female	11	1	1	-	13
TOTAL		169 (22)	46 (9)	41 (1)	10	266 (32)
	Male	102 (18)	22 (6)	15 (1)	4	143 (25)
	Female	67 (4)	24 (3)	26	6	123 (7)

Bracketed figures designate reactivations.

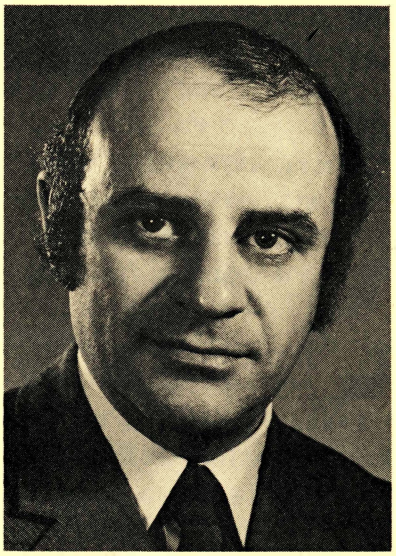
PREVENTIVE SERVICES

SURVEY STATISTICS	1971
No. of Pulmonary Function Tests	22,646
No. X-rayed	33,334
Silicosis Surveys	5,291
No. of Tuberculin Tests	15,863

HOSPITAL ADMISSION STATISTICS	
No. X-rayed	10,440
No. of Active Cases of Tuberculosis Discovered	1
No. of Known Tuberculosis Reviewed	418
No. of Inactive Cases of Tuberculosis Discovered	-
No. of Hospitals involved	81

Christmas Seal contributions are used mainly for prevention of tuberculosis and to finance research, education, and other programs to combat respiratory disease. During preparations for the 1971 Campaign two young volunteer helpers meet a patient with primary TB--one of the 298 active cases reported in Manitoba in 1971.

THE D. A. STEWART CENTRE



Dr. E. S. Hershfield

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

Residents on the Respiratory Program receive exposure to a broad spectrum of respiratory disease, including an appropriate emphasize on the prevention, diagnosis and treatment of tuberculosis. The residents on the Chest Service assume responsibility for the management of in-patients and out-patients in the D. A. Stewart Centre and the Winnipeg General Hospital, and for the Consultant Service and the Endoscopy Service at the Winnipeg General Hospital.

UNDERGRADUATE TEACHING

The teaching of physical examination of the chest to first, second and third year students was carried out at the centre by the full-time physicians of the D. A. Stewart Centre and part-time practising chest physicians in the community. Further undergraduate teaching responsibilities of the full-time staff include lectures in pulmonary physiology

and introduction to respiratory disease (first year), clinical science (second year), respiratory disease lectures and "clinic" (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 and a seminar dealing with the interpretation of pulmonary function tests is held weekly.

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 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 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.

IN-PATIENT SERVICES

There were 240 cases of tuberculosis seen at the D. A. Stewart Centre in 1971. Below are listed the broad general categories of diagnosis seen on the wards. This broad range of case material is evidence of the extent to which the D. A Stewart Centre's facilities are utilized.

DISCHARGE DIAGNOSES

Tuberculosis (all forms)	240
Obstructive Lung Disease	75
Acute Infections of Lung	40
Carcinoma Lung	33
Bronchiectasis	28
Sarcoidosis	7
Pleural Disease	5
Pneumoconiosis	4
Fungal Disease	3
Other Malignancies	10
Other Diseases	167

AMBULATORY CARE FACILITY

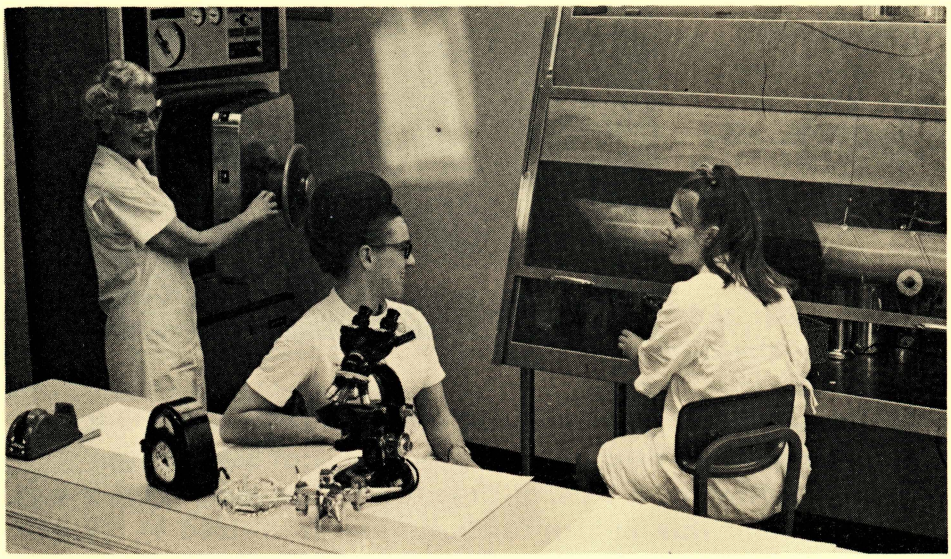
The D. A. Stewart Centre continues to be the referral centre for large numbers of patients with pulmonary disease. In 1971 there were 13,511 patients visits to the out-patient area. Two new specialty clinics were established during the year. The Paediatric Chest Clinic driected by Dr. Victor Chernick, Chairman and Head of the University of Manitoba Department of Paediatrics, and Dr. R D. Pagtakhan, reviews children on anti-tuberculosis chemotherapy and functions as a referral centre for children with other pulmonary problems. In addition, a second clinic, under the direction of Dr. Kam Tse and Dr. Donal McCarthy, has been established to investigate and establish treatment regimens for allergic and immunologic lung diseases. Such diseases as asthma, fibrosing alveolitis and the organic pneumoconioses are of special interest.

