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SANATORIUM BOARD OF MANITOBA
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Manitoba Sanatorium

A STATEMENT
of
WORK DONE
WORK TO DO
AND
PRESENT NEEDS

With a part of the
SIXTEENTH
ANNUAL
REPORT

for the year ending
31st December, 1926

"Where there is no vision the people perish."—THE BOOK OF PROVERBS.

MANITOBA SANATORIUM

*A Statement of Work Done
Work to Do
and Present Needs*



"The world is not an Inn but a Hospital".—SIR THOMAS BROWNE.

With a part of the
SIXTEENTH ANNUAL REPORT
for the year ending 31st of December, 1926

MANITOBA SANATORIUM

NINETTE, MANITOBA

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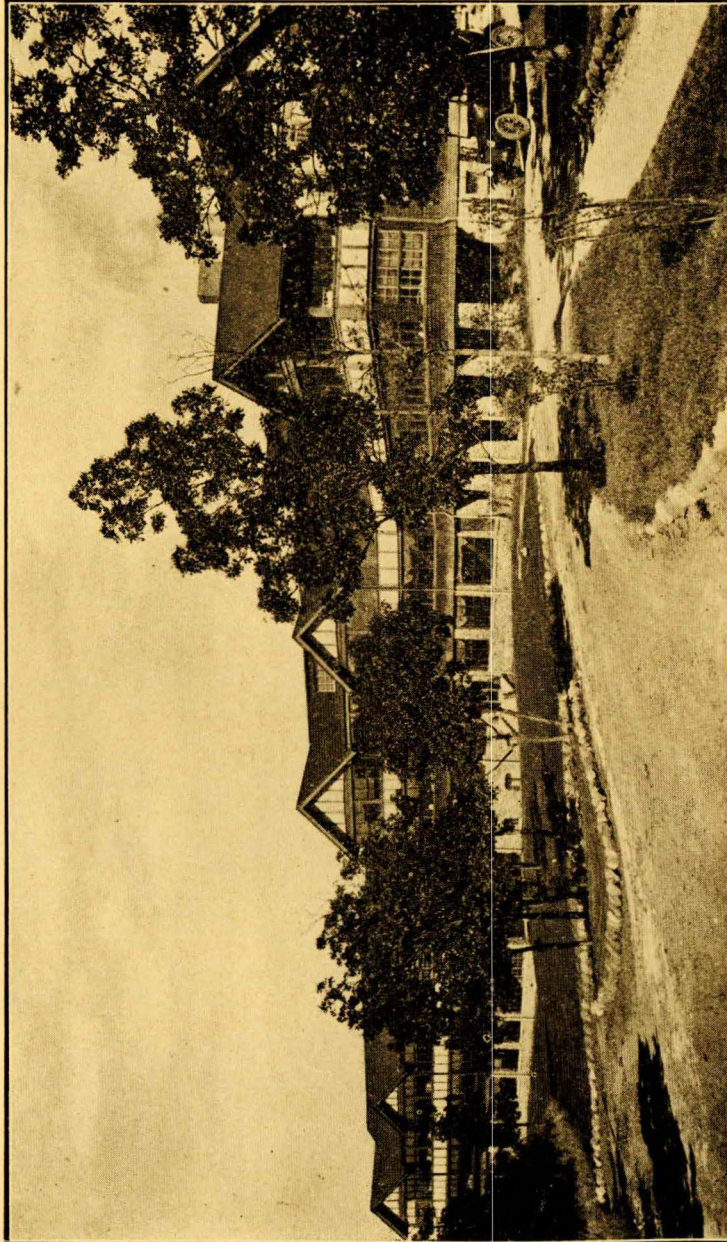
E. M. WOOD

Staff

Medical Superintendent: DAVID ALEXANDER STEWART, B.A., M.D.
Assistant Medical Superintendent: J. E. PRITCHARD, M.D. (to Oct.); E. L. ROSS, M.D.
Medical Assistants: McLEOD GILLIES, M.D. (to April); MORLEY R. ELLIOTT, M.D.
(from June); R. W. RODGERS, M.D. (from Nov.)
Visiting Dentist: H. C. HODGSON, D.D.S., L.D.S.
Lady Superintendent: MISS JEAN HOUSTON, R.N.
Dietitian: MISS V. C. FLEMING
Accountant: J. S. YATES
Engineer: J. R. SCOTT
Radiographers: PETER McCONNELL (Died Nov. 15); W. H. SAXTON
Steward: JOHN REDMOND
Secretary to Medical Superintendent: MISS MARGARET SMITH
Teachers: MISS MIRIAM NORTON, M.A.; MISS SARAH WOOD (from Nov.)
Visiting Nurse (Prov. Pub. Health): MISS ELSIE WILSON, R.N.

Solicitor: J. A. MACHRAY

Auditors: RIDDELL, STEAD, GRAHAM & HUTCHISON



THE INFIRMARY BUILDING, EAST AND WEST WINGS

Stated in Brief

The Manitoba Sanatorium has been at work for nearly eighteen years. In that time the death rate from tuberculosis in Manitoba has been cut in two. The Sanatorium is not much more than half large enough for its work. It always has waiting lists and on the day this is written *sixty-eight* are waiting. Even this number could be more than doubled at any time by missionary work in going out to look for the sick and bringing them in. *More beds for sick people* are urgently needed.

* * *

A complete well-equipped building, up-to-date in every particular, and beyond date in facilities for treatment by light, natural and artificial, summer and winter, is needed for about seventy-five tuberculous, under-par and handicapped children.

* * *

Efficiency in medical and nursing services demands better "work-shops", more houses and rooms to live in, more room for students, especially students of nursing.

* * *

Whether wards for the sick are added to or not, and whether or not facilities for medical and nursing work are improved, the fundamental units of the Sanatorium need to be added to. A larger, better-ventilated and better placed infirmary kitchen is needed and additional kitchen equipment.

* * *

The Manitoba Sanatorium is a public utility and necessity carried on with credit to the province by a voluntary board which is practically a commission. It belongs wholly to the people of the province. It has given faithful and fruitful service for eighteen years. It has had the confidence and sympathy of the municipalities and the government during all that time, and a fair measure of support.

Herein is given some account of the Sanatorium stewardship during eighteen years, with something of present activities, problems and needs. Two urgent needs are:

1. Assurance of support for present undertakings.
2. The means of extending this work to meet the needs of the Province of Manitoba.

* * *

"It is a wise rule to take the world as we find it, not always to leave it so".—CONFUCIUS.

"If health be the very source of all pleasure it may be worth the pains to discover the regions where it grows, and the springs that feed it".—SIR WILLIAM TEMPLE.

