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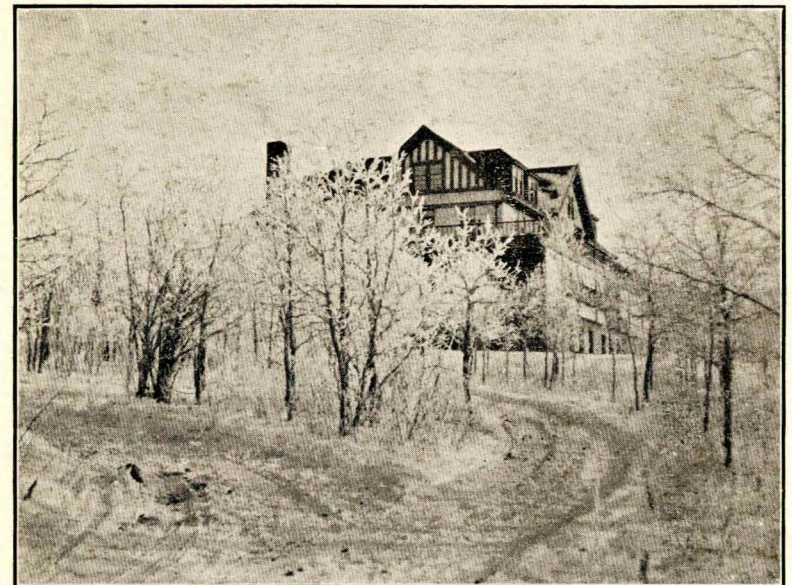
MANITOBA SANATORIUM
FOR CONSUMPTIVES
THIRD ANNUAL REPORT
FOR THE YEAR ENDING
DECEMBER 31st, 1913
INCLUDING THE FINANCIAL
STATEMENT FOR THE
YEAR ENDING MARCH
31st, 1914 : : : : : : : :

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

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1913

MANITOBA SANATORIUM FOR CONSUMPTIVES

— NINETTE, MANITOBA —



THIRD ANNUAL REPORT for the year ending December
31st, 1913, including the Financial Statement for the year
— ending March 31st, 1914 —

MANITOBA SANATORIUM FOR CONSUMPTIVES

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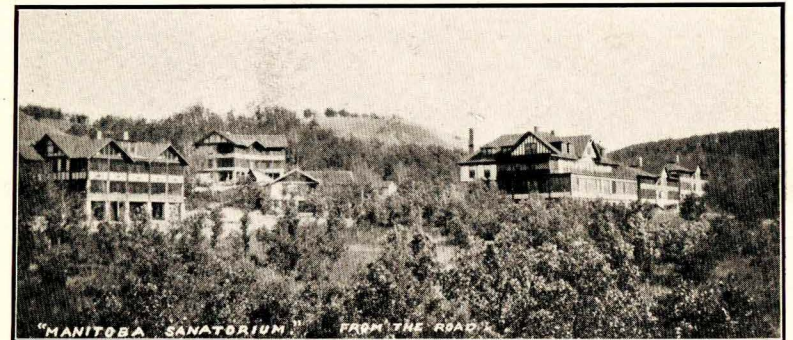
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REPORT OF THE MEDICAL SUPERINTENDENT.

The year 1913 was marked by an increase in bed capacity, in the number of patients admitted, and in facilities, especially for the care of advanced cases. In February an Infirmary building was opened, in which 27 patients are cared for, and in December the King Edward Memorial Cottage, built and equipped by the Fort Garry Chapter of the Daughters of the Empire, which houses 16 ambulant patients. The full capacity now is 118, nearly twice that with which the Sanatorium opened in 1910. In 1911, the first whole year, 168 patients were admitted; in 1912, 189; and in 1913, 232; that is, the admissions have practically doubled in two years.



Early and Late Cases.

The original policy of admitting only early cases has never been rigidly adhered to, and could not be. The Sanatorium and the King Edward Hospital of Winnipeg, being the only two institutions in Manitoba caring for tuberculosis patients, have to share as best they can, the whole field. The King Edward, which is a Municipal Hospital, cares for the advanced cases, merely, of its own Municipality, that is, the City of Winnipeg. The Sanatorium aims to provide for the earlier cases of the whole Province, city and country—that is, Sanatorium work proper—and in addition, to receive in its Infirmary, as many as possible of the farther advanced cases of the Province, outside of the City of Winnipeg. In short, the aim is to do the best that can be done for the cure, control and eradication of tuberculosis in Manitoba.

Capacity.