PHYSIOTHERAPY DEPARTMENT

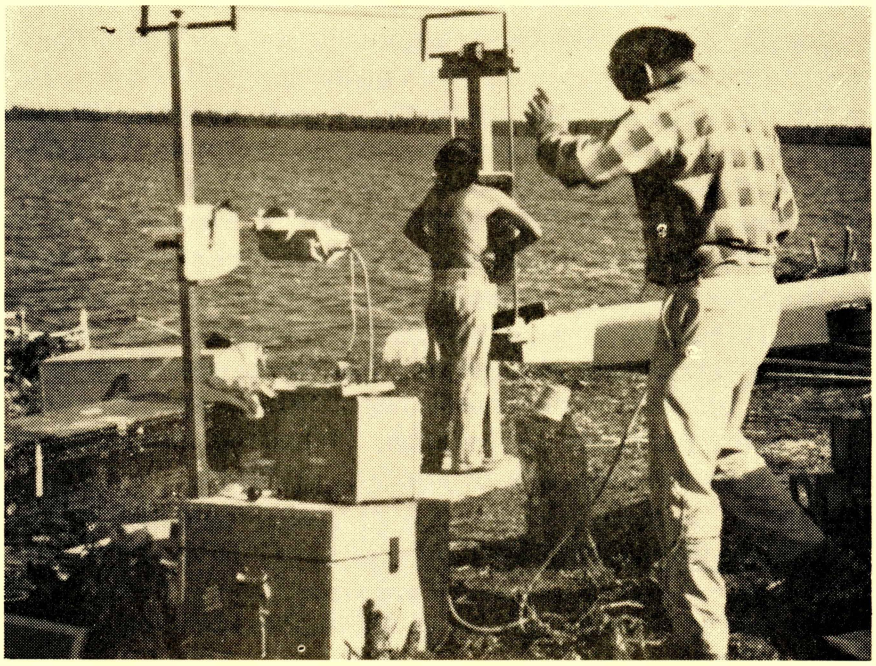
Under the able direction of Miss Pam Brown, patients receive chest physiotherapy sessions. In addition to those patients receiving regular daily treatments, evening sessions are conducted so that patients on continuing therapy can be reassessed by the physiotherapist.

Physiotherapists assigned to the Respiratory Service continue to participate in seminars, conferences and ward rounds.

Dr. Earl S. Hershfield,
Medical Director.



A new laboratory was established at the Manitoba Rehabilitation Hospital - D. A. Stewart Centre in 1971, with the aim of speeding up and improving tuberculosis diagnosis and treatment.



Dr. Hershfield x-rays a young resident of North Knife.

In the Belcher Islands, over 800 miles northeast of Winnipeg two children wait for a general health examination.

Dr. E. S. Hershfield, medical director of the Sanatorium Board's Tuberculosis Control Service, also serves as a chest disease specialist with the Northern Health Unit of the University of Manitoba. As a member of this health team, he has travelled to the north to review former TB patients and patients on home or preventive treatment, to help with other health problems and conduct teaching sessions for nurses in the Churchill area and the Keewatin district of the Northwest Territories.

MANITOBA SANATORIUM

Dr. A. L. Paine

The year 1971, Manitoba Sanatorium's 62nd of operation, saw a continuing decline in patient population, which on December 31 stood at 58 as compared to 67 the year before. Total treatment days dropped from 28,848 to 24,098, total days for those discharged decreased from 33,534 to 22,950 and average days from 212 to 168. Seventy-eight per-cent of the population were Tready Indian, Eskimo or Metis.

ADMISSIONS AND DISCHARGES

Total admissions decreased from 144 to 128. Of these, 68 came with new disease. Reactivations were down from 14 to 7, while mis-cellaneous admissions, such as those coming to or from investigation, returning from leave, etc. increased from 36 to 53.

Of the 68 new cases of tuberculosis, 47 had adult pulmonary di-sease which was complicated in two by renal involvement and in one by meningitis; nine children had primary lung involvement; other sites were pleural effusion 7, meningitis 2, kidney 2, dactylitis 1. Of those with adult pulmonary tuberculosis, 68 percent were moderately or far advanced and 80 percent infective.

Of the seven admissions classed as reactivations, five had had inadequate chemotherapy mainly due to lack of co-operation in taking drugs at home. The average interval since previous treatment was five and one-half years, with the shortest six months and the longest thirteen years.

Total discharges were 137 compared to 158 in 1970. Of these,54 were of the miscellaneous variety, being due to investigations, transfers, etc., while 83 were classed as definitive, having completed hospital treatment for tuberculosis and continuing drug therapy at home or, in the case of three, at another institution. The one death was from myocardial failure in a man of 79 with far advanced active tuberculosis. No patients left while still bacillary. Average stay for patients discharged on drugs was 210 days - 181 days for adults and 346 for children. This is a reduction from the previous year.

TREATMENT

The long term hospital treatment of tuberculosis involves other commitments besides medical management of the disease. These include continuous supervision and moral support, especially for native patients. Alcoholics of all races need special attention, and the increasing number of aged patients require more geriatric than tuberculosis management. These factors are pertinent to the ultimate termination of the service at Ninette. The greatly accelerated trend to early discharge on home chemotherapy, while solving in an increasing number of patients problems directly due to prolonged stay, will necessarily add to the already heavy case load of home supervision. A residual number of patients will continue to require long term hospital or other institutional care for the attendant problems that have been outlined above.

IN-PATIENT CHEMOTHERAPY

Patients are routinely placed on a three drug schedule using Streptomycin, INH and Myambutol in adults and Streptomycin, INH and PAS in children. Second line drugs are substituted in the presence of resistance or intolerance.

FOLLOW-UP OF OUT-PATIENT CHEMOTHERAPY

With increasing reliance on out-patient chemotherapy for satisfactory completion of treatment, reports from field workers on the co-operation of all patients (except Eskimos) discharged on drugs from Manitoba Sanatorium were again analyzed. Of 68 patients, 45 or 66 percent were considered to be taking drugs well at home as compared to 70 percent in 1970 and 67 percent in 1969. In the remaining 23 or 34 percent co-operation was not considered satisfactory. The greatest delinquency was

in Metis and Treaty adults where the incidence was 43 percent and 41 percent respectively. The majority of these patients were in outlying areas and sparsely scattered over great distances, undoubtedly making supervision difficult.