* * *

The Sanatorium Story

The Manitoba Sanatorium received its first patients in May, 1910, but, counting the preliminary campaign of education, may be considered by March, 1927, to have completed *eighteen years of work*. There is no doubt this work has been useful, and therefore gratifying to those behind the venture. It is especially satisfactory to have helped to cut the death rate from tuberculosis in this province *in half*; to have seen that disease *drop from first to seventh place* among the causes of death; and to consider that this means four hundred of our fellow citizens left untouched each year who would have fallen victims had the death rate even of fifteen years ago been maintained. And it may well be considered that the Sanatorium by its diagnosis, treatment and segregation of disease, and especially by its teaching, has had a large share in the general betterment of health in this province in all its phases.

At the same time nothing should satisfy but perfection, or at any rate the greatest good that can be done. And almost any survey of the sick and their care is more impressive in the things left undone than in the things done. There are a good many agencies, and a great many individuals, more or less interested in the conquest of tuberculosis, but there is a lack of co-ordination among them. The Sanatorium is kept so busy dealing with the emergencies of tuberculosis that little can be done except spasmodically of the larger and better work of preventing those emergencies. It is time that the whole situation should be considered, the gaps if possible filled in, and something like a general plan arrived at.

Something of the problems as we see them and try to cope with them at Ninette was presented at the Annual Meeting of the Sanatorium Board at the end of January, 1927. It has been considered worth while to give the substance of this report as contained in the pages that follow a wider circulation among the interested people throughout the province.

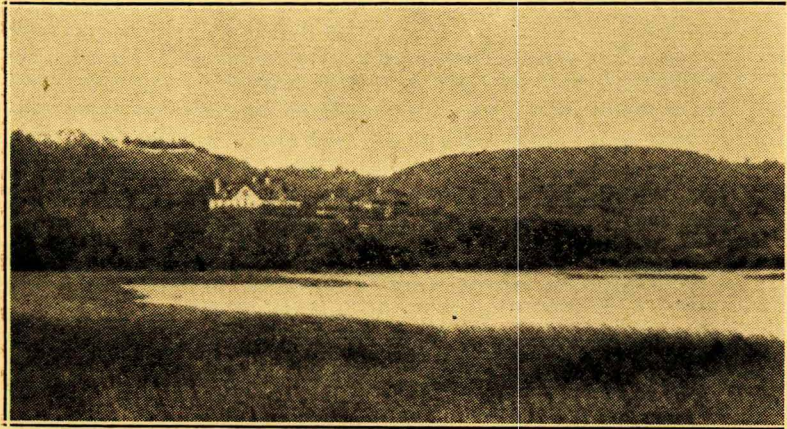
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"It is within the power of man to cause all germ diseases to disappear from the earth".—PASTEUR.

THE BEGINNING

The Sanatorium opened in May, 1910, with sixty beds and very little equipment behind them, getting off to a bare start. In line with most of the efforts at that time, the aim was to cure the early and curable cases, trusting that some time and somehow provision would be made for the much less promising, though necessary, care of the unfortunate far advanced and hopeless people.

It became plain in a very short time that this distinction between early and late, or late and very late disease, was one that patients and their relatives, people in general, municipalities and sometimes even doctors did not make. The only known



THE VERY BEGINNING AS SEEN FROM ACROSS THE BAY

tuberculous people in the province were the far-advanced, and the worse they were the more anxious to come in. Early tuberculosis, that could be suitably treated without bed care, and easily cured, was not being found.

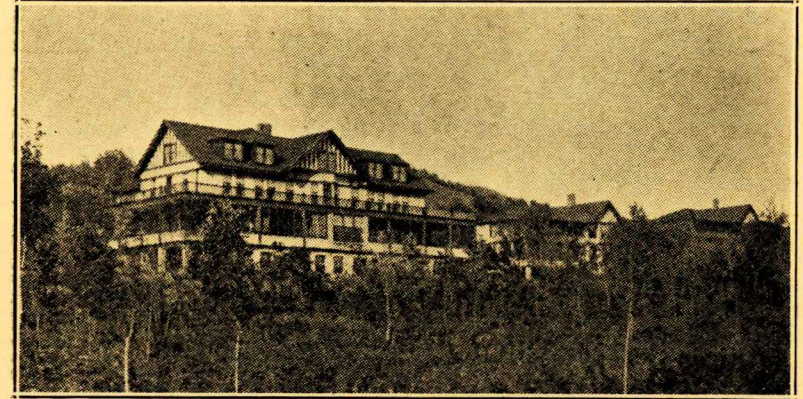
In all Sanatoriums some beds are in hospital units where full nursing care can be given; and some in pavilions, from which patients come to meals in a central dining hall, and in which only supervision is given, not close nursing care. Out of our original sixty beds, twelve only, or twenty per cent., were of hospital type, while one hundred per cent. of applicants needed hospital care. Our plans had simply to be changed forthwith, and buildings adapted as soon as it could be done. Now, in a total of 290 beds, 185, or sixty per cent., are of hospital type. But if we were beginning all over again tomorrow, and money no object, the ideal would be one hundred per cent. of hospital type—or not far short of that.

* * *

"Want of care does more damage than want of knowledge."—POOR RICHARD.

Seventeen years ago, then, people with early disease were still at work, and at play, as a rule undiscovered, and not worrying about themselves. That this is not quite so true of today marks progress. Still it is late and not early disease that comes to the doctor and gets sent to the Sanatorium. Even yet of those admitted at Ninette nine out of ten have advanced disease and two out of the same ten are already, at the very time of admission, apparently hopeless.

To have all disease found early, and treated early, and no disease found late, or rushed in for treatment late and hope-



THE SANATORIUM AT THE TIME OF OPENING, 1910

less is as yet the unattainable. In the meantime since it is advanced disease that surrounds us it is our job to do what we can for advanced disease. Skilled treatment can save some lives; many it cannot. But getting advanced or hopeless disease out of the home, especially out of the shack, into the hospital, may save other lives and help to safeguard the community. The segregation of advanced and infective disease may perhaps show better immediate results than any other single measure though the best "long-term" health investment here, as elsewhere, is EDUCATION.

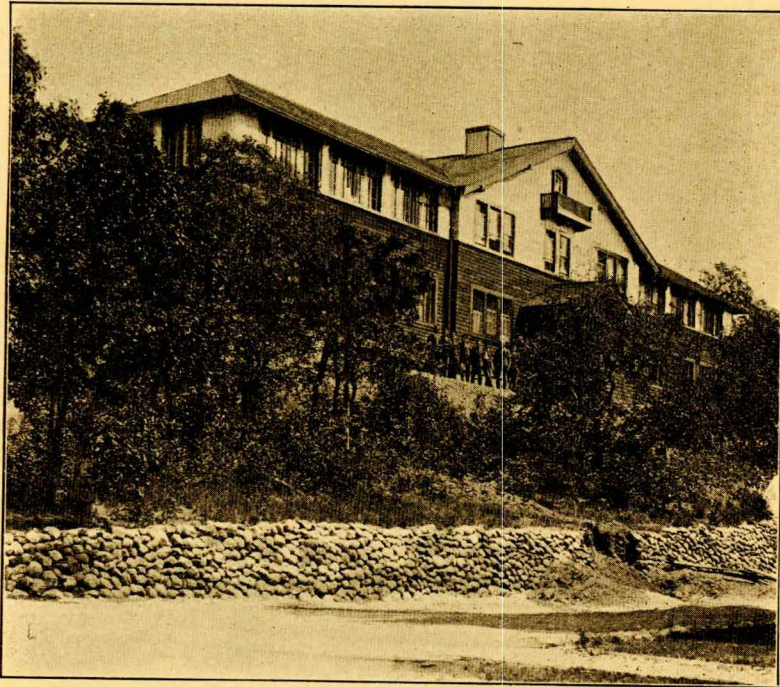
WAITING LISTS

In the first year or two of the Sanatorium the sixty beds were seldom all filled. The chief reasons were: applicants all of hospital type while beds were not, failure to cure all disease and save all lives, the Sanatorium not known, and the tuberculosis problem not understood. So with sixty beds only we had no waiting lists. Now, with nearly five times as many