Of the utmost capacity of 118 beds, 27 are in the Infirmary. Two Observation or Reception wards have 18 beds, but these, instead of being used for their true purpose, are, as a rule, taken up by the less seriously ill infirmary cases. Besides these, are 73 beds for ambulant cases, 52 in two pavilions, and 21 in two cottages. The accommodation for ambulant cases has so far been fairly adequate, but there are never enough beds to meet the needs of bed patients applying, and of such there is always a waiting list. An addition to the Infirmary is therefore one of the needs of the Sanatorium. The Sanatorium is now really a Sanatorium and Hospital.



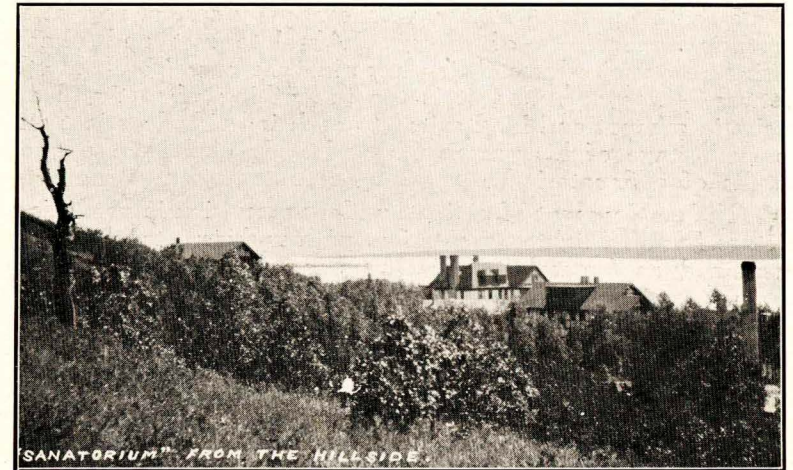
THE PAVILIONS

CLASSIFICATION.

It is very greatly to be regretted that application is made in a large majority of cases only when the disease has reached a far advanced or hopeless stage. Roughly, out of every five patients admitted during the past year, one was hopeless on admission, two were far advanced, though scarcely yet hopeless, and only two describable as Incipient or Moderately advanced. So many bad cases have been received—cases which belong not to a Sanatorium, but to a hospital—that I have departed from the usual classification and considered by themselves, apart from the ordinary far advanced cases, those who on arrival were evidently without any chance whatever of recovery or improvement. I have put into this class of "apparently hopeless" only 43 of those discharged during 1913, or about 21 per cent.

Many not thus classed were much beyond the Sanatorium type. Of the total number discharged during 1913, ten per cent. had been cared for in bed during a part of their stay, and **forty per cent during the whole of their stay.** Of these latter, only slightly over half were classed as "apparently hopeless" on admission, the others being classed merely as "far advanced." All of those in bed during their whole stay, that is, forty per cent of all discharged, were, of course, beyond the Sanatorium type, and indeed, most of the ten per cent. in bed during a part of their stay would have been refused admission to a Sanatorium confined strictly to Sanatorium work.

There is certainly needed among the Medical men of Manitoba a clearer appreciation of the stage of the disease at which, to be in any measure successful, "the cure" must be begun, and, possibly even more needed is a wider and truer knowledge among people in general regarding the early symptoms of tuberculosis.



EDUCATION.

It is frequently pointed out that the exclusion of tuberculous patients from general hospitals makes it difficult for medical students and nurses to become familiar with the disease and its treatment. Doctors and nurses are therefore apt to be ill-informed regarding this most wide spread disease. The Trustees during the winter 1913-4, by an arrangement with the Faculty of Manitoba Medical College invited the final year students to come out as assistants for a stay of two weeks each.

Twenty of the class availed themselves of this offer, and spent two weeks assisting in the Sanatorium work. This plan seemed to accomplish something eminently worth while, and an effort will be made in other years to offer the same facilities to students and practitioners. Beginning in the summer of 1914, the young physicians acting as internes in the Winnipeg General Hospital will come out in turn for one month each to act in the same capacity at the Sanatorium.

During the year five former patients were received as pupil nurses, and are taking a training in the care of tuberculous patients. An arrangement by which nurses in training in the general hospitals would spend a month or two in Sanatorium work would help to give nurses a much needed insight into tuberculosis and its treatment.

TREATMENT.

The usual hygieno-dietetic means of treatment common to Sanatoria has been employed, the most important element in which is undoubtedly careful and constant supervision of the whole routine patients follow, with especially careful regulation of their expenditure of energy. Absolute rest and almost unlimited exercise have their places in "the cure," and, mostly between these extremes, it is the prescribing of rest and exercise in amount and kind suited to each individual patient and to each stage of his progress, that largely explains the good results of a Sanatorium.

The employment of patients under supervision in gardening, picture framing, light carpentering, path making, etc., has been continued as formerly. This has been found satisfactory in proportion as time can be given to close supervision.

Artificial Pnuemo-thorax has not been used, but will be in cases suitable for it, during the next year.