OUT-PATIENT DEPARTMENT

Total attendance was 1,240 as compared to 1,294 in 1970. Old patients back for review totalled 278, of which 36 were on chemotherapy. In the remaining 962 examinations, non-tuberculous chest conditions were found in seven and no disease in 955. Prophylactic INH was started in 47 individuals, of which 20 were old patients and 27 had strongly positive Mantoux reactions.

X-RAY AND LABORATORY

The x-ray department made 1,751 radiographic examinations, 707 being in-patients, 634 out-patients and 410 staff. Electrocardiographic tracings were done in 24 instances.

The laboratory did 7,530 tests - for a total of 51,298 units of work. In addition, 1,046 cultures for tubercle bacilli were planted.

IN APPRECIATION

In the midst of unpredictable and often confusing times, appreciation is given to all those who have made the last year of work possible. This includes the staff whose loyal support has not diminished and the chairman of the Board, the executive director and all the members of the Sanatorium Board who continue to give able direction while sharing with us the uncertainties of the future. Appreciation is also given to the medical director and the medical staff of the D. A. Stewart Centre for their help and cordial relationships. We thank the provincial Department of Health, the Medical Services Branch, National Health and Welfare, the Indian Affairs and Northern Development Branch and the Central Tuberculosis Registry for much aid and co-operation.

Dr. A. L. Paine,
Medical Superintendent.

D. A. STEWART CENTRE

OUT-PATIENT SERVICE	1971	1970
Total No. of Patient Visits	13,511	12,352
Of These,		
Streptomycin Visits	5,062	4,562
Repeat Patients	4,582	4,319
New Patients	708	774
Repeat Contacts	1,770	1,335
New Contacts	1,389	1,362
Total No. of Mantoux Tests	5,548	4,836
Total No. of BCG Given	1,496	1,195
Total No. of Pulmonary Function Tests	2,251	2,061

IN-PATIENT SERVICE		
Discoveries of Active Tuberculosis	179	184
No. of Admissions to the Ward	616	512
No. of Discharges	604	526
No. of Treatment Days	21,495	20,804

MANITOBA SANATORIUM

OUT-PATIENT SERVICE	1971	1970
Total No. of Patient Visits	1,240	1,294
Of These,		
Reviews of Former Patients	278	287
Other Examinations	962	1,007
New Starts on Chemoprophylaxis	47	27

IN-PATIENT SERVICE		
No. of Admissions	128	144
No. of Discharges	137	158
No. of Treatment Days	22,950	33,534
Average Length of Hospital Stay	168 days	212 days

PHYSICAL MEDICINE AND REHABILITATION

Dr. R. R. P. Hayter

Over ten years ago foresight and planning came to fruition with the opening of this hospital in 1962. The personnel who have served here, and the building itself, have set fine standards in many varying fields of rehabilitation medicine. Not everyone yet understands the reasons for our existence, but during the past decade many problems have been overcome and through a continuous education process our purposes and roles have been better understood. These include comprehensive treatment programs, involving medical and allied health service personnel with the major aim of restoring function to physically disabled adults, as well as teaching and research.

MEDICAL STAFF

Since the last annual report the Medical Staff of this hospital has been amalgamated with that of the D. A. Stewart Centre. Personal thanks are extended to our president, Dr. D. A. Kernahan and to the chairmen of the sub-committees of the Medical Executive Committee. Their reports will indicate the results of the many meetings and discussions held during the past year.

There was a brief shortage of resident medical staff in the fall, but otherwise, for the most of the year, the complement was full. Recent additions welcomed to the resident staff have included Dr. C. Vianzon, Dr. M. Govind Reddy, and Dr. R. Salvani. Dr. O. Sriswat from Thailand is completing a year of physical medicine and rehabilitation training under the Colombo Award Plan. Dr. A. Hunter

acted as senior resident for six monthes, and in December Dr S. C. Man returned with his own special dynamic influence as our chief resident.

EDUCATION

The residency teaching program has continued with teaching on ward rounds, grand rounds, seminars and the journal club. The physical medical specialists were involved for six weeks in November and December, 1971 with teaching of second year medical students on physical diagnosis of the musculoskeletal system, and in the teaching of students in neurological disorders. The physical medicine specialists are also involved in systematic lectures and demonstration to students from the School of Medical Rehabilitation and with other special post-graduate courses, such as rehabilitation nursing.

IN-PATIENT SERVICES

There were 1,211 admissions to this hospital during the year, and 1,217 discharges.

The distribution of patients has continued much the same as in previous years. The service activities have also followed the same pattern. Ward R-6 has been used for the rheumatoid and osteoarthritis programs, and for the treatment of patients suffering from other rheumatic diseases. From the beginning of 1972, 20 beds have been delegated on this ward to the University of Manitoba Rheumatic Diseases Unit under the clinical directorship of Dr. F. D. Baragar. Large numbers of patients with traumatic and orthopaedic disabilities are treated on the other two floors and on Ward R-5 the diagnosis and management of neuromuscular disorders continues, with an on-going hemiplegia program directed by Dr. M. Newman and assisted by Dr. A. J. Mehta and Dr. R. S. Kihm. On ward R-4 the Spinal Injuries Unit and Paraplegic Services has been enlarged to 20 beds, and this Unit is developing well with Dr. H. I. C. Dubo as director, though there is a need to expand some facilities and add personnel. The organized program of care and management of amputees continues on Ward R-4. I am sure the medical staff join me in conveying to Mrs. Doris Setter, director of nursing, and to the head nurses - Mrs. A. Thomas, R-4, Mrs. D. Strople, R-5, and Mrs. C. Jones, R-6 our thanks for the excellent contribution and co-operative effort made by the nursing staff in the care of all our patients.