* * *

"Be not forgetful to entertain strangers, for thereby some have entertained angels unawares".—SAINT PAUL.

chronic but who needs pneumothorax; an under-nourished girl of twelve suspected of disease; a young married woman who has had a sudden onset of what is either acute tuberculosis or lung abscess, we are to decide which, and treat; a boy of nineteen who has come for examination occasionally for ten years, never followed advice, and refused treatment, but who bled a few days ago until he fainted; a man with hopeless bone disease who wants to return here from another hospital;



THE SANATORIUM IS BUILT ON A HILL-SIDE AND WALLS OF COBBLE STONE ARE A FEATURE

a man sent for last summer who had to wait until his potatoes were ripe, and then until they were sold, and who was waiting to plant a new crop when his illness became acute and he wished to rush in ahead of all others on the waiting list; and two men, one who would not stay, and one who would not behave, when they were here. These are all on the list as this paragraph is written and twice as many others as well. Some of these are real emergency cases and being dealt with as such.

* * *

"Mortals ask 'What property has a man left behind?"

But angels ask 'What good deeds has he sent on before him?"

—THE KORAN.

CITY AND COUNTRY

The Sanatorium at Ninette has 290 beds, 185 of them suitable for hospital care; the King Edward Hospital, one of the Winnipeg Municipal Hospitals group, has 100 beds, of hospital type; and St. Roch's, associated with St. Boniface Hospital, can give bed care to about forty tuberculous patients. There are in the province, then, about 430 beds set apart for the care of tuberculous patients, of which 325 are of hospital type, or suitable for patients in need of bed care. The King Edward can accept for treatment Winnipeg residents only, though it welcomes others for examination and diagnosis. St. Roch's hospital receives patients from any part of the province. The Sanatorium draws from the whole province, which for Sanatorium purposes may be divided into four areas. The municipalities outside the four cities have a special arrangement, paying for the care of those who do not pay for themselves by a fixed sum raised by levy. The unorganized territories are wards of the provincial government. The three smaller cities, Brandon, Portage la Prairie and St. Boniface, have adequate general hospital facilities, and St. Boniface has a tuberculosis hospital within its boundaries as well, but in none of the three smaller cities is there a municipal tuberculosis hospital. The City of Winnipeg has a municipal hospital of 100 beds for the treatment of tuberculosis, which represents very little short of what Winnipeg's share would be by population in the 325 bed-care tuberculosis beds of the province.

In our early days we had to refuse—or rather, try to refuse—Winnipeg applicants who were in need of bed care, on the ground of the Municipal beds available to them. Then, as our hospital accommodation was added to, we took them more freely. Now again, as the demands made upon us by the rest of the province have increased, we have again to discriminate, and even refuse. Such discriminations are troublesome, and even sometimes misunderstood. From a third to a half of our applications are on behalf of Winnipeg citizens, and on the lists today are sixteen such. But even if far fields should look fair to a Winnipeg man, and he should assure his doctor, and his doctor assure us, that he prefers Ninette to his own municipal hospital, that cannot in justice give him an equal place on our list with another man in a remote settlement fighting disease with no hospital that he can get into, and no help. Yet there were on the day this was written seventy Winnipeg patients in the Sanatorium and the number is increasing.

General hospitals often give very present help in time of trouble by taking in tuberculous patients waiting for Sana-

* * *

"The care of the sick is to be placed above and before every other duty."—SAINT BENEDICT.

torium admission, and this is a very proper function for a general hospital, objections which may have been raised by a very few hospital trustees who still think in terms of the nineteenth century, on the contrary notwithstanding. Tuberculous patients can be dealt with safely, in emergencies, in any modern hospital which knows its job. General hospitals are likely enough nearly half-filled with patients more or less tuberculous anyway; and there is no reason why they should not be, nor why these should menace anyone if they are recognized and given proper care.

But there are two very good reasons why tuberculous patients should make only temporary stays in general hospitals. The first is that the hospitals, with their rush of more acute cases, have little room for these more chronic cases; and



A DISTRICT MEDICAL CONVENTION AT THE SANATORIUM

the second is that the tuberculous don't do so well on prolonged treatment in general hospitals. At the same time there should never be a tuberculous patient uncared-for while there are empty beds in general hospitals. But in the Province of Manitoba there are no empty hospital beds in general hospitals, tuberculosis hospitals, hospitals for mental diseases, or even in the Home for Incurables. We have not yet over-supplied any of our hospital needs, *indeed we have not yet anything like supplied them.*

* * *

"The greatest trust between man and man is the trust of giving counsel."—FRANCIS BACON.