Tuberculin.

Tuberculin was given to more than half the patients discharged during 1913, to 12 for less than one month, to 47 from one to three months, and to 68 for more than three months. To 68 Bacillary emulsion was given, and to 59 Old Tuberculin. 31 Incipient, 44 Moderately advanced, and 52 Far advanced made up a total of 127 treated with tuberculin.

Length of Stay.

While the Sanatorium began with a rule limiting the stay of a patient to six months, it has not been found possible to so limit the stay in every case. Far advanced cases requiring bed care, even if they progress most favorably, require a much

longer stay, and frequently, if hopeless, remain for a long time in the Sanatorium. The length of stay is also affected by the home conditions of the patients and it is very often the case, when these are unsatisfactory or the patient has no fixed home, that the stay in the Sanatorium must be prolonged until the patient is well enough to earn his living from the day of his discharge. Many such are kept on at the Sanatorium months after all payments on their behalf have been discontinued. This has come to be a large factor in the maintenance deficit.



"A SEND-OFF"

TUBERCULOSIS IN MANITOBA.

In the year 1912 there were 492 deaths from tuberculosis recorded in Manitoba. That is a larger number than in any one of the preceding three years, the totals from 1909 to 1912 inclusive being 402, 412, 438 and 492. The larger number is due doubtless to increased population and greater care in recording, as other evidence seems to show a considerable improvement in conditions. In Winnipeg, during the same period, the death rate per 100,000 living is said to have fallen from 150 to 96.

Of the total deaths from all causes in 1912, the 492 due to tuberculosis represent 8.5%, or 103.8 per 100,000 persons living. Leaving out all deaths under one year of age, 12.17% of deaths, or one in every eight, were from tuberculosis. It is estimated very conservatively that there are in the province 1800 active cases. The rate 103.8, while not so high as is found in some parts of Canada and the United States, is still too high for a Prairie Province.

Of the 492 deaths from tuberculosis during 1912, 388 were due to pulmonary disease, seven to acute miliary, fifty four meningitis, twenty-five abdominal disease, six Potts disease, two white swelling, seven tuberculosis of other organs, and three disseminated tuberculosis.

The Government statistical report calls attention to a decrease in the death rate in urban, and an increase in the rural population. A careful analysis of the distribution of the deaths in the rural population shows that in some parts of the province there is a very satisfactory decrease or a low rate, and in other parts a high rate or an increase. Some municipalities have had for years a high rate, one having had in 1912 ten times the average death rate from tuberculosis prevailing in the Province.

Bad Districts.

The districts in which the death rate is high belong, as a rule, to groups with certain outstanding characteristics. They are districts which have been passed by in campaigns for bettered health conditions; districts in which native blood forms a considerable element; older settlements with old, damp and dark houses, usually overcrowded, and very new settlements with small crowded houses. The municipalities are hardest hit in which the average wealth is low and the standard of living therefore low, and which have settlements of foreign born people from continental countries. They are the districts therefore, in which living conditions are, either through ignorance or necessity, poorer than elsewhere, and into which modern ideas regarding the prevention and cure of tuberculous disease have only imperfectly penetrated. Almost without exception these are districts which had sent no patients to the Sanatorium, so that the influence of the Sanatorium has not in any way reached them. Some improvement might be expected to follow the sending of patients to the Sanatorium, both through the improvement in the health of those sent, and the ideas they would carry home with them.

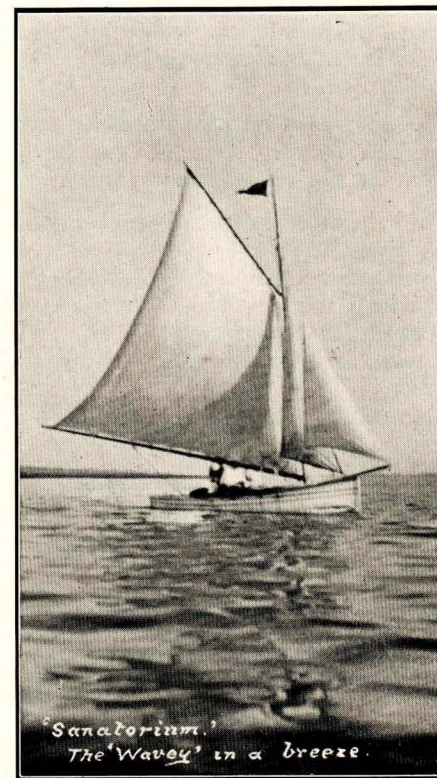
NEW CLASSIFICATION.

The new classification of patients on discharge, recommended recently, somewhat more conservative than that formerly in use, has been adopted. Roughly, the terms most used correspond as follows:—

Old terms	New terms
Apparently cured	Apparently arrested
Arrested	Quiescent

SUMMARY OF RESULTS.

