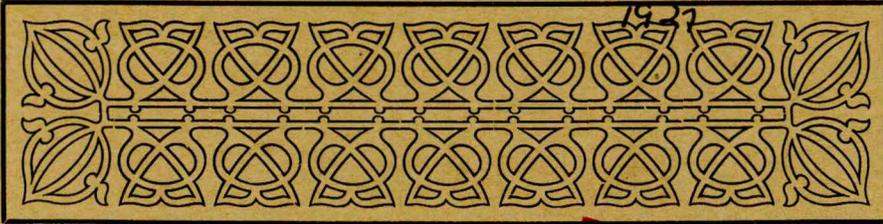


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**MANITOBA  
SANATORIUM**  
NINETTE

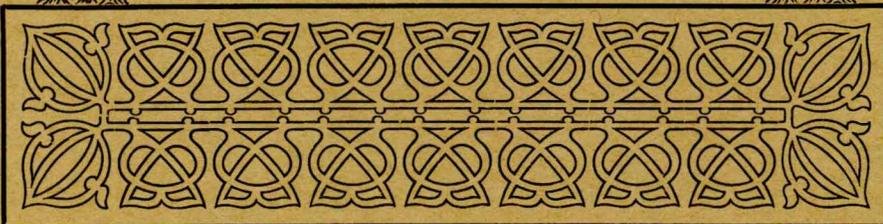
SANATORIUM BOARD OF MANITOBA  
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*The Year's Story*

With the Seventeenth Annual  
Financial Report for the Year  
ending 31st December, 1927

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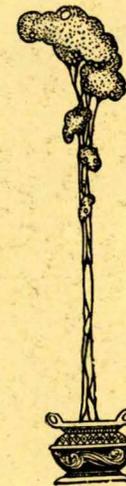
*Where there is no vision the people perish.*  
—BOOK OF PROVERBS



# Manitoba Sanatorium

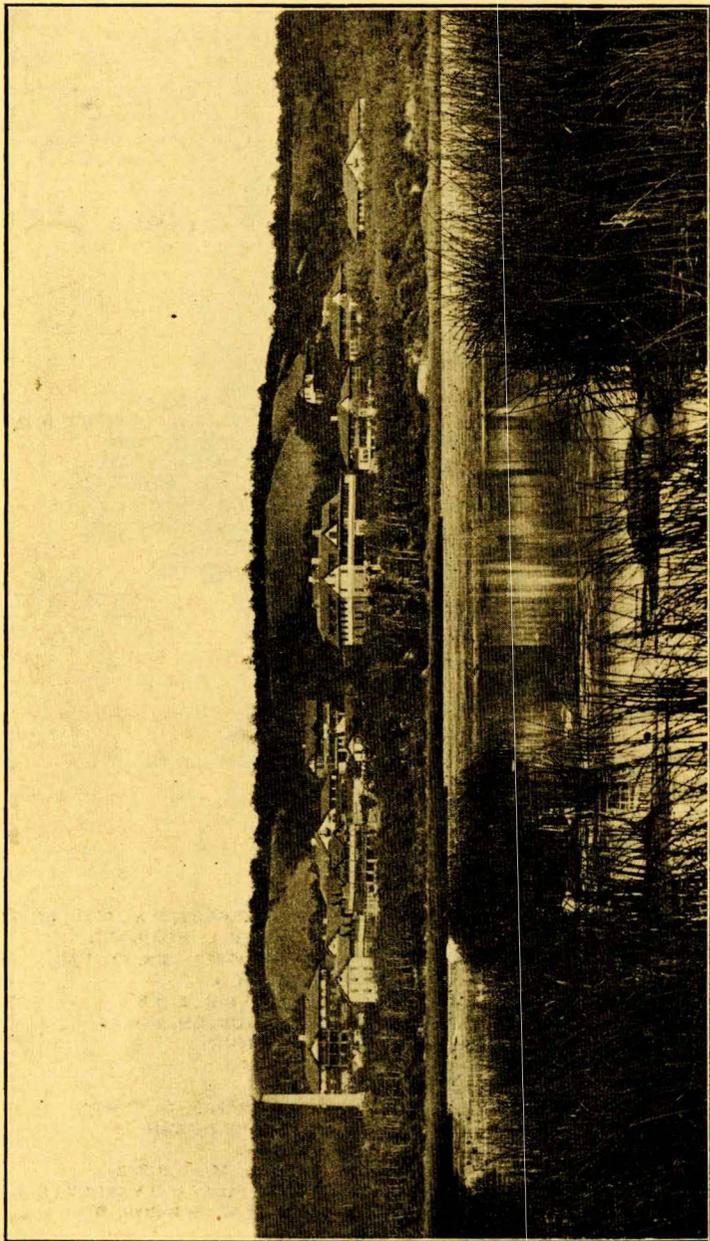
The YEAR'S STORY

With the Seventeenth Annual  
Financial Report for the Year  
ending 31st December, 1927



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





THE SANATORIUM FROM THE LAKE

So many worlds, so much to do,  
So little done, such things to be.

—Tennyson.

## Report of the Superintendent

*On May 16th, 1928, the Sanatorium had the great honor and pleasure of a visit from Their Excellencies, the Governor General of Canada and Lady Willingdon, and the Honorable Theodore Burrows, Lieutenant-Governor of Manitoba, with their Staffs. This happy occasion was made very much happier by the presence of the Chairman and members of the Sanatorium Board as hosts to the distinguished visitors, and of several other friends of the Sanatorium, as guests.*

Year by year for nearly twenty years the Annual Report of the Manitoba Sanatorium has dealt chiefly with what we have managed to *do*, and more briefly with what still needed to be done that we wished we could do. This report, however, will pass lightly over what has been done and say most about what is needed that we have not yet been able to do.

1909—1928

The work of the Sanatorium actually began in 1909, when plans were drawn, money collected, building begun, and the ideas of the Anti-Tuberculosis Campaign carried in lectures and talks into half the towns of Manitoba. Counting this most fruitful foundation year, the Sanatorium, in March, 1928, completed its nineteenth year and began its twentieth year of work. All who have been associated with any part or stage of that work—and that means pretty much the whole population of Manitoba—can look with considerable satisfaction at whatever the Sanatorium has done in bringing better health, and therefore a happier life, to Manitoba. The Province is a better place than it was to live in, and to bring children up in. It is a great matter to have helped, much, or even a little, to make it so.

We began with the idea of curing the curable and leaving the incurable to be cared for otherwise. But we soon found that the care of the incurable or not-very-curable or very-slowly-curable or even the chronic invalids was a large part of our work, and useful also. This was not only a duty to the sick people, but very definitely a duty to the whole population, preventing, as it did, and does, the spread of

\* \* \*

"What men want is not talent, it is purpose; not the power to achieve, but the will to labor."—BULWER LYTTON.

disease. Every person with advanced disease given hospital care, even without hope of cure, kept so much infection from being spread throughout the family circle and the community circle. So we did our best to cure the curable and also to care for the less curable or even the incurable.

### PREVENTION IS BETTER THAN CURE

But was it necessary that so many should drift to a far advanced stage before treatment was asked for? The people needed to be taught about these things. So up and down the country, as we could make opportunity, to medical students, municipal representatives, women's institutes, teachers, school children, we tried to teach how much better Prevention is than cure, and how much cheaper also.