LENGTH OF STAY

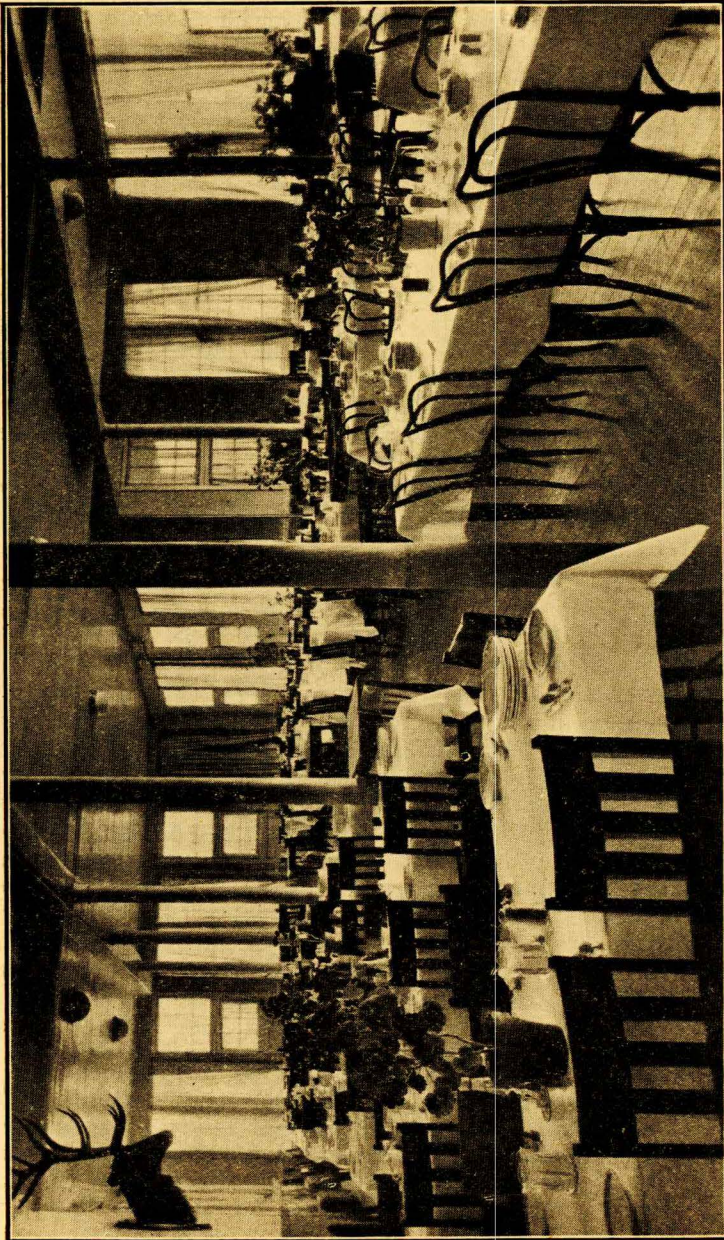
Seventeen years ago, when our Sanatorium work began, it was the common idea about such things that six months or even less (three months was allowed in England), would give the tuberculous patient what was called "a training and a start" and that he could finish the job at home. The tragedy was that many of the jobs were finished at home—in altogether the wrong way. Clearing up symptoms and getting the patient back to a prosperous appearance is often easy enough, but that may be years from cure. Indeed "cure" hardly belongs to the Sanatorium vocabulary. Our patients go out with disease "Improved", or "Quiescent", or, if they are unusually lucky, "apparently arrested". It is only after they have stood the rest of ordinary life and work for two years and are still without symptoms and signs that the high standing of "*apparently cured*" may be granted them. Anything like arrest of serious disease—and it is serious disease that comes to us—is a matter rather of twenty-four months, or of forty-eight, than of six, and most of these spent in bed. A choice we have to make daily is between cutting the time in bed shorter than we think it should be for those who are in or having no place in bed at all for those who should come in.

The idea of the Sanatorium is that it should be a hospital for the active treatment of those who have treatable and improvable disease, and not a home for hopeless and friendless and homeless, however necessary such a place may be in the community scheme. Yet in spite of all that can be done our beds are increasingly filled, and our active work hampered, by the friendless and hopeless and homeless. Some have no home anywhere, some have their homes in the old countries, some have homes so very unsuitable as to be almost worse than none; others have made their homes with relatives who don't want them now since ill or idle. Or the home has been broken up when father or mother was admitted to the Sanatorium. Almost half the Sanatorium patients for one reason or another are practically homeless. Half way through "the cure" a patient can very often be sent back to a good, suitable, intelligent, co-operating home, with every confidence that he will continue to do well. But the friendless or homeless cannot be sent out until ready to stand on their own feet and earn a living. Even with everything in favor of cure that means a long stay.

But some are homeless and hopeless, or homeless with very chronic disease, who seem to be our care as long as they may live. In all hospitals such cases tend to accumulate, but most of all in hospitals which treat chronic disease such as

* * *

"Let every man be occupied, and occupied in the highest employment of which his nature is capable, and die with the consciousness that he has done his best".—SYDNEY SMITH.



THE SANATORIUM DINING ROOM, ADMINISTRATION BUILDING

tuberculosis. To have to safeguard the driftwood in the back-water but still keep the current open; to have to make a home for homeless chronically ill people but still keep beds to do our real work of caring for active and curable disease, is one of our greatest difficulties.

Our relations with the municipalities are very cordial, and their co-operation has always been very hearty, yet naturally it is their hopeless and homeless, their worse and more troublesome that they are most anxious we should get—and keep.

At present we have two women of low mentality, chronic advanced tuberculosis, families of young children, and appalling home conditions. The time will never come when they will not be a menace, if at home. If we were to let them go because of pressure of waiting lists their communities would consider we were not playing our game and would send them back with the constable as escort. Yet they tie up, possibly for years, two good useful badly-needed infirmary beds. Another woman with as much disease cannot be sent back to the shack in which she lived alone until admitted here. A woman with disease advanced and chronic came from a homestead, her children were sent east, and her husband went west. A homeless hired man has extensive chronic disease and low mentality; a woman of fifty, chronic disease and no home. Two orphans from church schools, with gross disease, cannot be sent back to be a menace to other pupils. A man who went home against advice became a nuisance and a menace in the community, so was taken back. The father of seven children, with very bad home conditions, has been here hopeless for two years but still lives, for even the hopeless may live astonishingly long when well cared for. An old man who is homeless has had infirmary care for eight years. And this list could be added to almost indefinitely from Sanatorium records present or past.

To have sent us almost without exception those whose disease is already advanced; to have to keep some not only month after month until they are reasonably well, but even year after year until they are infection-free, symptom-free, work-proof, bad-conditions-proof, accident-proof, and even fool-proof; and to try, through all these long workless months, to preserve in them enough gumption to make them re-establishable when their lungs are patched, and worth something when they are re-established, involves a large and complicated work surely.

* * *

"Though a cup of cold water from some hand may not be without its reward, yet stick not thou for Wine and Oyl for the wounds of the Distressed."—SIR THOMAS BROWNE.

province of Saskatchewan pretty much centres in the children's pavilion, and from that centre radiates brightness and hope and teaching into homes here and there all over the province.

The Children's Hospital of Winnipeg and all the general hospitals receive children with the various phases of tuberculosis, and would necessarily continue to receive many of them at least temporarily for diagnosis and emergency treatment, whatever accommodation might be provided elsewhere. But the hospitals need to be relieved of the long-term treatment of chronic disease in children as in adults, and children with tuberculosis, as well as adults, respond wonderfully to treatment of the Sanatorium type.

Much very fine work for sick children is done by Manitoba hospitals, but there are not beds enough to do anything like all that is needed. Provision for tuberculous children, for children with bone and joint tuberculosis, or for children with a tuberculous tendency, or suspected of tuberculosis, is lacking in Manitoba. There should be provided in or near Winnipeg ample accommodation for all such needy children of Winnipeg and district. But even if this had been already done, as it has not, there would still remain a very big work for us at Ninette in caring for children from the rest of the province. And even if all the sick and suspected were fully cared for there would still remain much needed work to do among under-par and under-nourished children. We could fill in one month, and keep filled and refilled very usefully year after year indefinitely, a children's building with accommodation for seventy-five or eighty. We have good sites, good general facilities, a good organization, experience and enthusiasm. We need just the equipped building to get off to a wonderful start. *Who will give us this start?*

Another good citizen who has been overlooked is the tuberculous woman about to become a mother. She needs Sanatorium care or its equivalent before the birth, at the time of the birth, and for a good long time after it, and the infant needs it too. A crowded Sanatorium has not elasticity enough, nor room enough, to take on maternity work and the care of infants. But if the Sanatorium is the best place for mother and child at the critical time, there should be a corner provided in which this care can be given.