The appended tables bring out many facts of importance which are difficult to summarize. It will be noted that the earlier the admission and the longer the stay, the better the results. Of the "incipient" all were at least "improved," while all but two who remained longer than three months, reached the higher classifications of "apparently arrested" or "quiescent." Of those discharged "apparently arrested" the average stay was 21 weeks; of those discharged "quiescent," under 17 weeks, and of those merely "improved," 8½ weeks. In most cases the "improved" would certainly have been classed higher had their stay been longer.



"THE BOAT"

Similarly, of the "moderately advanced" on admission who became "apparently arrested," the average stay was over six months; of the "quiescent," over five months, and of the simply "improved" over two months. The "far advanced" who

reached the "quiescent" stage remained nearly seven months, and those "improved" nearly five months. The "apparently hopeless" died or were discharged "unimproved."

Of the three classes "incipient," "moderately advanced," and "far advanced" (apart from the "apparently hopeless") 11% were classed as "apparently arrested," 35% "quiescent," 46% "improved" and 7% "unimproved," while 1% died. Thus, without considering the very short stay of many, and the very advanced condition of others, nearly half reached a classification of "apparently arrested" or "quiescent."

Mortality.

Twenty-four patients died during the year, all but one having been classed on admission as "apparently hopeless," and several classed in the same way by the physicians who sent them in.

Four deaths occurred in January-February, and eight in November-December, four in March-May, three in September-October, and five in the midsummer months.

The supposed duration of the disease at the time of death averaged twenty months. In ten cases the average was eight months, in six cases, fifteen months, and in eight cases, thirty-nine months. In half the cases the duration was one year or less, and the course more or less acute. The stay in the Sanatorium of these twenty-four cases averaged nineteen weeks, in nine cases averaging less than five weeks, in five cases over eleven, in five seventeen, and in five more than a year.

In two cases death was directly due to hemorrhage and in three to pneumonia following hemorrhage (in one case this hemorrhage occurred at the Sanatorium). In two cases the terminal phase was meningitis, in two pneumo-thorax, and in fifteen asthenia without special incident.

DAVID A. STEWART,
Medical Superintendent.

MEDICAL REPORT AND TABLES.

January 1st, 1913, to January 1st, 1914.

	Male	Female	Total
Patients in Sanatorium January 1, 1913..	32	35	67
Patients admitted during 1913.....	119	113	232
Patients discharged.....	102	101	203
(Of these there remained less than one month)			(23)
Patients remaining in Sanatorium January 1, 1914	49	47	96
Total number admitted from the opening of the Sanatorium June, 1910, to Dec. 31, 1913			686

The 203 patients discharged during 1913 were classed on admission and discharge as follows:—

On admission.		On discharge.	
	%		%
Non Tuberculous ...	2 1.	Not treated	3 1.5
Incipient	34 16.7	Apparently arrested..	17 8.3
Moderately advanced..	52 25.6	Quiescent	58 28.6
Far advanced	72 35.5	Improved	70 34.5
Apparently hopeless..	43 21.2	Unimproved	31 15.3
		Died	24 11.8
	203 100.0		203 100.0

STANDARDS OF CLASSIFICATION.

The standards of classification on **admission** will be given in connection with the separate tables.

The new classification on **discharge** is as follows:—

APPARENTLY CURED—All constitutional symptoms and expectoration with bacilli absent for a period of two years under ordinary conditions of life.

ARRESTED—All constitutional symptoms and expectoration with bacilli absent for a period of **six** months; the physical signs to be those of a healed lesion.

APPARENTLY ARRESTED—All constitutional symptoms and expectoration with bacilli absent for a period of **three** months; the physical signs to be those of a healed lesion.

QUIESCENT—Absence of all constitutional symptoms; expectoration and bacilli may or may not be present; physical signs stationary or retrogressive; the foregoing conditions to have existed for at least two months.

IMPROVED—Constitutional symptoms lessened or entirely absent; physical signs improved or unchanged; cough and expectoration with bacilli usually present.

UNIMPROVED OR PROGRESSIVE—All essential symptoms and signs unabated or increased.

INCIPIENT.

Definition of the term "Incipient."

Slight or no constitutional symptoms (including particularly gastric or intestinal disturbance or rapid loss of weight). Slight or no elevation of temperature or acceleration of pulse at any time during the twenty-four hours.

Expectoration usually small in amount or absent. Tubercle bacilli may be present or absent.

Slight infiltration limited to the apex of one or both lungs, or a small part of one lobe.

No tuberculous complications.