We gathered in also to the Sanatorium for examination as many as we could who had been exposed to infection, especially the families of our patients, and a large and increasing number have come—about a thousand in 1927.

### TRAVELLING CLINICS

But those who can come to the Sanatorium for examination are the few: the many cannot. So in the past two years we have managed to go out to centres where X-ray facilities are available. So far, in nine centres, Portage la Prairie, Selkirk, Dauphin, Shoal Lake, Morden, Carman, Emerson, Vita and Brandon, we have examined more than 1,300 "contacts" and "suspects", making X-ray plates of most of them. In this work we have the whole-hearted co-operation of the Provincial Public Health Nursing Service. Every doctor also, in every district visited, has brought in people who should be examined, and has helped with the work; talks have been given to the people in general, or to the children, or both. In Morden, Emerson, Carman and Vita more than a thousand children were talked to. There is scarcely a limit, except the limit of available time and energy, to what can be done by these "clinics" for the better health and the better health instruction of the people of the Province.

### THE BEST WE COULD DO IS NOT ENOUGH

Roughly, then, these are some of the services the Sanatorium has tried to render up to the end of its nineteenth year. We have found means in various ways from voluntary, municipal and provincial sources to carry on this public utility and necessity. We have taken responsibility for as much care, cure and prevention of tuberculosis as could be

\* \* \*

"How soon the Millennium would come if the good things people intend to do tomorrow were only done to-day." —R. L. STEVENSON.

managed with the means at our disposal. The Sanatorium has been a sort of commission to gather certain resources and apply them efficiently against disease and for health in Manitoba. The Sanatorium machine is as big and up-to-date as we have been able to make it. It has been run full time, full capacity and with fair efficiency, and has turned out a considerable product. We have done what we could with the means we had.

Is there anything else to enquire about? Have we any farther duty? Is all that needs to be done in the Province in combatting tuberculosis being done? If it is, we can go on quite contentedly. If not, what is needed?

### IMMEDIATE NEEDS

The great outstanding need in Manitoba in relation to tuberculosis at this moment is *the need for more beds*. Every place in Manitoba that cares for tuberculous patients is full to overflowing. The Sanatorium always has long waiting lists, especially of women, and cannot take in without some delay any who need to come, and cannot indeed take in at any time *all* who need to come. A commission now making a survey of tuberculosis in the Province finds more than two thousand who are known to have more or less active disease. While not all of these need Sanatorium treatment, many do need it who can't get it, or can't get it without long delay. To cure or, if they cannot be cured, to give care in institutions to spreaders of tuberculosis infection, is one of the best expenditures that could be made for the betterment of community health in general.

Nothing can be done without beds. We are asked very often why we are bringing in suspects for examination, and going around hunting out the sick and the suspects, when we have no place to put them. A place to put these sick people, when they are found, *and at once*, not three months after we have found them, is an absolute necessity.

### BEDS! BEDS! BEDS!

The one most essential instrument for the eradication of tuberculosis is a sanatorium bed. For several years now my chief burden at the Sanatorium, the one that keeps me awake at night, is the burden of the waiting lists of applicants, women, children and men, but chiefly the list of women, which is always the longest. On March 20th, 1928, we had forty women and girls waiting to come in. In one whole month before that date we had been able to take in

\* \* \*

"Once you have got into the habit of working you cannot live without it. Besides everything in the world depends on it." —PASTEUR.



THEIR EXCELLENCIES' VISIT—IN FRONT OF THE SANATORIUM SCHOOL

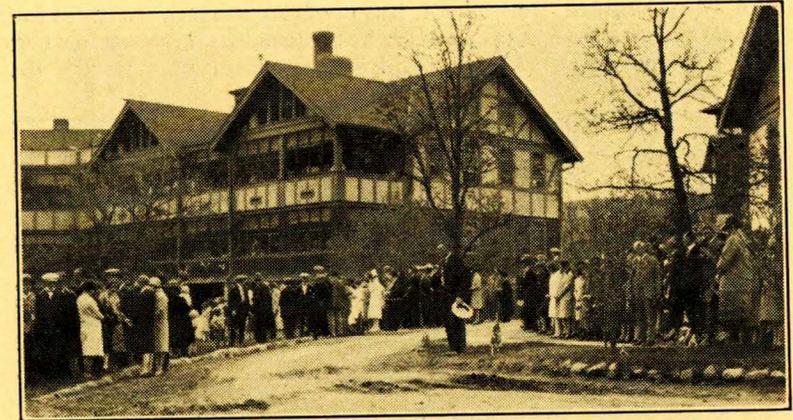


THEIR EXCELLENCIES, LORD AND LADY WILLINGDON. THE HONORABLE THEODORE A. BURROWS, LIEUTENANT-GOVERNOR OF MANITOBA. MEMBERS OF THE SANATORIUM BOARD, AND GUESTS.

only six. Even at that we were sending some out really before they should go, simply under pressure from the waiting list.

Six in a month admitted and forty waiting looks like a delay of seven months in getting in. It doesn't work out quite as badly as that, one reason being that people simply **won't wait**, but in one way or another will drop off the lists. And late winter months are the worst. But in every month of the year there are long waiting lists.

Delay is bad in every way. A woman may be very willing to come when her disease is discovered and an application made, but when sent for a month later will often refuse. Since going to bed at home she may have made



THEIR EXCELLENCIES' VISIT—WITH INFIRMARY AS BACKGROUND.

improvement enough to encourage her; temporary improvement merely, nothing at all to warrant her staying at home. Or she may have become so much worse in the interval, that she will not come, or cannot, and the ghastly tragedy goes on of infecting family and neighborhood.

#### HELPERS BECOME DISCOURAGED

Doctors who are glad to co-operate and send patients to the Sanatorium become discouraged by long waits and when they find sick or suspected people scarcely trouble to apply. Worst of all, perhaps, the early or doubtful "cases", who could be helped or fixed up by a short stay or even a visit for diagnosis, cannot be sent for as they should, at once, when they would be glad to come, and get, and follow,

\* \* \*

*There is a tide in the affairs of men, but there is no gulf stream setting forever in one direction.*—JAMES RUSSELL LOWELL.

advice. When sent for later, quite often they have changed their minds. There is a psychological moment which should on no account be missed.

The way to get ahead of tuberculosis in Manitoba is to go out after contacts and suspects and get them under teaching and treatment, or after advanced cases which are spreading infection and get them isolated. But there's not much encouragement for us, or for other doctors or nurses, to hunt up these early and late cases, and get them persuaded to come in, when all we can do for them is to put their names on a waiting list several weeks long, sometimes months.

There is no undue or unnecessary delay in getting patients out; indeed, they are very often crowded out sooner than they should be. As I have often stated, in previous reports, many are practically homeless, and so cannot go until in some way able to fend for themselves. Every day



THEIR EXCELLENCIES' VISIT—WITH ADMINISTRATION BUILDING AS BACKGROUND

the question is raised as to who can possibly go with a fair chance of doing well. The possibles are so closely weeded out that when a super-urgent need is presented almost a whole day must be spent in devising a way to meet it, perhaps by moving a half dozen people and carefully checking over these and as many others as to their condition and progress before the moves can be made. When we at the Sanatorium have nightmares they are not about stalled autos and onrushing trains, but about stalled wards and onrushing patients.