OUT-PATIENT DEPARTMENT

Mrs. D. Spence, O. P. D. supervisor, and her nursing staff are to be congratulated on running this somewhat overcrowded department so efficiently.

The hospital medical staff saw a total of 7,786 out-patients, of whom 2,755 (an increase of 90 over the previous year) were new patients and 5,031 were medical reviews. With the establishment of the Rheumatic Disease Unit and the prospect of more university teaching in the hospital, the problem of an adequate teaching area in the Out-patient Department becomes a very real one.

PHYSIOTHERAPY DEPARTMENT

In August 1971 the extensive group exercise program was refined and reduced in favour of increased individual treatments. Thus for the latter part of the year it was found possible to provide individual assessments and therapy at the time prescribed by physicians, and not after long periods on a waiting list. There have been only minimal waiting lists, and for the first several weeks in 1972 there were no waiting lists at all. This is a marked change from last year at this time when there was a waiting list of 79 patients.

Because the method of collecting information on treatment units and attendance were changed in 1971 to accommodate recommentations by Statistics Canada, it is difficult to provide numerical evidence of qualitative or quantitative changes during the year. The unit figures collected now, however, will provide in the future yearly comparisons and an opportunity to compare our work with physiotherapy departments in other hospitals or institutions of comparable size and doing similar work. The new system of collecting figures for our physiotherapy department show:

Treatment units per in-patient attendance	-	15.19
Treatment units per out-patient attendance	-	12.76
Weighted units per in-patient attendance	-	46.8
Weighted units per out-patient attendance	-	28.89

(The rationale for weighted units is derived from the fact that the therapist spending 15 minutes treating one patient is expending the same amount of staff time as the therapist spending 15 minutes treating more than one patient. Seven categories of weights are used in calculating the total weighted units.)

Time units and weighted units per time unit are also included in the new system of collecting statistics within the department.

The staff quota for the year was maintained at an all-time high yearly average of 24.7 therapists.

A 20 foot extension into the central courtyard has given this department a new pulley and individual exercise room, which has relieved to a great extent a previously existing shortage of space. The previous pulley room has been converted into office space and a therapists' charting room.

Under the guidance of the clinical supervisor, each treatment service has compiled a manual for teaching purposes. A student evaluation procedure has also been devised with the hope that student levels can be predicted and an accurate rating scale established, thus eliminating the subjective measure of success or failure which has been used to date.

During 1971, 14 first year, 52 second year and 47 third year physiotherapy students from the University of Manitoba School of Medical Rehabilitation came to this department for clinical training, and 14 internes from various universities were accommodated on a full-time basis from July to October 31. The clinical training supervision has proved a stimulating program which, in addition to demonstrations and lectures, permits students an opportunity for discussing treatment techniques, clinical conditions and basic philosophy. By the time students graduate from the three year course, they have acquired from 16 to 24 weeks of training in the MRH-DASC physiotherapy department - a considerable portion of the 1,400 hours set aside by the school for practical experience.

In Saskatoon in 1971 another of our senior physiotherapists presented a paper to the Canadian Physiotherapy Association Congress, summarizing the program of graduated exercises in the treatment of post-myocardial infarction. This program of health maintenance was designed not for patients who can return immediately to community-orientated programs, but rather to those who are disabled by their heart condition. The patient learns the limits of his physical tolerance and how to increase gradually his level of physical activity to those limits. This paper was published in the February, 1972 issue of the Canadian Physiotherapy Journal.

Clinical studies within the department have continued, under the guidance of Miss Martha Treichel, assistant charge therapist. A particular concern has been a Hemiplegic Follow-up Program, now recognized as an integral part of the total treatment program.

Senior therapists of this department have made visits on a consulting basis - a) four visits to Dauphin and Swan River, b) to the Concordia Hospital for one morning a week for a period of five weeks as an education endeavour, c) to the Portage la Prairie General Hospital and d) to the homes of paraplegics and quadriplegics to assist in their return to the community.

OCCUPATIONAL THERAPY DEPARTMENT

This department continued to be busy, with the number of admissions totalling 2,965, an increase of three percent of in-patients and seven and one-half percent of out-patients over the previous year.

In the treatment services for out-patients, back disorders continue to be the major disability group and when included with those on the neck program the total is 41.4 percent of the out-patient caseload.

Increased emphasis on individual treatment has been given to in-patient services, but sometimes shortage of staff has not made it possible to implement this policy to the required extent. Occupational therapists have continued to participate in two research projects: a) the study on early polyarthritis under Dr. F.D. Baragar, and b) the clinical trials of L-Dopa under Dr. M.J. Newman and Dr. George Habib. They are also involved with the long-term hemiplegic follow-up survey.

The home unit has continued to provide assessment and instruction in activities of daily living, including work saving methods and homemaking activities. A total of 2,354 half-hourly treatment sessions were given in this unit during the past year.

This department has continued to provide clinical training for students from the School of Medical Rehabilitation, and for internes who have come from the Universities of Toronto, Alberta, McGill, British Columbia, and Queen's. The Department has been made available to the School of Medical Rehabilitation for "Open House" and Career Days for high school students.

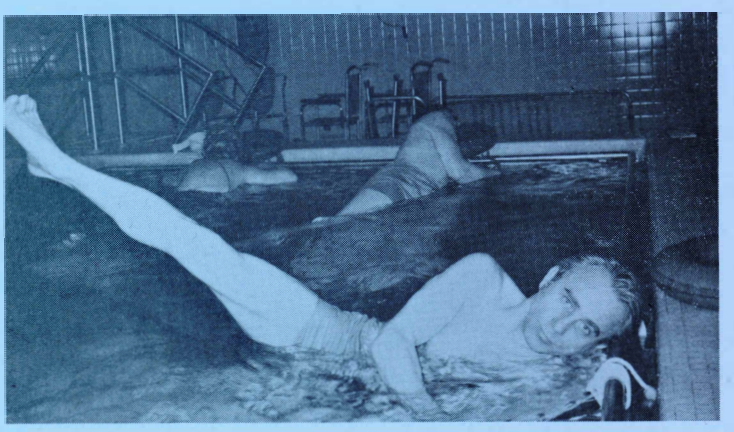
In addition to all the well established programs and services, archery has been maintained as an outside activity for patients. Groups of patients are transported each week for this purpose and it has been found particularly valuable as a means of strengthening the upper limbs and for improving sitting or standing balance.