Of the 203 patients discharged during 1913, 34 had been classed on admission as **Incipient**. They were discharged as follows:—

On discharge classed as	REMAINED UNDER TREATMENT				Total	Per Cent.
	Average in weeks	Less than 1 month	1-3 months	Over 3 months		
Not treated - - -	1	1	..	..	1	3
Apparently arrested	21.6	..	..	13	13	38.2
Quiescent - - -	16.9	..	..	5	5	14.7
Improved - - -	8.5	3	10	1	15	44.1
	Whole average 14.8 wks.	4	10	20	34	100.0

MODERATELY ADVANCED.

Definition of the term "Moderately Advanced":

No marked impairment of function, either local or constitutional. Localised consolidation moderate in extent, with little or no evidence of cavity formation. No serious complications.

Of the 203 patients discharged during 1913, 52 had been classed on admission as **Moderately Advanced**. They were discharged as follows:—

On discharge classed as	REMAINED UNDER TREATMENT				Total	Per Cent.
	Average in weeks	Less than 1 month	1-3 months	Over 3 months		
Apparently arrested	25.6	..	..	5	5	9.6
Quiescent - - -	22.5	..	..	24	28	53.9
Improved - - -	9.3	6	4	5	17	32.6
Unimproved - -	16.2	..	6	2	2	3.9
	Whole average 18.2 wks.	6	10	36	52	100.0

FAR ADVANCED.

Definition of the term "Far Advanced":

Marked impairment of function, local and constitutional. Marked consolidation of entire lobe; or disseminated areas of beginning cavity formation; or serious complications.

Of the 203 patients discharged during 1913, 72 were classed on admission as **Far Advanced**, but not Apparently Hopeless, or moribund. They were discharged as follows:—

On discharge classed as	REMAINED UNDER TREATMENT				Total	Per Cent.
	Average in weeks	Less than 1 month	1-3 months	Over 3 months		
Quiescent - - -	28.6	..	..	23	22	30.5
Improved - - -	19.6	3	13	24	40	55.6
Unimproved - -	33.4	..	2	7	9	12.5
Died - - - - -	12.6	..	1	..	1	1.4
	Whole average 24 wks.	3	16	53	72	100.0

APPARENTLY HOPELESS.

Of the 203 patients discharged during 1913, 43 were in very bad condition on arrival and were classed on admission as not only Far Advanced, but **Apparently Hopeless**. They were discharged as follows:—

On discharge classed as	REMAINED UNDER TREATMENT				Total	Per Cent.
	Average in weeks	Less than 1 month	1-3 months	Over 3 months		
Unimproved - - -	15.3	5	4	11	20	46.5
Died - - - - -	19.1	3	11	9	23	53.5
	Whole average 17.3 wks.	8	15	20	43	100.0

AGES OF PATIENTS.

Under 10	1	21-30	102
10-15	9	31-40	47
16-20	35	Over 40	7

COMPLICATIONS.

Tuberculous		Non- Tuberculous	
Adenitis	2	Anaemia	5
Enteritis	16	Adenoid growths.....	2
Fistula in ano.....	1	Cystitis	3
Laryngitis without ulceration	11	Eczema	1
Laryngitis with ulceration	5	Endothelioma of lung.....	1
Meningitis	2	Enlarged prostate.....	1
Orchitis	3	Erythema nodosum	1
Pleurisy with effusion.....	2	Enlarged thyroid gland.....	2
Pneumo-thorax	3	Goitre (cystic)	1
Peritonitis	3	Insanity	1
Pneumonia, post hemorrhagic	3	Ichthiosis	1
Tuberculosis of kidney.....	2	Mitral regurgitation	3
Tuberculosis of ankle joint..	1	Nephritis	1
		Otorrhoea	2
		Phlebitis	1
		Pregnancy	3
		Pyorrhoea alveolaris	1
		Quinsy	2
		Scarlet fever	1
		Tonsillitis (streptococcic)	5

NATIVITY.

The nativity of patients in the Sanatorium December 31st, 1912, and admitted during 1913:

Canada	159	Austria	2
England	47	Denmark	1
Ireland	8	Holland	1
Scotland	16	Sweden	1
United States	3	China	2
Russia	22	Greece	1
Iceland	19	Assyria	1
Finland	1		
Norway	2	Total.....	299
Germany	13		

PRESENT CONDITION OF PATIENTS DISCHARGED PREVIOUS TO JANUARY 1, 1914.

Total number discharged	590
Of these there were—	
Non-Tuberculous	10
Remained less than one month	88
Died in Sanatorium (more than one month under treatment)	24
Apparently hopeless on admission discharged unimproved	47
—	169
Admitted as Incipient, Moderately advanced and Far advanced (some bad cases) treated more than one month, there were discharged	421

(See Table on next page.)

Present Condition of 421 Discharged Patients.