\* \* \*

*"To the man in earnest there is but one good fortune; that is opportunity; and sooner or later opportunity will come to him who can make use of it."*—DAVID STARR JORDAN.

## WHAT THE WAITING LISTS REALLY MEAN

These long lists of tuberculous people, ready and anxious for treatment, do not mean that tuberculosis is increasing. It is not in Manitoba. It is decreasing. They do not mean that the anti-tuberculosis work has been neglected in Manitoba. They show the very opposite, that anti-tuberculosis work has been actively done, and well done. These are the very results we have been looking for after years of difficulty.

We have these waiting lists not because tuberculosis is increasing but because tuberculosis is better recognized and understood than it was, both by doctors and people in general, and especially because people are much more willing



THEIR EXCELLENCIES' VISIT—TOUR OF INSPECTION

and ready than they were to seek sanatorium treatment. The Sanatorium, being better known and better understood, appears more attractive.

But undoubtedly a very great consideration is the easy terms for treatment. The total amount paid by patients is small, and the total amounts paid by the municipalities and the government are correspondingly large. Poverty is not only not a bar to treatment, but means treatment with least bother and fewest questions asked. And, for any class, treatment is on easy terms, especially for those outside the four cities.

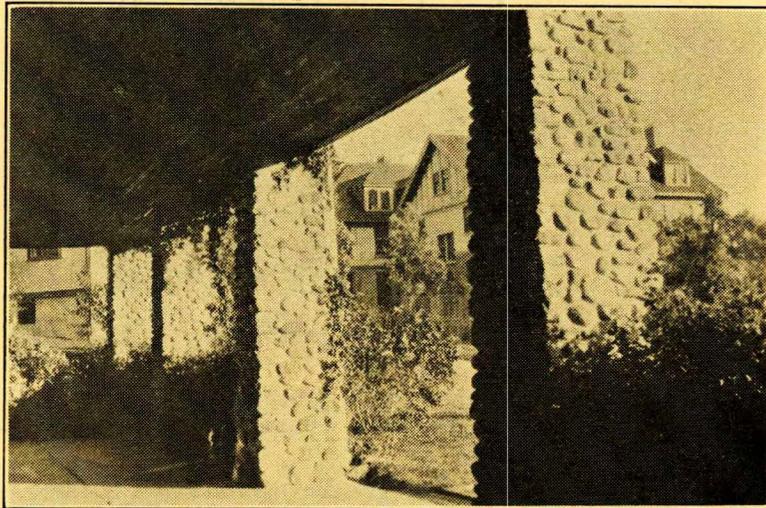
This provision for Sanatorium treatment on easy terms has gradually become well advertised, so the demands have

\* \* \*

*There is but one temple in the universe, and that is the body of man.*—NOVALIS.

steadily increased from people themselves who want to come, from doctors who want to send a wide range of cases for diagnosis and observation as well as for treatment, and from municipal officers who, once they have paid their levy, very naturally and properly want the Sanatorium to carry all the tuberculosis cases, at any stage, that need carrying. So the waiting lists have grown and will still continue to grow. What can be done about it? About the only way the need of beds can be met is by supplying beds; that is, by new buildings.

Never before were people so willing to have advice, to follow advice, and to do their utmost to get well. Everything is coming our way at last. The difficulty—indeed, the tragedy—is that we are overwhelmed by our very success. We have planted the seed and patiently watched it grow. Now the fields are white to the harvest, and we haven't the machinery to gather it in.



A GLIMPSE OF THE ADMINISTRATION BUILDING

\* \* \*

*And when the last Great Scorer comes,  
To write against your name,  
He'll ask not if you won or lost,  
But how you played the game.*

—SIR HENRY NEWBOLT.

## The Children's Sanatorium

**A very definite part of the need, we consider, is a place of sanatorium type where children who are definitely ill with tuberculosis, or are tuberculosis "suspects", can be cared for.**

At present Manitoba has no such place. It is true that tuberculous children are admitted into general hospitals, into the Children's Hospital, the King Edward Hospital of Winnipeg, and the Sanatorium. But in none of these hospitals is there any special provision such as these children need. They cannot be kept as long as they should. In some cases they are with tuberculous adults, who may add to their



ALL INFECTED AND UNDER PAR—BUT EASILY FIXED UP

infection, or are with non-tuberculous children, whom they may infect. They need a place of special type and routine, built and managed especially for them.

The children who are already partly taken care of in hospitals are chiefly those with tuberculosis of bones and joints, of spine, hip, knee, etc., or tuberculosis of glands. A few have definite, active pulmonary disease of the adult type. Of such children about 125 are admitted each year into the various hospitals of Manitoba.

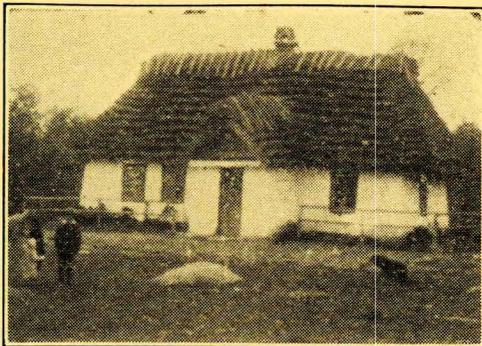
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*Whatsoever thy hand findeth to do, do it with thy might.*—SOLOMON.

Besides these there are many children who have been exposed to gross tuberculosis infection, and who are suspected of tuberculous disease; or who are undernourished, nervous, or in poor general condition with tuberculosis considered the likely cause. A good many such were found among the 1,300 examined in the Sanatorium travelling clinics and among 600 children who had been in contact with tuberculosis examined at the Children's Hospital last year.

Such a "Children's Sanatorium," a branch of the Sanatorium at Ninette, has been under consideration by the Board for some time. For many reasons the best time to get it under way seems to be **now**. The tide seems at the flood.

Any place for the care of tuberculous children or suspects should be built in the Winnipeg area, to be near the



A PRODUCT OF THE SOIL—CLAY WALLS, THATCHED ROOF. ALL THE YOUNGSTERS WHO LIVE IN IT EXAMINED AT ONE OF THE SANATORIUM CLINICS

Greater Winnipeg centre of population. Adults can easily be sent to a distance for treatment; in some cases are better at a distance. Children usually should not be sent beyond visiting distance from home. This will be a convenient location also for the people of Eastern Manitoba and the inter-lake region, who will need much help. Even from some North-Western parts of Manitoba, such as Swan River, Dauphin or The Pas, Winnipeg is reached more easily than Ninette. Other advantages of being in the Winnipeg area will be nearness to general and special hospitals, with which there will be considerable interchange of patients, especially children, and of consultation and help generally.

We really need a second Sanatorium near Winnipeg with a considerable section for children only, but with pro-

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*Be not simply good—be good for something.*—THOREAU.