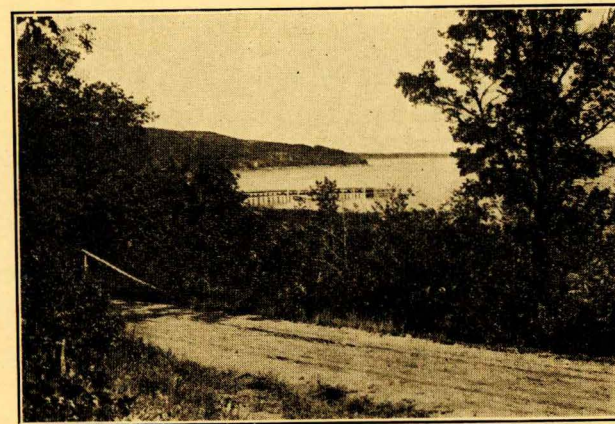
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*"Are you in earnest, seize this very minute;
What you can do, or think you can, begin it"*

—GOETHE

OTHER LUNG INFECTIONS

The Sanatorium should treat, and does treat, tuberculosis at all stages, and of all kinds. There are other distressed people who cough and spit, have fever and night sweats and hemorrhages, who need rest and fresh air and artificial pneumothorax and who can be distinguished from the tuberculous chiefly because after long search the microscope may show a different germ from the tubercle bacillus to be at fault. These afflicted people need the special experience of the Sanatorium sometimes even more than the average tuberculous do. What are we to do for them? It looks like hair-splitting to take people with lungs diseased by one germ and shut the door to those with lungs diseased by another, especially when it is considered that in the mixed infections of advanced tuberculosis both kinds of germs are likely to be present.



A VIEW OF PELICAN LAKE

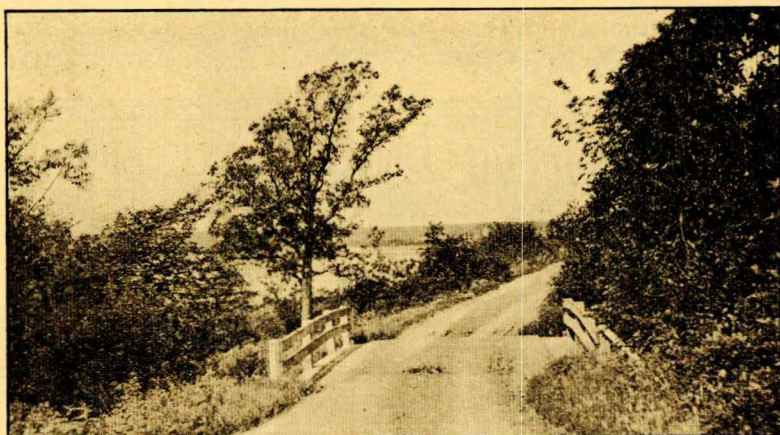
These septic infections of the bronchial tubes, in every community, cause as much chronic cough, perhaps, as tuberculosis. Men who treat tuberculosis cannot but have a little more skill than the average in dealing with conditions so similar to tuberculosis that they are every day confused with it. We should welcome, and do welcome, for examination, diagnosis, or even for a period of observation all such affected people, but cannot afford beds as a rule to give them more prolonged treatment. We have today in the Sanatorium nine with various non-tuberculous infections difficult to distinguish from tuberculous disease.

* * *

"One Today is worth two Tomorrows".—POOR RICHARD.

MISSIONARY JOURNEYS

But by far the greater number of suspected people and families do not and cannot come to see us. Then we must go to see them. In 1926 two "missionary journeys" were made, one to Portage la Prairie, where sixty-five were examined, and one to Selkirk, in which one hundred and five were examined. The local hospital X-Ray plant was in each case borrowed for the occasion, and with our own plates and our experienced X-Ray man, the late Peter McConnell, as one of the party, stereoscopic plates were made of nearly all. It is in just such a round-up of suspected and border-line cases that X-Ray plates, and the best that can be made, are a necessity. The



BRIDGE OVER SANATORIUM RAVINE

doctors, who all worked with us, and the Public Health nurses, gathered in patients from wide distances, even a hundred miles in one or two cases.

In some of the other provinces funds are available for a travelling diagnostician who can go from place to place throughout the whole summer, or the whole year, hunting out those who are just beginning to be ill. In Manitoba there are public free clinics in Winnipeg, and an all-the-year-round base for diagnosis at Ninette. The Sanatorium having scarcely income for the work it is already doing cannot very well keep a missionary medical man in the field, however useful he might be. It is our plan, however, to cover the province in a way, though far from adequately, as we can find time, by a series of summer visits to bases here and there, especially where X-Ray plants are available.

* * *

"If your resolve be strong, your task whatever it may be, is already begun, you have only to go on, it will accomplish itself."—LOUIS PASTEUR.

TEACHING

In dealing with tuberculous people teaching is almost as important as treatment—indeed it is a very necessary part of treatment. They can't be cured if they won't co-operate, and in order to co-operate they must needs learn. The Sanatorium broadcasts its doctrine through its patients, through the teaching of medical students and nurses, through doctors who visit, and papers to medical societies, and through speaking and writing to more general audiences. Teaching we consider should accomplish even more than treating. Nothing endures in the world so long as truth taught. A Sanatorium is nothing if not a school, nothing if not missionary in its spirit, teaching in season and out of season, by all means at its disposal, and to all who can be made to listen, the principles of good health and right living.

About fifty medical students come each year to Ninette for instruction and experience, and in all more than five hundred have so come. This helps the students, the campaign against tuberculosis, and the Sanatorium as well, which has thus a stimulus that the necessity of teaching always gives. Teacher may gain as much as pupil, so every hospital group should teach. There is no better application of the truth, "There is that scattereth and yet increaseth: and there is that withholdeth more than is meet and it tendeth to poverty".