Admitted as—	Classed on discharge as—	Now—
Incipient 90	Apparently cured or arrested (apparently arrested or quiescent) 54	Well and at work 47
		Living 5
		Dead 1
		Unknown 1
	Improved 36	Well and at work 27
		Living 7
		Dead 0
		Unknown 2
	Unimproved 0	
Moderately advanced 117	Apparently cured or arrested (apparently arrested or quiescent) 70	Well and at work 45
		Living 20
		Dead 2
		Unknown 3
	Improved 43	Well and at work 21
		Living 9
		Dead 3
		Unknown 10
	Unimproved 4	Living 2
Dead 1		
Unknown 1		
Far advanced . . . 214	Apparently cured or arrested (apparently arrested or quiescent) 59	Well and at work 41
		Living 7
		Dead 4
		Unknown 7
	Improved 131	Well and at work 30
		Living 44
		Dead 32
		Unknown 25
	Unimproved 24	Living 5
Dead 10		
Unknown 9		

OCCUPATION.

The occupation of patients in the Sanatorium December 31st, 1912, and admitted during 1913:

Agents, Real Estate 5	Ironfounders 1
Agents, Insurance 2	Laborers 16
Accountants 2	Laundry workers 2
Barbers 3	Liverymen 1
Barristers 1	Machinists 4
Blacksmiths 1	Milliners 2
Bookkeepers 3	Motormen 3
Brakemen 1	Merchants 4
Bricklayers 1	Music Teachers 2
Carpenters 8	Millwrights 1
Cooks 1	Nurses 4
Conductors (Street Car) 1	Printers 2
Cutter 1	Painters 1
Clerks, Bank 5	Pedlars 1
Clerks, Grocery 6	Photographers 1
Clerks, Hardware 1	Orderlies 1
Clerks, Mail Order 5	Surveyors 1
Clerks, Office 13	Stenographers 10
Clergymen 2	School boys 1
Domestics 25	School girls 7
Draftsmen 1	School teachers 12
Drivers 1	Students 11
Druggists 2	Saleswomen 2
Detectives 1	Traders 1
Dressmakers 1	Tailors 1
Engineers 1	Telegraphers 2
Elevator boy 1	Travelling Salesmen 8
Factory Girls 2	Tinsmith 1
Farmers 17	Train Despatcher 1
Firemen 2	Warehousemen 2
Fishermen 1	No occupation 20
Housekeepers 3	
Housewives 53	Total 299

MUNICIPALITIES.

Municipalities of patients in Sanatorium, December 31st, 1912, and admitted during 1913:

Argyle	4	Pipestone	1
Archie	1	Portage la Prairie (city) ..	10
Assiniboia	6	Portage la Prairie (rural) ..	6
Bifrost	1	Roblin	1
Brandon City	16	Rockwood	3
Brenda	1	Rosedale	1
Brokenhead	1	Rosser	2
Cameron	1	Roland	1
Coldwell	1	Rivers, town	2
Cornwallis	2	Rhineland	3
Dauphin Town	3	Saskatchewan, Mun.	1
Deloraine	3	Saskatchewan, Prov.	3
De Salabery	1	Shell River	1
Dufferin	1	Sifton	2
Elton	2	Silver Creek	1
Fort Garry	3	Strathclair	1
Gladstone, town	1	Springfield	1
Hanover	3	Stonewall	1
Hartney, town	1	Souris, town	1
Harrison	1	Swan River, town	1
Hamiota	1	St. Boniface	2
Kildonan	1	St. Frances Xavier	1
Killarney	1	St. Paul's	1
Le Pas, town	1	St. Vital	1
Lorne	5	Tache	1
Lansdowne	1	Thompson	1
Louise	2	Unorganized Territory	5
Morden, village	3	Victoria	2
Morris	1	Virden, town	6
Manitou, village	3	Westbourne	1
Miniota	2	Whitehead	1
Minto	1	Whitewater	1
Macdonald	3	Winnipeg	139
Norfolk, N.	4	Woodlands	1
Norfolk, S.	3	Woodworth	1
Oak Lake, town	1	Winchester	1
Ochre River	3		
Oaklands	2	Total	299

KING EDWARD MEMORIAL COTTAGE

The Board desires to extend thanks to many friends of the Sanatorium for donations and favors.

In special measure are thanks due to the Fort Garry Chapter, Daughters of the Empire, by whom the King Edward Memorial Cottage, handed over for the uses of the Sanatorium in December last, was most generously built and equipped. This Cottage, which is eminently suited for its purpose, adds sixteen to the capacity of the Sanatorium.

CONTRIBUTIONS TO THE SANATORIUM DURING 1913.