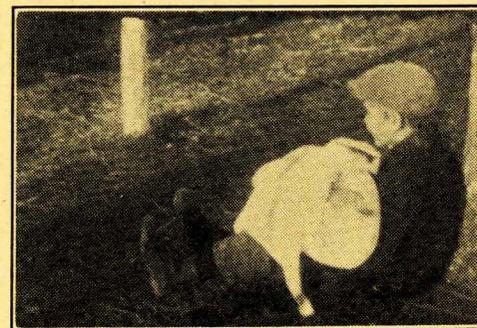
vision also for at least 150 adults. This would be a central place for examination, observation and distribution. It would become, also, an important centre for teaching, as Ninette is at present.



THREE LITTLE MAIDS FROM SCHOOL—AT ONE OF THE SANATORIUM CLINICS

After a Sanatorium has become fairly large and very busy, a new one at a new centre, will accomplish much more than an addition to the old.

Saskatchewan had first a sanatorium at Fort Qu'Appelle, then a second at Saskatoon, and now is about to have a third at Prince Albert. In British Columbia this year 100



A TRAINED NURSE ON DUTY—AT ONE OF THE SANATORIUM CLINICS

new beds for tuberculosis are being added, 150 in Saskatchewan, 325 in Ontario, 50 in Quebec, 100 in New Brunswick and 75 in Nova Scotia. It is nearly ten years since any new beds for tuberculosis were provided in Manitoba. We should join the procession this year. Why not?

\* \* \*

*Where there's a will, the thing is lightly done.*—CONFUCIUS.

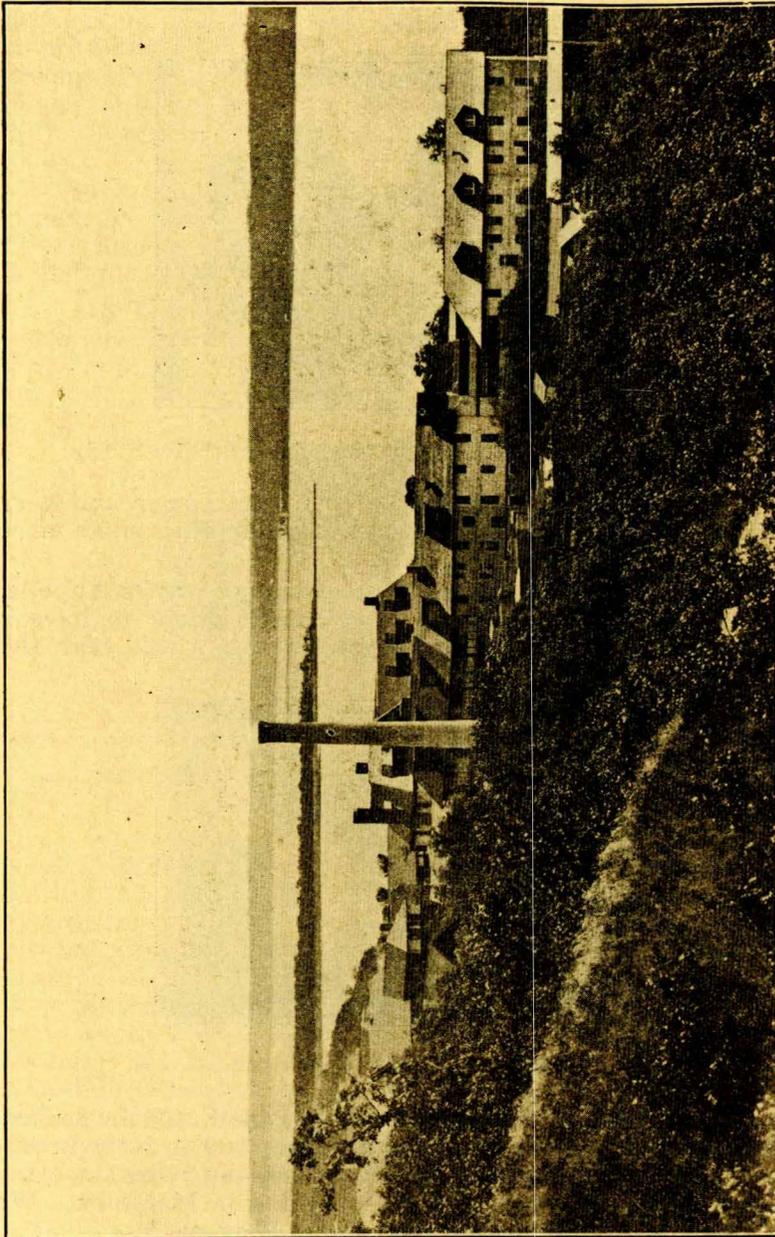
## The Year at the Sanatorium

During the year, 398 were admitted for treatment, besides 288 in the Sanatorium at the beginning of the year. Besides these, 881 were admitted for diagnosis at the Sanatorium and 731 examined outside the Sanatorium. In all there were dealt with in some way during the year 2,298. These patients represented 130, or 74 per cent. of the 176 municipalities of the Province.

Thirty-six medical students spent an average of three weeks each, gaining experience at the Sanatorium during 1927.

Apart from instruction given to students, talks to various audiences, and papers published or republished, numbered thirty-five in the year.

At the outset it was stated that this report would have comparatively little to say of what had been done during



THE SANATORIUM FROM THE HILL



THEIR EXCELLENCIES CATCH THE SANATORIUM SPIRIT

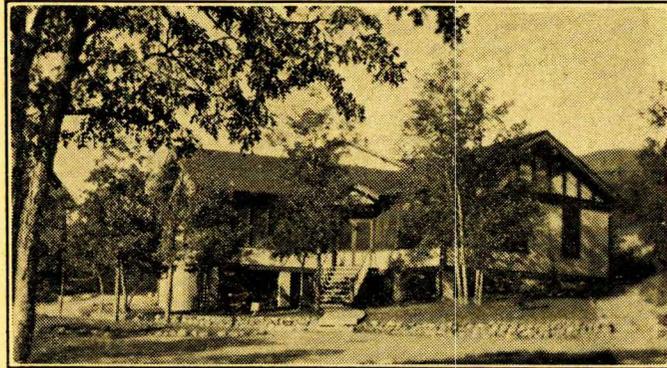
the year, and much about what should be done that we have not been able to reach, and that could be done if we could only get more facilities to work with, especially more beds. We could use in Manitoba, and with benefit to the general health of the whole Province, 100 more hospital beds for tuberculous men, 100 for tuberculous women, and, as has already been stated, 150 for children. That is absolutely a minimum. The problem is how to get them.

\* \* \*

*If you would reap praise, you must sow the seeds, gentle words and useful deeds.*  
—BENJAMIN FRANKLIN.

## THE DAYS' WORK

What beds and what facilities we have we think we have used to the utmost. Our accommodation, both for patients and staff, is always full to overflowing. People come for examination on any day or at any hour that suits their convenience. Such modern innovations as eight hour or even ten or twelve hour days or six day weeks are never thought of by the staff. Saturdays, Sundays and holidays are the busiest of all days. Crowds of visitors want to know all that is known—which is comparatively easy—and all that is not known also, which is harder, about their sick friends. But these days of many visitors are the days of all days to coax in contacts and suspects for examination. Even the daily care and counsel of three hundred sick and convalescent patients, their medical, personal, family, economic and even disciplinary problems; the decisions to be made, the reports sent, the letters written, the insurance and other



THE GORDON COTTAGE

forms worked out, relations kept up with employers, friends, doctors, municipalities, social and charitable organizations, is a great big heavy worrying burden, but at the same time a necessary, useful and satisfying work.