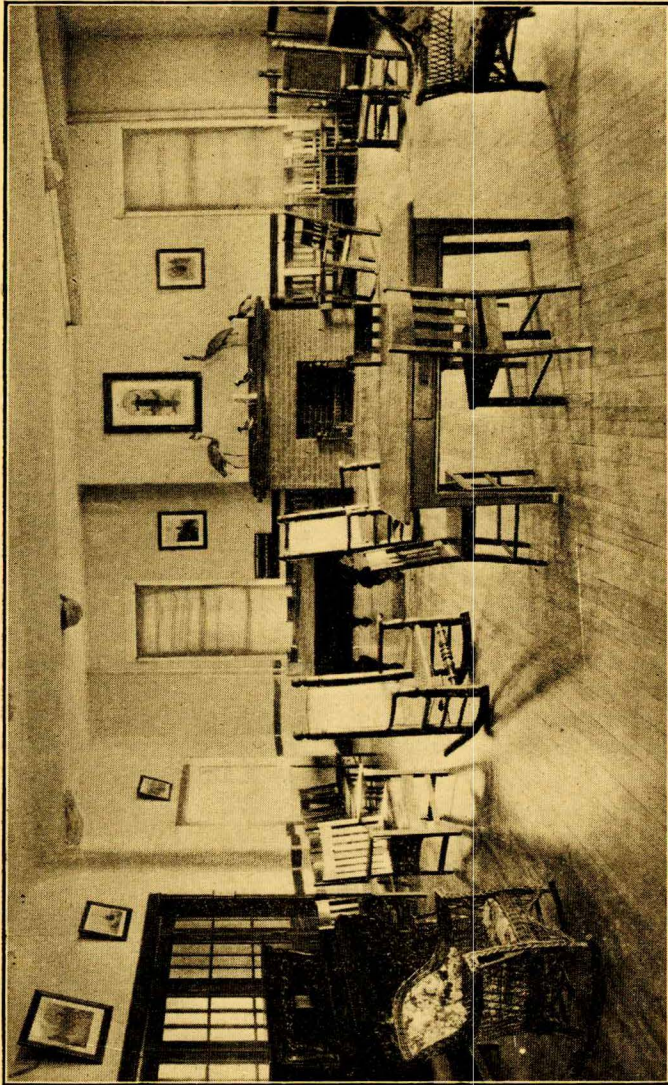
The Sanatorium has never had elbow-room beyond the bare necessities of its work, and most of what it has done has been against handicaps. We have barely room for proper housing of the regular nursing staff. Had we more room, our teaching regarding tuberculosis given to graduate and undergraduate nurses could be made a very valuable contribution to nursing education in the province. As it is, what we are able to give incidentally, and to comparatively few, we consider one of the useful elements in our influence and work.

SCHOOL

Lying in bed month after month is good for diseased tissues, indeed is the most important part of the cure, but it is not always good for *people*. Idleness, even therapeutic idleness, commanded and taught by the doctor, can cure physical disease and yet bring about some mental and even moral deterioration. A workless man is in danger of becoming a worthless man. When we are treating people with chronic illness who are necessarily workless for months or years, some occupation,

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"Great is Truth and mighty above all things".—BOOK OF ESDRAS.



GENERAL SITTING ROOM AND ASSEMBLY HALL, ADMINISTRATION BUILDING

1910

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1942

2 rehab.

some suitable employment, is a physical advantage and a moral necessity. It is more than a necessity; it is a right. No man or woman can afford to lose all those days and months, or even to use them for one purpose only if they can accomplish two at the same time. Even a sick man if he twirls his thumbs only when he might be busied at something better, is a shirker.

Of all occupations for sick people, especially for sick people in bed, ordinary school work seems to us very much the best. It is the easiest to provide. A patient, a book and a teacher, or even a patient and a book, can make a start. It is the most elastic and adaptable and variable, the least mono-



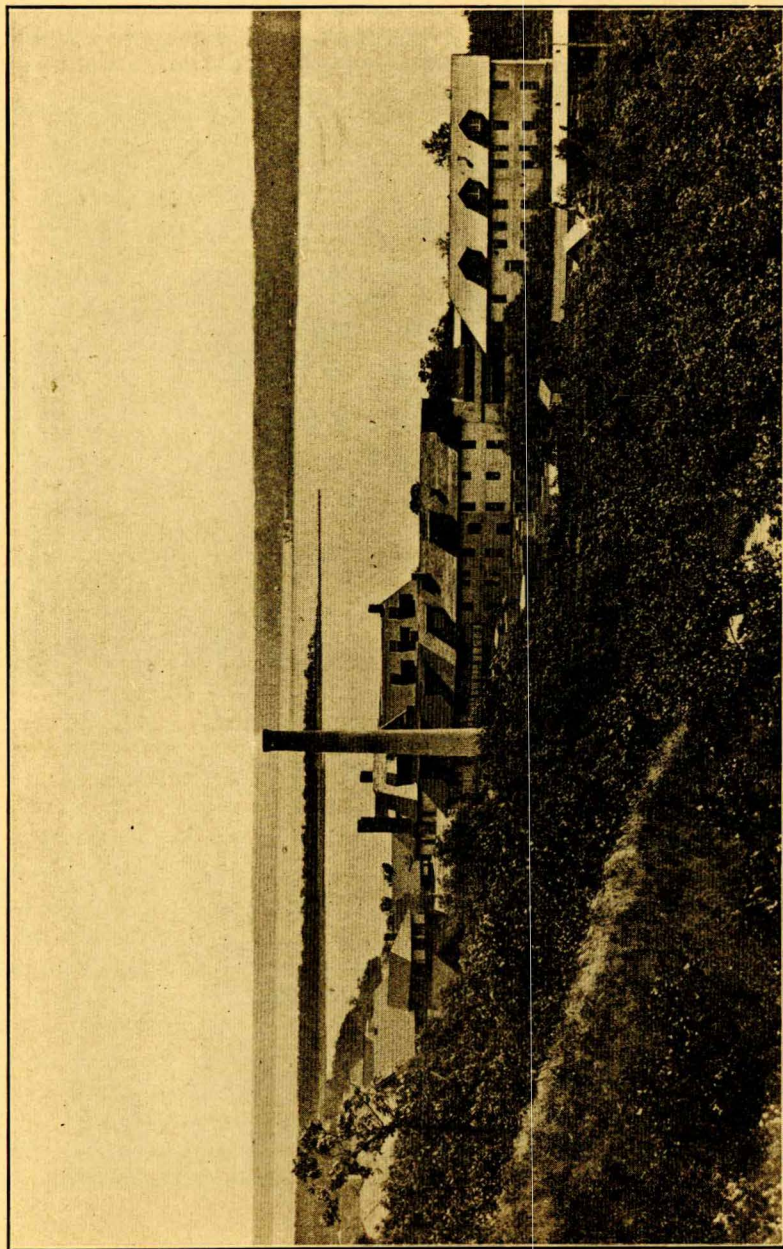
SOME PUPILS OF THE SANATORIUM SCHOOL, 1927

THIS GROUP REPRESENTS JUST ONE-SIXTH OF THOSE NOW IN THE SANATORIUM WHO ARE STUDYING

tonous and tiresome, the most needed, the most useful. With the help of the Department of Education, and at very little cost to the Sanatorium, we have in this last year or two expanded our teaching, and now have one hundred and fifty pupils, a morning school for patients able to attend, a night school for some patients, but chiefly for employees, and, still more useful, a school of one hundred patients in bed, doing some regular study each day. We have two full-time teachers, have had help from normal school students also, and a very considerable amount of help in teaching from patients. Of two men side by side on a balcony one may be teacher, the other pupil, and the two equal sharers in the gain thereof.