Library Books, Magazines, etc.:—

Miss G. Lindback, Mrs. A. R. Irwin, Mr. John Peterson, Mrs. Henry Black, Miss Edith Stafford, Mrs. Copeland, Mr. J. Yellowlees, Winnipeg Boy Scouts, Major Hesketh, Mr. J. W. Rogers, Miss H. G. Stewart, Mrs. Langridge, Mrs. H. J. Poole, Mr. H. S. J. Johnston and others.

Through the kindly interest of Rev. Mr. Marteinsson a number of Icelandic books and a suitable book case were received from the following:—Mr. and Mrs. Marteinsson, Dr. Halldorsson, H. S. Bardal and others.

Decorative Plants, Cut Flowers, Seeds, etc.:—

Mrs. Smith, Mrs. Boyce, Mr. W. F. Brown, "Hiawatha" Congregation, Ninga, Rev. Dr. C. W. and Mrs. Gordon, Miss Gordon (Swan Lake), Anglican Church Ladies, Ninette, Miss Usher, Patmore Nursery Co. and others.

Miscellaneous:—

Electric torch and batteries, Winnipeg Boy Scouts, per Mr. McCreary.

Linen pillows, etc., "A widow's mite," Miami W. H. A. Society, Mrs. Rosen.

Slippers, Mrs. Crampton, Mrs. Mair.

Musical box, Mrs. Gibbs.

Game, poultry, etc., Mr. McNair, Mr. Matheson, Box Bros., Mr. Anger, Mr. Jos. Hughes.

Preserved fruits, etc., Brandon Chapter I.O.D.E.

Christmas cheer for patients, Mr. Clench, Winnipeg Boy Scouts (per Mr. McCreary), Mr. W. A. Windatt, Mr. Kohl, Rev. Dr. C. W. Gordon, Mrs. O'Shea, Dr. J. A. Gunn, Patmore Nursery Co.

In addition to the above, Mrs. Hobman and Miss Turriff made generous gifts to the fund for equipping the patients' workshop.

Cash contributions are shown in the financial statements hereinafter set forth.

AUDITORS' REPORT.

The Chairman and Board of Trustees,
Manitoba Sanatorium for Consumptives.

Gentlemen:—

We beg to report that we have audited the books and accounts of the Sanatorium for the twelve months ended 31st March, 1914, and that all our requirements as Auditors have been complied with.

The books have been well and carefully kept and all information required by us was readily obtained. All expenditures have been properly authorized by the Board and the supporting vouchers have been duly examined by us.

We have examined the following attached Statements, viz.:—

Balance Sheet
Cash Account
Maintenance Account

which in our opinion properly exhibit the state of affairs at 31st March, 1914, and correctly set forth the transactions for the twelve months.

COST PER PATIENT.

The cost per patient per day for the past year compared with the previous years is as follows:—

	Hospital Days	Maintenance per day	Administration per day	Total Cost per day
1913-14	33,632	1.41	.143	1.553
1912-13	24,912	1.643	.198	1.841
1911-12	21,344	1.496	.254	1.750

Respectfully submitted,

W. A. HENDERSON & CO.,
Chartered Accountants.

BALANCE SHEET AS AT 31st MARCH, 1914.

ASSETS.	LIABILITIES.
LAND, BUILDINGS, PLANT AND EQUIPMENT	ACCOUNTS PAYABLE
Land and Improvements	March, 1914, Accounts
Buildings	Nominal Surplus of Assets over
Water and Sewerage Plant	Liabilities
Furniture, Furnishings and	
Kitchen Equipment	
Plant	
Scientific Equipment	
Miscellaneous Equipment	
Horses, Harness, Etc.	
PATIENTS	
Balances due for Patients....	
CASH	
Bank of British North Amer.\$	
On Hand	
INVENTORIES	
Stores on Hand	
Fuel	
Ice	
Carbide and Gasoline	
Hay, Oats and Live Stock....	
Stationery, Etc.	
Laundry Supplies	
Dispensary	
Sundry Supplies	
Insurance paid in Advance	
	\$177,827.34
	\$177,827.34

We hereby certify that we have examined the above Balance Sheet together with the Vouchers and Accounts relating thereto and, in our opinion, a true and correct view of the affairs of the Sanatorium is exhibited thereby, according to the best of our information and as shown by the Books.

W. A. HENDERSON & CO., Chartered Accountants.

FOR TWELVE MONTHS ENDING MARCH 31st, 1914.

RECEIPTS.

SUBSCRIPTIONS AND DONATIONS	
As per detailed Statement...	\$ 999.25
PATIENTS' ACCOUNT	
Cash received on account of	
Patients	\$35,778.70
Provincial Government Grant	
"Per Capita"	10,262.40
Provincial Government Grant.	10,000.00
	<u>56,041.10</u>
SUNDRY RECEIPTS	
Meals, Etc.	\$ 140.44
Dispensary	301.30
Long Distance Refunds, Stationery, Etc.	97.88
Patients' Supplies	10.33
	<u>549.95</u>
FARM PRODUCE	1,691.38
TAG DAY RECEIPTS	20,019.38
	<u>\$79,301.06</u>

EXPENDITURE.