## NURSING

The nursing care of three hundred very sick, even dying, or half sick or convalescent people, with all their weaknesses and complications, tastes and preferences, idiosyncracies and rough edges, is also a very big burden, but also a big, necessary, useful and—after all, satisfying work. It gets somewhere and does something worth while.

\* \* \*

*A wise man will desire no more than what he can get justly, use soberly, distribute cheerfully, and leave contentedly.*—BENJAMIN FRANKLIN.

## FOOD AND HOUSEKEEPING

The food problem alone for four hundred people or more, well and sick people, especially for the sick and very sick, their various needs, their likes and dislikes, the things they should take that they won't, the things they think they would like and then don't, the people who never had much at home who are always the hardest to deal with in a hospital—all this is a very big work, and, on the whole, a very satisfactory one also.

## ENGINEERING

The maintenance of heat, light, power, for such a plant, a hundred miles from anywhere, the miles of hidden pipes that may leak, the emergencies that arise, the innumerable things to fix and devise, the improvements to make gradually, the study to cut down costs, the maintenance of



TREES GAY WITH WINTER BLOSSOMS

uniformly comfortable conditions at all seasons and under all circumstances—this also is a big, necessary, useful and, on the whole, satisfactory work.

## SCHOOL

Helping the sick people, and the well people of the staff also, to occupy their time well, to study and improve themselves, is a big, necessary, useful and very satisfactory work also.

## EVERYBODY

The men and women who carry on the Manitoba Sanatorium all work hard and all are tremendously loyal to the Sanatorium and enthusiastic about its work. The work is not made easier but indeed very much harder by the chronic

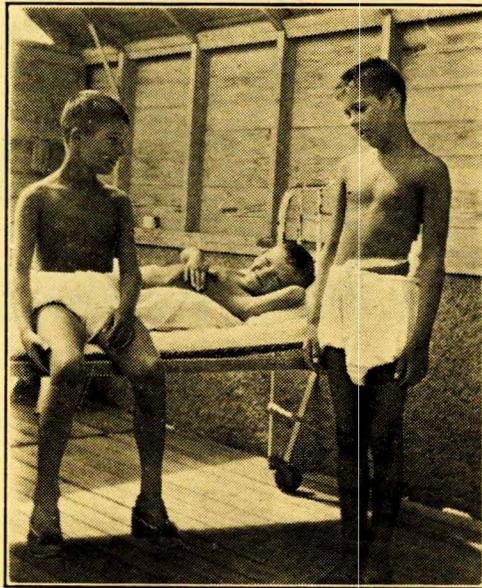
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*A generation ago there were a thousand men to every opportunity. Today there are a thousand opportunities to every man.*—HENRY FORD.

state of overcrowding about the whole place. To put all the patients who are in where they should be and where they would like to be also, to take in as soon as we can the men and women on our waiting lists, and give them also just the care they need, all this with half the room we should have or less is difficult, to say the least.

And to live in over-crowded staff quarters, to have almost all necessities for work crowded, and many quite crowded out, does not make the work easier, especially when it grows tremendously in volume year by year.

However, every man and every woman is right on the job and all doing the very best they can, hoping chiefly for more room here or somewhere in the Province for our work to expand into.



AN ASSORTMENT—SPINE, LUNG AND KIDNEY TUBERCULOSIS—ALL BENEFITED BY THE SUN

*"Good enough" is not good enough. Nothing is good enough but the best.*

\* \* \*

*True success in life does not lie in holding a good hand, but in playing a poor hand well.*

\* \* \*

*Promises will get you friends but non-performance will turn them into enemies*  
BENJAMIN FRANKLIN.

## Christmas Seals

Last year we took up Christmas Seals, thinking that there are a good many people in Manitoba who like to brighten their letters in that way and at the same time help along a good cause.

The seals were *made in Canada* and distributed from Ottawa by the Canadian Tuberculosis Association, at a cost to us of just about ten per cent. The same seals are in use now practically over the whole continent.

Besides brightening up Christmas messages and adding to the color and cheer of Christmas, these seals on letters and billboards, and written up in the press, give a good deal of publicity to the institutions and the causes they represent.

We cleared by the seal sale roughly \$10,000, and are devoting this to clinics throughout the Province.

We did our best to get the names of people who would be interested and willing and able to help, and were on the whole exceedingly fortunate in getting a great many people who were delighted to help us. There were a few who did not quite see eye to eye with us, and a few also who were fully in sympathy but unable to help, having troubles enough of their own. There were other seals also with which ours came into conflict, giving the impression in some places that the thing was overdone. On the whole, however, the response was enthusiastic and hearty.

### PLEASE PARDON MISTAKES

We think of sending seals out again this year. It is very hard to consider lists name by name and person by person, and the seals must be sent out in a more or less wholesale way. We are especially anxious this year, however, that none who receive them shall make a burden of them, either for themselves or in passing them along to others, and that none should bring them into competition too keenly with seals for the Red Cross or other good objects. We do not want to levy a tax on unwilling people, but we are anxious to supply a commodity to people who wish to buy. On this understanding we will again send out seals this year.

The Christmas, 1927, Seal Sale profits, as has been stated, are being used for visits of examination, and teaching and propaganda generally throughout the Province.

\* \* \*

*If you are worth your salt, . . . unless you work . . . and put something into the common stock of society in return for what you take out, you are as really parasites as tramps or paupers.—THEODORE ROOSEVELT.*

The great big scheme this year is getting, somewhere and somehow, *new Sanatorium beds, especially for children*. Such a scheme is away beyond what a seal fund could do, and yet it may be decided that the Christmas, 1928, Seal Sale *may* be for some special phase of this scheme. The Clinics throughout the country will, of course, be carried on, and not unlikely, the Christmas Seal Sale of Christmas, 1929, will again be, definitely, to aid them.

Expenditures made so far from the 1927 Seal Sale funds have been for a portable X-ray outfit and even before the middle of February this fund had helped with the examination of 226 and by the end of May 400 apart from those examined at the Sanatorium. Clinics so far in 1928 have been held or definitely planned at Brandon, St. Boniface, Gretna, Somerset, Virden, Swan River, Bowsman., Minnedosa, Russell, Teulon, Selkirk, Gladstone and Portage la Prairie, and still others may be added. We expect, by the end of August, to have completed something like 2000 examinations of "contacts" and "suspects" in Manitoba during 1928—besides half as many more examined at the Sanatorium fully 3500 to 4000 in all.