* * *

"The excellency of knowledge is, that wisdom giveth life to them that have it".—
ECCLESIASTES.



THE SANATORIUM FROM THE HILL

SOME SANATORIUM NEEDS

The Sanatorium, like the growing boy, has many needs, all at once, and always. It has never had equipment enough, nor beds enough. It has never been overdone. There is no danger of its being overdone. If tuberculosis were cleared up finally and forever tomorrow, and the Sanatorium left empty tomorrow night it could be filled usefully in a fortnight with cases of chronic disease of various sorts that would be sent to us by general hospitals even now if we had but room enough. And of course tuberculosis is really not yet half conquered, though since the Sanatorium was opened the death rate has been cut in two. No money has been wasted on the Sanatorium. Its construction cost per bed is low, and its operating cost low also, while its service is usually classed high. This comparatively small investment by the people of Manitoba yields large returns in health.

More hospital beds for men and women are urgently needed. The waiting lists and the reasons therefor have been discussed. On this day thirty-five men or boys and thirty-three women or girls, many of them very ill and endangering those around them, are waiting to be admitted, likely losing ground while they wait. The causes of waiting lists are on the increase. Chronic cases tend to accumulate. There are hundreds of people in the province who could be greatly helped, if we could get them in, even, in some cases, for a few months' stay only. One single missionary journey of two days last summer doubled our waiting lists. The Sanatorium is a business that cannot afford to send out travellers. Any great increase of "new business" would swamp us. Yet the work is there and needing urgently to be done. The very best and most profitable part of the work, the search for those with earlier disease, finding them, curing them, sending them back to work, and keeping them under supervision, is scarcely being done at all. Half a dozen such could be sent out practically cured with the same time and care that we have to give to many a single hopeless case. Our facilities are too narrow, and are clogged with the emergencies of advanced and hopeless disease.

Present buildings should be altered or added to somewhat to allow of *freer use of sunlight at all seasons of the year*. Five and a half hours bright sunlight per day on an average the year through is one of the natural resources of Manitoba that no governments are in dispute about, and one such as few countries enjoy, but that we are not yet using as we should for the cure of disease. If we were, our province might well be a

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*"To know just what has to be done, then to do it,
Comprises the whole philosophy of practical life"*

SIR WM. OSLER

health resort. Though sunlight is free the arrangement of buildings, especially the older buildings, to take full advantage of free sunlight, especially in winter, is not by any means without cost. And special lamps which can give the essential features of sunlight any time and anywhere are needed for the many dark and stormy days. We make use already of sunlight natural and sunlight artificial, but should have more of both.

More room is needed for medical work. The Sanatorium has doubled, and the work of diagnosis increased ten-fold, since any great enlargement was made in the medical "workshop". The laboratory is small and work rooms and offices too few. We have medical books and magazines scattered on shelves in a half-dozen places, but are without one room for a medical library. The soul of medical work is in reading and recording. Reading, study, research, conference, writing, should be encouraged to the utmost. At present there are handicaps rather than encouragements. As a hospital broadens, it must deepen, or fail.

We have been mildly criticized because we have not built up a more permanent medical staff. One reason has been that we could not afford it. The plan we have had to follow of having more temporary services has accomplished something, it is true, in giving a larger number of keen young men training and experience. But when they have gained experience and can thus be of greater value to us, we have little more to offer them. More permanence in staff we can have only when we can have ampler accommodation for unmarried men, residences for married men, or men who wish to marry, and salaries from fifty to one hundred per cent. higher than are paid to young men who serve for a year. The time has certainly come when *more permanence in the Sanatorium staff* is needed.

Many who come for cure remain to work, and that is a suitable plan from every point of view. It gives to them a supervised start at work under known and suitable conditions. It gives to us workers who know from the first day of their work just what we are driving at. The housing of these handicapped people, with disease barely arrested, is a problem. Ordinary rooms are not quite good enough, so they usually remain in the pavilions they occupied as patients. But that is wrong. These workers become gradually freer from restrictions which are still proper and necessary for patients, yet their greater freedom may very seriously upset the routine and discipline of the patients they live among. The two

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"All education is self-education."

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"When we cease to learn we cease to live."

classes, workers and patients, should be separated, for the good of both. What is needed is a special building somewhat of the less costly Sanatorium type, for ex-patient workers, with the advantages such as out-door sleeping they have been accustomed to and still need.

Available residences and better accommodation might make other services more permanent also. We need more accommodation for almost every class of our workers, *more elbow-room everywhere about the institution*, less cooping into holes and corners, more space for new people as we need them, more accommodation for our visitors, so that more than two or three coming to see us at a time should not create an emergency.

TO SUM UP

In short, the whole institution could very well be doubled and, indeed, should be.

We have stated the larger needs. There are smaller needs also, about which we will always be glad to write to people or societies who have smaller amounts of money for good causes.

When good citizens of this province are making wills and considering bequests, might they not oftener keep in mind the Manitoba Sanatorium and the work it has set itself to do?

* * *

It is always necessary to state that the Sanatorium is NOT a government hospital, but a voluntary hospital.

It is a public utility, carried on with credit to the province by a voluntary board which is practically a voluntary commission.

It belongs wholly to the people of this province.

It has given faithful and fruitful service for eighteen years, in which time the death rate from Tuberculosis in Manitoba has been cut to less than half.

It has had the confidence and sympathy during all that time of the government, the municipalities and the people of the province.

* * *

This pamphlet has set forth something of the work of the Sanatorium and the very great problem it is trying to solve.

The great needs of the Sanatorium are, assurance of support for present undertakings, and the means of extending its activities to meet the needs more fully.

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"Be charitable before wealth makes thee covetous, and lose not the glory of the Mite".—SIR THOMAS BROWNE.

Reports and Tables

January 1st, 1926 to January 1st, 1927

	Male	Female	Total
Patients in Sanatorium Jan. 1, 1926.....	145	128	273
Admitted for treatment during 1926.....	138	169	307
Admitted for diagnosis or review during 1926....	303	335	638
Examined outside the Sanatorium.....			170
Total for year.....			1,388
Discharged from treatment during 1926.....	124	168	292
Discharged after diagnosis or review during 1926	302	336	638
Remaining in the Sanatorium Jan. 1, 1926.....	159	129	288
Examined outside Sanatorium.....			170
Total for year.....			1,388

ADMISSIONS YEAR BY YEAR

1910 (May to December).....	97	1921	332
1911	168	1922	336
1912	189	1923	291
1913	232	1924 Treatment	308
1914	267	1924 Examination	429
1915	306		737
1916	329	1925 Treatment	278
1917	475	1925 Examination	466
1918	417		744
1919	475	1926 Treatment	307
1920	425	1926 Examination	638
			945

Total number admitted since the opening of the Sanatorium at the end of May, 1910, to December 31st, 1926.....6,755

(170 examined outside the Sanatorium not counted.)