BALANCE APRIL 1st, 1913	
Bank Overdraft (since repaid) \$	3,005.45
Bills Payable (since repaid) ..	10,000.00
	<u>\$13,005.45</u>
CURRENT ACCOUNT	
Salaries and Wages	16,559.05
Subsistence and Maintenance.	31,487.73
Repairs	1,452.00
Management Expenses	2,461.81
Farm and Stable	1,131.03
Tag Day preliminary.	27.65
	<u>53,119.27</u>
CAPITAL ACCOUNT	
Buildings	\$ 2,087.27
Plant	1,036.00
Furniture	596.63
Furnishings	177.73
Kitchen Equipment	338.04
Land and Improvements	132.95
Scientific Equipment	138.65
Miscellaneous Equipment	397.88
Revision of Heating	2,787.45
Horse	135.00
	<u>7,827.60</u>
Total Expenditure	<u>\$73,952.32</u>
BALANCE	
Cash in Bank and on Hand..	\$10,630.74
Less March accounts unpaid	5,282.00
	<u>5,348.74</u>
	<u>\$79,301.06</u>

Certified Correct,
W. A. HENDERSON & CO., Chartered Accountants.

FOR TWELVE MONTHS ENDING MARCH 31st, 1914.

SALARIES AND WAGES	
Management Salaries	\$ 4,807.15
Nurses' Salaries	3,286.30
House Wages	5,420.95
General Wages	3,044.65
	<u>\$16,559.05</u>
MAINTENANCE	
Subsistence	\$21,202.93
Dispensary	1,056.41
Fuel	5,155.53
Light, Water and Ice	1,140.73
Laundry Operating	1,205.45
Engine Room Supplies	31.92
Sundry Supplies	1,143.00
	<u>30,935.97</u>
REPAIRS & REPLACEMENTS	
Building	\$ 745.45
Plant	570.18
Furniture	136.37
Nurses' Equipment	263.65
Horses, Harness, Etc.	142.88
Miscellaneous Equipment	294.48
Kitchen Equipment	125.47
	<u>2,278.48</u>
MANAGEMENT EXPENSES	
Stationery	\$ 408.28
Insurance	441.00
Interest and Exchange	594.23
General Expense	1,010.25
	<u>2,453.76</u>
	<u>\$52,227.26</u>
BALANCE	
Brought down	2,590.81
Balance, Nominal Surplus for Year	7,409.19
	<u>\$10,000.00</u>

CREDIT.

EARNINGS	
Patients (Private, Municipal and City)	\$37,607.20
Provincial Government "Per Capita" Grant	10,262.40
	<u>\$47,869.60</u>
Farm	767.60
	<u>48,637.20</u>
SUBSCRIPTIONS & DONATIONS	
Per detailed Schedule	999.25
BALANCE CARRIED DOWN, being excess of Current Expenditure over Current Revenue...	
	<u>2,590.81</u>
	<u>\$52,227.26</u>
PROVINCIAL GOVERNMENT	
Special Grant	\$10,000.00
	<u>\$10,000.00</u>

Certified Correct,
W. A. HENDERSON & CO., Chartered Accountants.

CASH SUBSCRIPTIONS AND DONATIONS
FOR TWELVE MONTHS ENDING MARCH 31st, 1914.

Union of Municipalities of Manitoba.....	\$500.00	
Municipality of St. Clements	100.00	
		\$600.00
Elm Creek Ladies' Quadrille Club	\$ 11.35	
Oak Lake "Oldtimers" Ball	86.75	
Oak Lake "Oldtimers" Ball	81.40	
Brandon I. O. D. E.	66.75	
Court Elkhorn I. O. T.	10.00	
		256.25
Mrs. Adams	\$ 2.00	
"Anon"	2.00	
"J. B."	15.00	
J. Baril	1.00	
Mrs. Bond	5.00	
Mrs. Carr	2.50	
Dr. Davidson	2.00	
Mrs. Darroch	10.00	
Dr. Grain	5.00	
Gelfand Bros.	50.00	
Mrs. Haight	1.50	
Mrs. Jones	20.00	
Miss Maxwell	2.00	
S. O. Nixon	5.00	
Mr. Phillips	2.00	
Miss Roddick	10.00	
Mr. and Mrs. Shier.....	1.00	
Mr. and Miss Stephen.....	2.00	
G. F. Thompson.....	4.00	
Miss Wilkes	1.00	
		143.00
		\$999.25