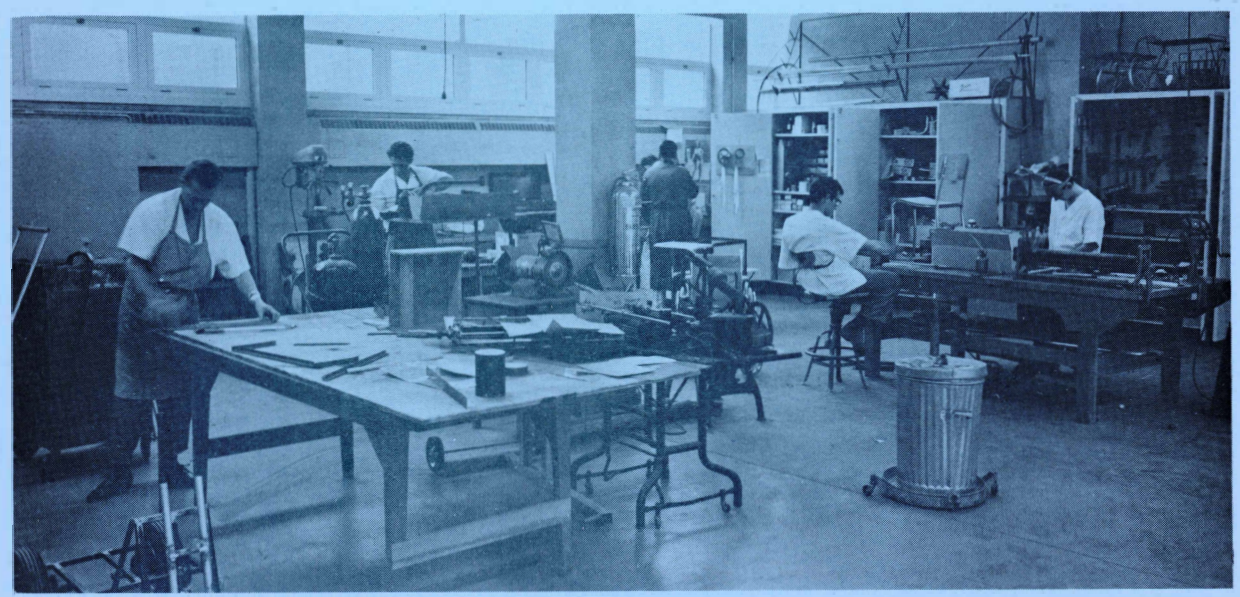
The Hand Orthotic Devices service had more referrals than in previous years. Mr. A. Coleman attended a one-week course on upper extremity orthotics at U.C.L.A. and he is now completing his formal training as an orthotist. The quality of work is excellent and there have been many innovations in dynamic splinting and special devices.

The workshop services provide an increasingly wide range of equipment to other hospitals and agencies such as Canadian Arthritis and Rheumatism Society, Canadian Paraplegic Association, Society for

A treatment area, mainly designed for heavy resistance exercises, was added to the Physiotherapy Department in 1971.

A program for ankylosing spondylitis patients-essentially a follow-up clinical survey of patients on home treatment-aims to prevent progression of structural deformity. The program includes hydrotherapy, and mat exercises, diaphragm breathing and instruction in home exercises. Patients are assessed on admission and then every six months.

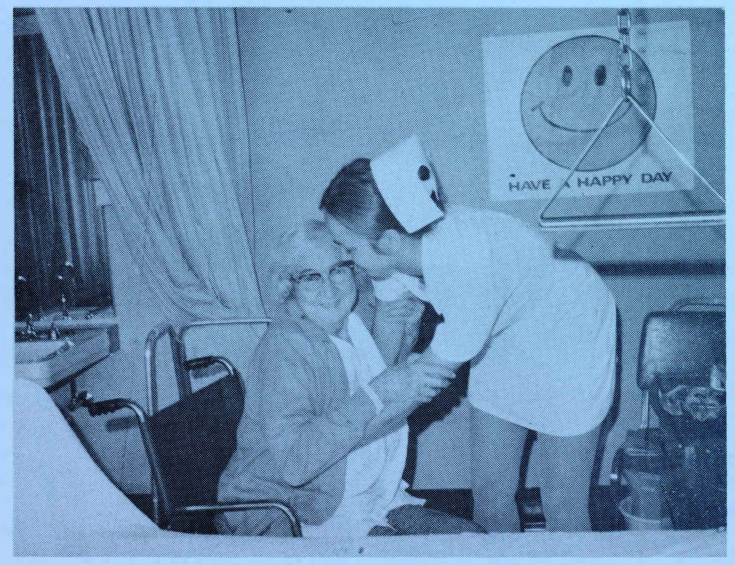




The Occupational Therapy provides a variety of activity and equipment to assist the physically disabled to regain function. Shown here is the metal workshop for heavier activities and work assessment.

Social service workers review patient services and individual problems.

Group therapy for aphasic patients, arranged twice weekly by the speech pathologist, includes oral and written sessions to help the patients re-establish their ability to communicate.



The rehabilitation nurse works closely with physicians and therapists to help patients reach their treatment goals. In addition to basic bedside care, she assists in teaching the patient transferring techniques and in carrying out exercises on the wards, activities of daily living and other self-help procedures.

Crippled Children and Adults of Manitoba, and the Home Care Government Equipment Pool. Several items of adapted equipment for both children and adults have been designed and made by technicians. The majority of general work orders are made by patients under the direction of the staff as part of a therapeutic program, although the workshops continue to make some supplies and equipment for other MRH departments.