ADMISSIONS—EX-SERVICE MEN

1914	1	1920	134
1915	13	1921	61
1916	72	1922	37
1917	181	1923	25
1918	162	1924	25
1919	208	1925	19
		1926	11
Total to December 31st, 1926.....			945

MUNICIPALITIES

The patients remaining in the Sanatorium on January 1st, 1926, and those admitted for treatment, diagnosis or review were from the following Municipalities:

	Remaining Jan. 1, 1926	Admitted for Treatment	Admitted for Examination	Total		Remaining Jan. 1, 1926	Admitted for Treatment	Admitted for Examination	Total
Armstrong	1	1	.....	2	Lawrence	2	.....	.....	2
Assiniboia	2	.....	.....	2	Lac du Bonnet	1	.....	.....	1
Albert	2	.....	4	6	Lisgar	1	.....	.....	1
Argyle	1	2	19	22	Manitou	1	.....	.....	1
Archie	1	3	1	5	Minto	1	.....	1	2
Alberta, Prov .....	.....	.....	2	2	Minnedosa	2	2	2	6
Arthur	1	.....	.....	1	Morden	3	4	3	10
B. C., Prov. of.	1	.....	.....	1	Morton	2	1	5	8
Brandon	3	5	38	46	Morris .....	.....	4	4	8
Birtle	1	3	2	6	Miniota .....	.....	.....	1	1
Brenda	2	3	7	12	Melita	1	.....	.....	1
Brokenhead	1	1	1	3	Montcalm	3	.....	2	5
Bifrost	1	4	4	9	Minitonas	1	.....	.....	1
Brooklands	1	.....	.....	1	Macdonald	1	3	.....	4
B'anshard	1	1	3	5	Napinka .....	.....	.....	1	1
Boulton .....	.....	.....	1	1	Neepawa	2	1	.....	3
Carman	2	2	.....	4	Norfolk, N.....	3	7	15	25
Cartier	2	2	.....	4	Norfolk, S.....	1	.....	4	5
Cameron .....	.....	.....	1	1	Oakland	3	.....	8	11
Chatfield .....	.....	.....	1	1	Oak Lake .....	.....	1	.....	1
Coldwell	2	1	1	4	Ochre River .....	.....	1	.....	1
Cornwallis .....	.....	.....	1	1	Odanah .....	.....	1	1	2
Cypress, N.....	1	1	4	6	Ont. Prov.	3	2	4	9
Cypress, S.....	.....	.....	12	12	Pembina	3	.....	3	6
Charleswood ..	1	3	.....	4	Pipestone	1	2	7	10
Dauphin, T.....	4	4	7	15	Portage la P.				
Dauphin, R.....	.....	2	.....	2	City	7	3	15	25
De Salabery.....	.....	.....	1	1	Rural	2	3	5	10
Deloraine .....	.....	2	3	5	Pilot Mound ..	.....	.....	1	1
Dufferin .....	.....	.....	1	1	Rhineland	3	4	1	8
Edward	1	2	2	5	Riverside .....	.....	5	33	38
Ellice .....	.....	1	1	2	Roblin .....	.....	2	18	20
Eriksdale .....	.....	.....	1	1	Rockwood	2	5	1	8
Emerson .....	.....	.....	2	2	Roland	1	3	7	11
Ethelbert	1	3	.....	4	Rosedale .....	.....	1	2	3
Fort Garry	1	2	4	7	Franklin .....	.....	1	1	2
Franklin .....	.....	1	1	2	Gladstone .....	.....	1	.....	1
Gladstone .....	.....	.....	1	1	Glenwood	1	.....	2	3
Glenwood	1	.....	2	3	Grandview	4	.....	3	7
Grandview	4	.....	3	7	Gimli	1	.....	.....	1
Gimli	1	.....	.....	1	Gilbert Plains..	3	.....	.....	3
Gilbert Plains..	3	.....	.....	3	Hamiota	1	.....	.....	1
Hamiota	1	.....	.....	1	Hillsburg	1	.....	.....	1
Hillsburg	1	.....	.....	1	Hanover	1	.....	.....	1
Hanover	1	.....	.....	1	Hartney	1	2	.....	3
Hartney	1	2	.....	3	Kildonan, E....	2	6	.....	8
Kildonan, E....	2	6	.....	8	Kildonan, W....	7	2	.....	9
Kildonan, W....	7	2	.....	9	Killarney .....	.....	6	.....	6
Killarney .....	.....	6	.....	6	Kreusberg	1	.....	.....	1
Kreusberg	1	.....	.....	1	Lansdowne	2	.....	.....	2
Lansdowne	2	.....	.....	2	Lorne	4	3	14	21
Lorne	4	3	14	21	Louise .....	.....	2	11	13
Louise .....	.....	2	11	13					
					St. Andrews ..	2	4	2	8
					St. Boniface ..	3	5	4	12
					St. Clements ..	4	9	2	15
					St. James	3	9	2	14
					St. Laurent ..	1	1	.....	2
					St. Pauls	1	.....	.....	1
					St. Rose	1	1	7	9
					St. Vital	2	2	3	7
					Selkirk	6	6	3	15
					Shell River ..	2	2	4	8
					Shoal Lake ..	2	2	4	8
					Silver Creek...	.....	.....	3	3
					Sifton	1	1	1	3

MUNICIPALITIES—Continued

	Remaining Jan. 1, 1926	Admitted for Treatment	Admitted for Examination	Total		Remaining Jan. 1, 1926	Admitted for Treatment	Admitted for Examination	Total
Sask. Prov.	1	...	9	10	U.S.A. ....	...	3	3	3
Siglunes	2	...	...	2	Victoria	1	4	4	5
Souris .....	...	4	4	4	Virden	1	5	5	7
Springfield	1	2	...	3	Westbourne	2	...	2	2
Strathcona	1	3	41	45	Whitehead	2	...	2	4
Sanatorium	2	6	20	28	Whitewater	2	1	38	41
Stuartburn	6	7	4	17	Winnipegosis ..	1	...	...	1
Swan River.....	1	...	...	1	Wawanesa .....	...	4	4	4
Sprague .....	...	1	1	1	Wallace .....	...	3	3	3
Stanley	1	1	5	7	Whitemouth .....	...	1	1	1
Strathclair .....	...	3	3	6	Winchester .....	...	1	3	4
Tache .....	...	2	...	2	Winnipeg	94	75	118	287
The Pas	1	4	1	6	Woodlands	5	1	5	11
Transcona	5	6	3	14	Woodworth	3	3	2	8
Turtle Mtn.....	1	5	6	6					
Thompson	1	1	2	3					
Unorganised									
Territory	9	7	1	17		273	307	638	1,218



A SANATORIUM ROAD AND TWO SMALL TRAVELLERS