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## BUY CHRISTMAS SEALS



\* \* \*

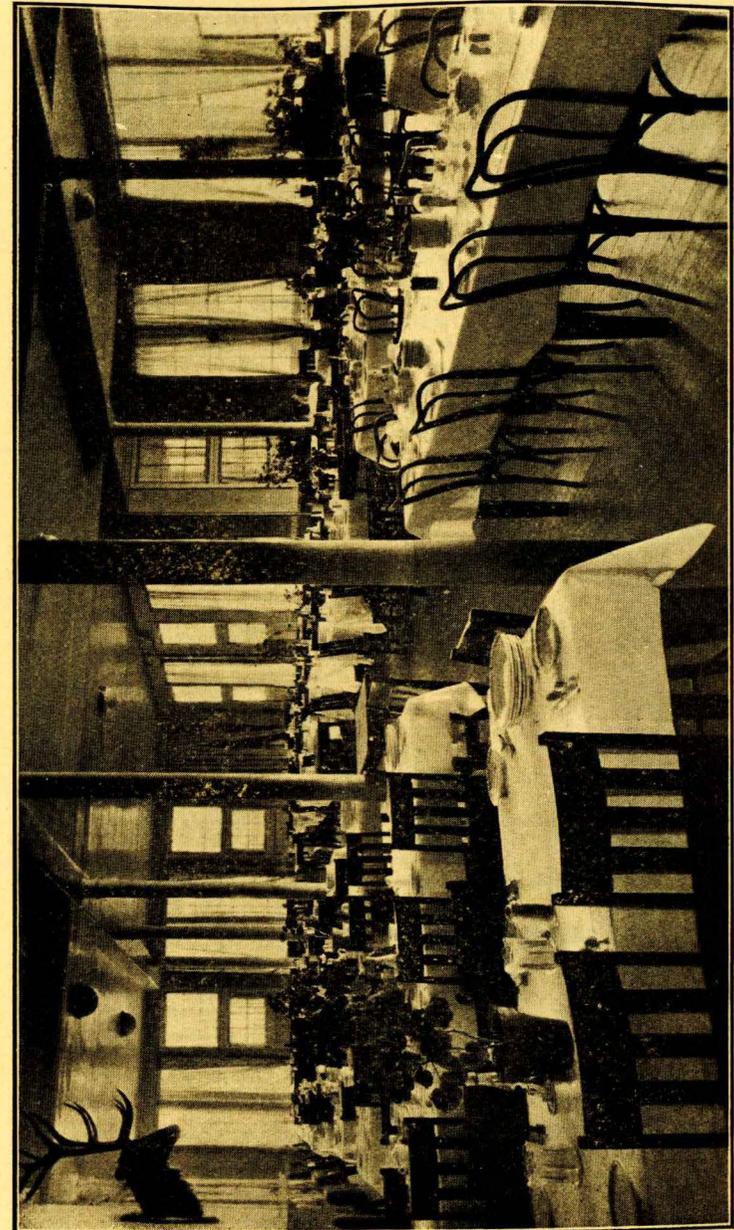
*Look humbly upon thy virtues: and though thou art rich in some, yet think thyself poor and naked without that crowning grace which thinketh no evil, which envieth not, which beareth, hopeth, believeth, endureth all things.—SIR THOMAS BROWNE.*

\* \* \*

*In faith and hope the world will disagree,  
But all mankind's concern is charity.* —ALEX. POPE.

\* \* \*

*If I am building a mountain and stop short of the last basketful of earth for the summit, I have failed. But if I have placed even one basketful on the plain, and go on, I am really building a mountain.—CONFUCIUS.*



THE SANATORIUM DINING ROOM, ADMINISTRATION BUILDING

# Medical Reports and Tables

January 1st, 1927 to January 1st, 1928

	Male	Female	Total
Patients in Sanatorium, Jan. 1, 1927.....	159	129	288
Admitted for treatment during 1927.....	194	204	398
Admitted for diagnosis or review during 1927	431	450	881
Total for year .....			1,567
Examined outside the Sanatorium.....			731
Grand total for the year.....			2,298
Discharged from treatment during 1927.....	226	179	405
Discharged from diagnosis or review during 1927 .....	428	450	878
Remaining in Sanatorium Jan. 1, 1928.....	130	154	284
Total for year .....			1,567
Examined outside Sanatorium .....			731
Grand total for the year.....			2,298

## ADMISSIONS YEAR BY YEAR

1910 (May to December).....	97	1923 .....	291
1911 .....	168	1924 Treatment .....	308
1912 .....	189	1924 Examination .....	429
1913 .....	232		737
1914 .....	267	1925 Treatment .....	278
1915 .....	306	1925 Examination .....	466
1916 .....	329		744
1917 .....	475	1926 Treatment .....	307
1918 .....	417	1926 Examination .....	638
1919 .....	475		945
1920 .....	425	1927 Treatment .....	398
1921 .....	332	1927 Examination .....	881
1922 .....	336		1,279

Total admitted since the opening of the Sanatorium at the end of May, 1910 to December 31st, 1927.....8,044

(731 examined outside Sanatorium not counted)

## ADMISSIONS—EX-SERVICE MEN

1914 .....	1	1921 .....	61
1915 .....	13	1922 .....	37
1916 .....	72	1923 .....	25
1917 .....	181	1924 .....	25
1918 .....	162	1925 .....	19
1919 .....	208	1926 .....	11
1920 .....	134	1927 .....	24
Total to December 31st, 1927.....			973

\* \* \*

*Them ez borrows, sorrows,  
Them ez lends, spends,  
Them ez gives, lives.*

—EDWARD ROWLAND SILL.

## MUNICIPALITIES

The patients remaining in the Sanatorium on January 1st, 1927, and those admitted for treatment, diagnosis or review, were from the following Municipalities:

	Remaining Jan. 1, 1927	Admitted for Treatment	Admitted for Examination	Total		Remaining Jan. 1, 1927	Admitted for Treatment	Admitted for Examination	Total
Assiniboia .....	1	1	...	2	La Broquerie.....	...	1	1	1
Albert .....	1	1	3	5	Minnedosa .....	2	3	2	7
Argyle .....	2	2	26	30	Morden .....	2	2	4	8
Archie .....	3	1	1	5	Morton .....	5	8	14	27
Arthur .....	1	...	2	3	Morris .....	3	5	7	15
Brandon .....	9	9	43	61	Mossy River .....	1	1	1	3
Birtle .....	1	2	2	5	Melita .....	...	1	1	1
Brenda .....	...	...	1	1	Montcalm .....	1	2	3	3
Brokenhead .....	1	3	...	4	Macdonald .....	1	1	2	2
Bifrost .....	2	2	...	4	Miniota .....	...	1	1	1
Brooklands .....	1	...	...	1	Norfolk N. ....	4	2	4	10
Blanshard .....	1	1	3	5	Norfolk S. ....	...	2	5	7
Bowsman .....	1	1	...	2	Neepawa .....	3	2	1	6
Boissevain .....	...	...	2	2	Oakland .....	2	2	11	15
Carman .....	...	...	1	1	Ochre River .....	3	3	...	6
Cartier .....	2	2	...	4	Odanah .....	1	...	...	1
Cameron .....	...	...	4	4	Ont. Prov. ....	1	2	5	8
Chatfield .....	3	4	...	7	Pembina .....	3	2	4	9
Coldwell .....	1	1	2	4	Pipestone .....	3	2	10	15
Cornwallis .....	...	...	1	1	Portage la P. ..	...	...	...	...
Charleswood .....	4	1	1	6	City .....	6	5	8	19
Cypress N. ....	1	1	4	6	Rural .....	6	3	4	13
Cypress S. ....	...	1	11	12	Piney .....	1	...	...	1
Clanwilliam .....	...	1	...	1	Pine Falls .....	1	...	...	1
Dauphin, T. ....	2	1	7	10	Pilot Mound .....	...	1	1	1
Dauphin, R. ....	3	7	2	12	Rhineland .....	3	4	2	9
De Salabery .....	1	6	...	7	Riverside .....	3	1	122	126
Deloraine .....	1	1	6	8	Roblin .....	...	...	6	6
Edward .....	...	1	1	2	Rockwood .....	5	5	...	10
Emerson .....	1	1	...	2	Roland .....	...	3	6	9
Ericksdale .....	4	4	4	12	Rosedale .....	2	3	3	8
Ethelbert .....	...	2	1	3	Rosburn .....	3	3	14	20
Elton .....	1	1	3	5	Rosser .....	3	2	1	6
Fort Garry .....	3	1	2	6	Russell .....	2	1	2	5
Franklin .....	4	4	5	13	Rivers .....	...	1	1	1
Glenwood .....	...	1	1	1	Rapid City .....	...	1	1	1
Grandview .....	2	1	...	3	St. Anne .....	1	...	...	1
Gimli .....	1	4	5	5	St. Andrews .....	1	7	2	10
Gilbert Plains..	2	2	2	6	St. Boniface .....	3	7	8	18
Gretna .....	...	1	...	1	St. Charles .....	...	...	1	1
Hamiota .....	1	3	3	7	St. Clements .....	5	3	3	11
Hillsburg .....	1	...	...	1	St. James .....	5	5	5	15
Hanover .....	...	1	...	1	St. Pauls .....	1	1	...	2
Harrison .....	1	1	...	2	St. Rose .....	4	3	1	8
Kildonan E. ....	3	4	...	7	St. Vital .....	6	7	4	17
Kildonan W. ....	4	3	2	9	Selkirk .....	7	5	3	15
Killarney .....	...	1	6	7	Shell River .....	1	1	...	2
Kreusberg .....	1	2	...	3	Shellmouth .....	2	1	3	3
Lansdowne .....	1	...	...	1	Silver Creek .....	1	...	2	3
Lorne .....	1	6	13	20	Sifton .....	...	3	3	3
Louise .....	1	3	10	14	Souris .....	...	2	2	2
Lac du Bonnet ..	1	1	...	2	Springfield .....	1	1	1	2
Lakeview .....	1	...	...	1	Strathcona .....	1	101	102	102

## MUNICIPALITIES—Continued

	Remaining Jan. 1, 1927	Admitted for Treatment	Admitted for Examination	Total		Remaining Jan. 1, 1927	Admitted for Treatment	Admitted for Examination	Total
Stuartburn .....	2	1	1	4	U. S. A. ....	1	4	4	5
Sanatorium .....	1	33	82	116	Victoria .....	...	5	5	5
Sask. Prov. ....	...	...	12	12	Viriden .....	4	4	5	13
Swan River .....	2	5	...	7	Wallace .....	1	2	6	9
Sprague .....	1	2	...	3	Wawanesa .....	1	1	2	4
Stanley .....	1	1	1	3	Westbourne .....	1	1	1	3
Strathclair .....	...	...	2	2	Whitehead .....	...	...	1	1
Shoal Lake .....	...	...	1	1	Whitewater .....	1	...	27	28
Swan River .....	...	5	...	5	Winnipegosis .....	1	...	2	3
Saskatchewan .....	...	...	1	1	Winchester .....	...	1	2	3
Transcona .....	2	2	5	9	Winnipeg .....	80	113	137	330
Thompson .....	1	...	2	3	Woodlands .....	...	4	3	7
Turtle Mtn. ....	...	...	6	6	Woodworth .....	...	1	3	4
The Pas .....	3	4	2	9	Woodlea .....	1	...	...	1
Unorganized T. 9	12	6	27	27					
						288	398	881	1567



LIGHTS AND SHADES AT THE SANATORIUM

\* \* \*

*Them ez aims, hits.  
Them ez hez, gits.  
Them ez waits, win.  
Them ez will, kin.*

EDWARD ROWLAND SILL.

## CASH DONATIONS DURING 1927

### To General Fund, to Christmas and other Special Funds:

J. Aikins, \$9.00; Anonymous, \$10.00; Anonymous, \$5.00; Balmoral School, \$9.15; Bienfait Mines, \$25.00; Mrs. A. Code, \$10.00; Miss M. Coltart, \$5.00; C.O.O.F., Court No. 16, Treherne, \$50.00; J. S. Conibear, \$17.29; Miss Dickie, \$5.00; J. Driedger, \$5.00; Mrs. Duncan, \$5.00; J. S. Duncan, \$5.00; J. H. Fargey, \$25.00; Wm. Fields, \$25.00; A Friend, \$5.00; H. Hecht, \$10.00; H. Hunter, \$8.00; D. K. Kristjansson, \$5.00; G. P. Morse, \$27.00; J. McEachern, \$25.00; Modern Laundry, \$3.00; A. McDonald, \$50.00; Miss G. McPherson, \$5.00; Mrs. Lea, \$50.00; Mrs. A. S. McPherson, \$10.00; Miss E. McCuaig, \$5.00; Hugh Pearson, \$10.00; Red Cross, \$25.00; Mrs. Russell, \$20.00; Miss M. Smith, \$2.00; Smith-Fess Agency, \$25.00; Geo. Strachan, \$5.00; Mrs. G. E. Staples, \$50.00; L. Thorne, \$5.00; Mr. Ulmer, \$2.00; Rev. S. J. Wickens, \$15.00; Winnipeg General Hospital Nurses' Alumni Association, \$10.00; W. F. W. Association, Thornhill, \$40.00.

### BOOKS, PAPERS, MAGAZINES, ETC.

J. Dodds, Mrs. M. H. Garvin, Selby Henderson, Miss E. Wilson, Mrs. Geo. Hill, Jackson Dodds and John McEachern—all of Winnipeg; John R. Dutton, Gilbert Plains; I.O.D.E., Fort La Bosse Chapter, Viriden; Mabel Lyng, Tilston; G. McPherson, R. R. 4, Brandon; Salvation Army, Brandon.

### GRAMOPHONE RECORDS, GAMES, PICTURES, ETC.

Patricia Chapter, Order of Eastern Star; R. D. Waugh, Tuscan Lodge, Masonic Temple; Geo. Douglas, St. John's Music Store; W. G. Duthie, Winnipeg; I.O.D.E., Brandon.

### PLANTS, CUT FLOWERS, ETC.

Mr. Kingdon, Winnipeg; Mrs. J. S. Hunter, Ninette; United Church Ladies' Aid, Belmont; Alex. Fowler, Baldur; Douglas Smith, Belmont; Rev. S. J. Wickens, Killarney; Rev. M. E. Nixon, United Church, Baldur; Ladies' Aid, Minto United Church; Miss M. Guir, Minto House, Minto; Mr. Patmore, Brandon.

### CLOTHING AND FUNDS FOR EQUIPMENT AND COMFORT OF PATIENTS, FRUITS, PRESERVES, ETC.

Henry Bros., Mrs. Edna Spendlove, Simmons, Ltd., W. F. C. Brathwaite, J. Cummings, W. F. B. Gough, all of Winnipeg; I.O.D.E., Gilbert Plains; Mrs. Robert Watson, Portage la Prairie; Teachers, Public School Staff, Killarney; Women's Service League, Great War Veterans Association, Brandon; Sam Hofer, Headingly; Mrs. G. Johannesson, Baldur; Women's Institute, Killarney; Scott Fruit Company, Brandon.