Our thanks are extended to Miss Jean Colburn, chief occupational therapist, and her colleagues for their contributions to so many programs of assessment and therapy.

ELECTROMYOGRAPHY LABORATORY

Clinics were conducted by Dr. J. F. R. Bowie, Dr. H. I. C. Dubo and Dr. A. J. Mehta. There was a further increase in the clinical activities, as shown below.

Year	Patients Examined	Number of Tests
1969	817	1,277
1970	895	1,505
1971	1,141	1,910

Towards the end of the year, a portable E. M. G. machine was acquired, which permitted the physicians to carry out investigations outside the laboratory in our treatment departments and in other Manitoba institutions. This portable equipment is also being used by Dr. A. J. Mehta for administering controlled injections of phenol in the relief of spasticity. Our thanks are expressed to the donors who made the acquisition of this extremely useful machine possible.

Since the middle of the year, there have been regular monthly meetings of the medical staff concerned with clinical neurophysiology, including the three physicians conducting the clinics, together with Dr. M. Saunders and Dr. J. Kimura from the Winnipeg General Hospital. The business of these meetings has included standardization of examination procedures, the data processing of nerve conduction and electromyographic findings, and looking at future development and research in electrodiagnostic services.

Teaching sessions have continued for the resident medical staff and for students of the University of Manitoba School of Medical Rehabilitation.

PROSTHETICS DIVISION

The staff of this department includes a certified senior prosthetist, two trainee prosthetists, one senior technician and a probationary technician. Courses attended by the staff include Mr. Ian Cochrane to an Above-Knee Course at U.C.L.A. for five weeks, Mr. John Barber on Upper Extremity Prosthetics at Northwestern University for four weeks, and Mr. William Dickie on Above Knee Prosthetics at Northwestern University for three weeks. This process of continuing education has proved invaluable in upgrading standards and capabilities.

While the numbers, standards, and training of the staff have been improved during the year, with an excellent co-operative effort in work and service, the working space and facilities are becoming too overcrowded. Both the Prosthetics and Orthotics Divisions have expanded. This is particularly so since the appointment of Mr. Wayne Bates in October 1971 as the new manager of the Prosthetics Products Division and who in the course of five months, dealt with and fitted some 80 patients with many types of orthotic devices, such as special body jackets, braces and lower extremity splints.

WORKMEN'S COMPENSATION BOARD

Each year this hospital treats a fair proportion of injured workmen who are under the auspices of the Workmen's Compensation Board. During the past year there were 55 new in-patients, and 454 out-patients.

Dr. C.D. Lees, Chief Medical Officer, continues to conduct a weekly W.C.B. Clinic in the out-patient department. By a co-operative effort between administrations, the W.C.B. now have a full-time officer, Mr. Craig Cormack, located in an office in the hospital. Mr. Cormack's presence and his efforts in dealing with many problems is greatly appreciated by all the staff.

DEPARTMENT OF COMMUNICATION DISORDERS

Staffing during the year included Mr. J. Brayton Person, Chief of the Department, Mr. Stephen C. Foster, Speech Pathologist, Mr. George Gasek, Speech Pathologist, Mr. Earl McKenzie, Clinic Audiologist who terminated on October 15th, 1971, Mr. John Sylwester, Clinical Audiologist who commenced on October 18th, 1971, and Mrs. M. Vogel, Speech Clinician, who retired from the staff at the end of the year.

Total referrals received each month varied from a low of 44 to a high of 73 patients. A caseload of between 10 to 20 in-patients per month was carried, and together with all the out-patients the total patient caseload per month was usually over 200.

The staff take part in ward rounds and various meetings. They are also involved with student and graduate teaching, with career interviews, and with the Society for Crippled Children and Adults of Manitoba Parent Clinic Group. Work with the Lost Chord Club for laryngectomy patients was continued during the year.

Among out-patients, referrals for hearing assessments continue to be the largest group, although in terms of treatment the speech problems took the greatest amount of the therapists' time. Among in-patients dysphasia associated with CVA remains the most frequent condition treated, followed by other various disorders including dysrhythmias and dysphonia.

SOCIAL SERVICE DEPARTMENT

During the year 1,858 patients of this hospital were seen by members of this department, and of these 650 were out-patients.

Continuity of staff has enabled a certain amount of specialization in particular fields. For example, on the paraplegic service the social worker developed a group program to assist in psychological and social adjustment and to prepare patients for discharge from hospital. It has thus been possible to expand the service of the social worker to paraplegics in the hospital and allow the Canadian Paraplegic Association to focus attention on follow-up and re-settlement in the community. Mrs. M. Wilson, social worker on R-5, with many years experience in the field of neurological and hemiplegic service, is involved in the follow-up study of hemiplegic patients. Mrs. J. Veilgut, social worker on ward R-6, has continued a study of the socio-psychological factors of early polyarthritis in Dr. Baragar's project.

Follow-up service has been provided for a large number of discharged patients, this often being necessary because of a lack of social workers - e. g. on staff of C. A. R. S., at Ninette Sanatorium, and other health services.

One innovation in the teaching area this year has been the supervision of students from the University of Manitoba School of Social Work. Plans are being made to accept an increased number of students in the coming year.

There is considerable contact and continuing involvement with programs of other agencies, such as Society for Crippled Children and

Adults of Manitoba, Canada Manpower, and governmental agencies. Increasing use is made of such services as the Day Care Program at the Municipal and Deer Lodge Hospitals, which are useful for certain patients who are unemployable.

The Social Service Department continues to be interested and concerned about the training and employment of disabled persons and will be studying this further in the coming year. Factors such as age, degree of disability, motivation, job opportunities, and the adequacy of the community employment services will be studied.

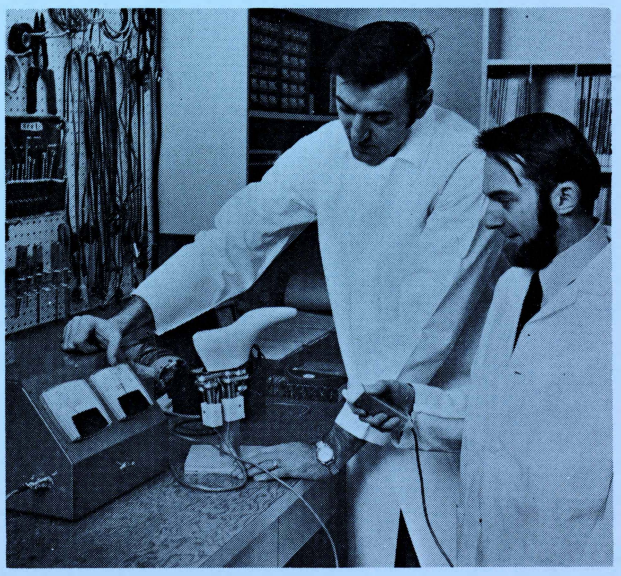
OTHER EVENTS

The Sanatorium Board of Manitoba was one of the three sponsors for the Annual Symposium on Orthopaedic Disabilities and Rehabilitation on the subject "Neuromuscular Disorders" held in this hospital October 21st to 23rd, 1971. One guest speaker was from Scotland, and the other four from the United States.

Several visitors came to the hospital during the year, including Dr. Lynn Bashow, in charge of the Ridgewood Rehabilitation Centre at St. John, New Brunswick, and Mr. Brian McKibbin, visiting professor, orthopaedic surgery from Sheffield, England, who participated in rounds and a conference.

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

In addition to developing the Winnipeg modular system of artificial legs, engineers of the Prosthetics and Orthotics Research and Development Unit have worked on other projects. One of these is a powered alignment unit which allows the amputee to align his own prosthesis while he walks . . . by means of a special hand control.



On Easter Monday 1972 staff and patients of the Manitoba Rehabilitation Hospital-D. A. Stewart Centre gathered in the hospital auditorium to witness the dedication of an organ in memory of the late Rev. Selkirk James McKay, who served as Protestant chaplain in the Manitoba Medical Centre from 1964 until his accidental death in December, 1970. This small electric organ is used for worship services at the hospital. . . and the funds for its purchase were raised at a coffee party and bake sale, arranged by staff members who remembered that the acquisition of an organ for church services had been a long held dream of the Rev. McKay.

SPECIAL REHABILITATION SERVICES

Lynn Kuzenko

Situated on the grounds of the Manitoba Sanatorium, Pembina House offers an assessment and social rehabilitation program for young adults who wish to enter technical training and apply for jobs, but lack the experience and confidence to do so. All persons are initially referred for a three week assessment period which appraises the clients' academic functioning, intellectual functioning, social functioning, motivation and interest, and physical and emotional state.

The social rehabilitation program includes work conditioning, social training, and remedial academic up-grading, as well as such services as training in dress, manners, personal hygiene, housekeeping, budgeting of money, work habits, social courtesies and confidence building. This is complemented by an academic program that concentrates on communication and language skills. Counselling, guidance and vocational training round out the services to an individual.

In 1971 a total of 214 persons were admitted to the program and the following tables give pertinent information about the Pembina House population for the twelve month period.


PEMBINA HOUSE

TABLE I - COMPOSITION

(a)	Female		65
	Unmarried mothers	10	
(b)	Male		149
	Married	4	
	TOTAL		214

TABLE II - RACIAL ORIGIN

(a)	Treaty Indian	107
(b)	Other	106
(c)	Eskimo	1
	TOTAL	214

TABLE III - AGE GROUP

(a)	16 - 20 years of age	167
(b)	21 - 30 years of age	42
(c)	30 years or over	5
	TOTAL	214

TABLE IV - WORK EXPERIENCE

(a)	No work experience	126
(b)	One year or less	60
(c)	One year or more	28
	TOTAL	214

TABLE V - ACADEMIC LEVEL ON ADMISSION

(a)	No formal education	2
(b)	Grades 1-4 level	21
(c)	Grades 5-8 level	154
(d)	Grade 9 or higher	37
	TOTAL	214

TABLE VI - DELINQUENCIES

(a)	Minor involvement	47
(b)	Serious involvement	45
(c)	No involvement	122
	TOTAL	214

TABLE VII - ASSESSMENT PROGRAM

(a)	Assessment only	53
(b)	2 months training recommended	14
(c)	3 months training recommended	1
(d)	4 months training recommended	69
(e)	6 months training recommended	60
(f)	Withdrew before completion of assessment	17
	TOTAL	214

TABLE VIII - DISPOSITION OF CASES

(a)	Up-grading	48
(b)	Job placement	34
(c)	Training-on-the-job	1
(d)	High school	2
(e)	Withdrew during training or assessment	39
(f)	R. B. Russell School	1
(g)	Bethany Home	1
(h)	Incarcerated	3
(i)	Still attending	31
(j)	After assessment referred to:	
	- Brandon Hospital for Mental Diseases	6
	- Selkirk Hospital for Mental Diseases	3
	- Health and Social Development	24
	- Returned home	21
	TOTAL	214

Clients discharged were referred to the provincial department of Health and Social Development for follow-up services in the specific areas outlined above.

It is a pleasure to extend my thanks to the staff at Pembina House for their continued sense of dedication and enthusiasm which they bring to their work. I am also grateful for the continuing co-operation and confidence of the provincial and federal governments and the guidance of the Pembina House Advisory Board.

Lynn Kuzenko,
Director.

Riddell, Stead & Co.

CHARTERED ACCOUNTANTS 804-220 Portage Avenue, Winnipeg, Manitoba R3C 0A5

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, 1971. 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 $ 43, 206 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, 1971, in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

April, 13, 1972. Riddell, Stead & Co.