### OTHER GIFTS

Chlorinated Lime—25 cases from Harold F. Ritchie & Co., Winnipeg.

Desk Pad—E. J. Brownlee, Simmons Ltd.

\* \* \*

*Though I have all faith, so that I could remove mountains, and have not charity, I am nothing.—SAINT PAUL.*

## BALANCE SHEET AS AT 30th NOVEMBER, 1927

### ASSETS

	Cost	Depreciation Reserved	Book Value
Land and Improvements..	\$ 10,752.71		\$ 10,752.71
Buildings .....	549,956.42	\$264,752.25	285,184.17
Plant and Machinery:			
Heating, Lighting, Water and Sewerage .....	85,724.72	85,724.72	
Furniture and Equipment .....	58,282.49	58,282.49	
Furnishings and Miscellaneous Equipment .....	17,325.93	9,129.17	8,196.76
Automobiles .....	3,905.00	2,718.25	1,186.75
Horses, Harness, etc.....	1,572.39	1,123.11	449.28
Spur Track .....	700.85		700.85
Fire Equipment .....	3,911.82	3,911.82	
Fire Protection Reservoir .....	12,304.27	738.28	11,565.99
	\$744,416.60	\$426,380.09	\$318,036.51

### LIABILITIES

<b>Bank of Montreal:</b>	
Overdraft .....	\$121,805.04
Less: Cash on Hand .....	278.45
	\$121,526.59
Patients' Entertainment Fund .....	567.54
Reserve Fund .....	3,723.35
Christmas Seal Campaign .....	122.36
	\$125,939.84
<b>Surplus:</b>	
Balance at Credit 30th November, 1927 .....	\$403,398.32
Less: Adjustment of Prior Year's Maintenance Charges .....	\$ 2,207.62
Depreciation Reserved .....	34,628.14
Excess of Ordinary Expenditure over Income .....	4,799.12
	41,634.88
	\$361,763.44
	\$487,703.28

#### Bank of Montreal:

Special Account .....	\$ 3,723.35
Fire Protection Account .....	1.83
	\$ 3,725.18
Petty Cash .....	1,500.00

#### Accounts Receivable:

Patients' Balances Outstanding .....	\$13,099.15
Provincial Government Levy, 1926-7 .....	91,571.35
Provincial Government Per Capita Grant accrued .....	30,049.50
Kennedy Estate Legacy .....	66.03
Other Accounts .....	878.04
	135,664.07

#### Inventories and Deferred Charges:

Supplies on Hand .....	\$26,670.36
Unexpired Insurance .....	2,107.16
	28,777.52
	\$487,703.28

We report that we have examined the Books and Accounts of the Manitoba Sanatorium for the year ended 30th November, 1927, and have received all the explanations and information we have required. In our opinion the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Sanatorium's affairs as at 30th November, 1927, according to the best of our information, the explanations given to us, and as shown by the Books of the Sanatorium.

RIDDELL, STEAD, GRAHAM & HUTCHISON,  
Auditors.

Winnipeg, Manitoba, 1st February, 1928.

## MAINTENANCE ACCOUNT FOR THE YEAR ENDED 30th NOVEMBER, 1927

### DEBIT

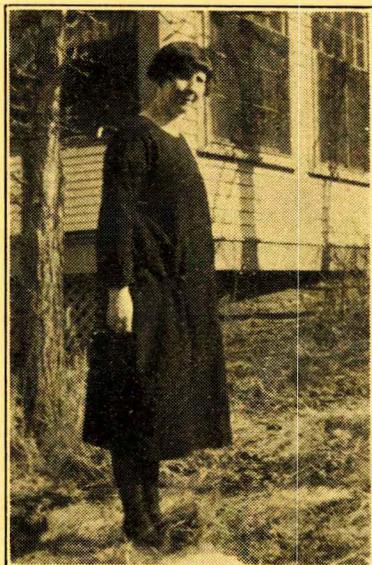
<b>Expenses:</b>	
Commissariat—General .....	\$ 55,389.17
Commissariat—Infirmary .....	35,069.09
Housing of Patients .....	9,582.18
Professional Care of Patients.....	51,214.04
Administration .....	22,453.35
Heat, Light and Water.....	38,692.20
General Repairs and Maintenance.....	28,531.76
Laundry .....	10,952.90
Farm and Garden .....	448.49
Total Expenditure for Administration and Maintenance.....	\$252,333.18
<b>Other Charges—Depreciation.</b>	
Buildings .....	5 per cent. \$ 27,496.82
Furniture .....	10 per cent. 5,369.71
Equipment .....	5 per cent. 866.29
Horses, Harness, etc.....	10 per cent. 157.24
Automobiles .....	492.00
Fire Protection, Reservoir .....	2 per cent. 246.08
	34,628.14
	\$286,961.32

### CREDIT

<b>Income from Earnings:</b>	
Patients—Military, Private, Municipal and City .....	\$210,549.73
Provincial Government, Per Capita Grant, 1926-7 .....	52,194.50
	\$262,744.23
Deduct Charges for Patients Treated out of Levy.....	\$117,820.32
Less: Municipal Levy.....	100,000.00
	17,820.32
	\$244,923.91
Medical Examinations and Diagnosis .....	2,483.15
	\$247,407.06
<b>Other Income:</b>	
Subscriptions and Donations .....	127.00
	\$247,534.06
<b>Balance:</b>	
Being Deficit for Year, made up thus:	
Depreciation Reserve .....	\$ 34,628.14
Excess of Ordinary Expenditure over Income .....	4,799.12
	39,427.26
	\$286,961.32

**FINANCIAL STATEMENT**  
**Comparative Statement of Hospital Day Costs**

	1926- 1927	1925- 1926	1924- 1925	1923- 1924	1922- 1923
Total Patient Days .....	100,184	101,392	98,642	95,272	87,826
Costs:					
Commissariat .....	.903	.923	.911	.944	.982
Housing Patients .....	.095	.105	.098	.098	.102
Professional Care of Patients..	.511	.467	.514	.526	.505
Administration .....	.224	.209	.209	.219	.213
Heat, Light and Water.....	.387	.439	.402	.438	.486
General Repairs .....	.284	.294	.292	.316	.297
Laundry .....	.109	.103	.082	.076	.098
Farm and Garden .....	.005	Cr. .008	Cr. .007	Cr. .008	Cr. .001
Depreciation .....	.346	.422	.444	.450	.425
	<u>2.864</u>	<u>2.954</u>	<u>2.945</u>	<u>3.059</u>	<u>3.107</u>
Capital Expenditure .....	.013	.055	.033	.100	.128
TOTAL COSTS .....	2.877	3.009	2.978	3.159	3.235
TOTAL INCOME FROM ALL SOURCES .....	2.470	2.593	2.437	2.487	2.609
Deficit per Hospital Day .....	.407	.416	.541	.672	.626



MORE THAN DOUBLED HER WEIGHT AND WENT HOME WELL

\* \* \*

*Let a man contend to the uttermost for his life's set prize, be it what it will—*  
**ROBERT BROWNING.**