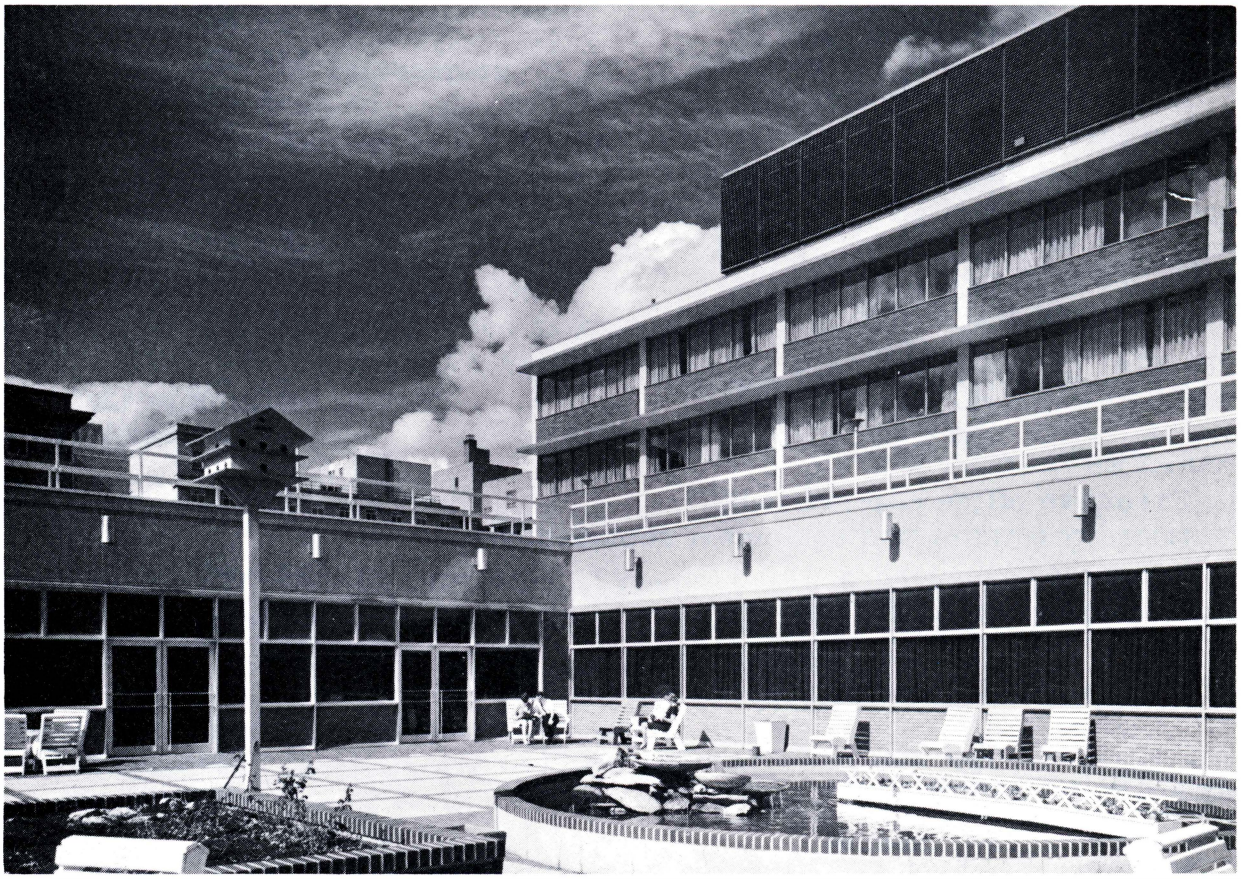
COMBINED BALANCE SHEET AS AT DECEMBER 31, 1971

ASSETS

CURRENT ASSETS	1971	1970
Cash	$ 314,191	$ 353,399
Trust funds held for safekeeping	14,064	4,695
Accounts receivable		
Manitoba Health Services Commission		
Patients	31,006	2,752
Deficits from operations	43,206	57,688
Province of Manitoba	68,215	75,465
Other commissions and agencies	294,532	289,082
Investments at par value (Quoted market value 1971 - $686,967; 1970 - $577,462)	706,376	616,376
Inventory of supplies at cost	175,169	150,308
Prepaid expense	10,686	1,895
	1,657,445	1,551,660
PROPERTY, PLANT AND EQUIPMENT at cost	6,852,766	6,733,633
Government construction grants	1,886,196	1,886,196
	4,966,570	4,847,437
Accumulated depreciation and amortized capital grants	2,370,781	2,264,952
	2,595,789	2,582,485
UNAMORTIZED BOND DISCOUNT	18,714	21,212
DEFERRED DEVELOPMENT COSTS	13,921	-
	$4,285,869	$4,155,357

LIABILITIES

CURRENT LIABILITIES	1971	1970
Bank indebtedness	$ 20,000	$ 20,000
Accounts, payable and accrued	344,275	265,682
Safekeeping trust funds	14,064	4,695
Unredeemed coupons and accrued interest	17,524	18,770
Current maturities on debentures payable	85,000	85,000
	480,863	394,147
DEBENTURES PAYABLE	1,900,000	1,985,000
UNAMORTIZED CAPITAL GRANTS	24,434	31,946
RESERVES		
Executive office reserve fund	29,297	-
Laundry building and equipment replacement reserve	15,734	15,734
Employee benefit reserve	14,630	27,729
Other	27,195	23,811
	86,856	67,274
BALANCE OF FUND		
Manitoba Rehabilitation Hospital-D. A. Stewart Centre		
Revenue Fund	97,398	100,248
Plant Fund	398,645	326,187
	496,043	426,435
Manitoba Sanatorium	380,180	381,600
Endowment Fund #1	-	161,212
Preventive Service Fund (formerly Endowment Fund #2)	100,964	186,388
Building Fund	152,444	195,721
Special Assets Fund	328,878	314,253
Special Funds	327,715	12,734
Prosthetic Products Division	7,492	(1,353)
	1,793,716	1,676,990
	$4,285,869	$4,155,357



Courtyard
Manitoba Rehabilitation Hospital - D. A. Stewart Centre

ACKNOWLEDGEMENT OF GIFTS AND BEQUESTS

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

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. John F. Braun
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
Manitoba Society of Medical Assistants
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