

“Resolved that in the opinion of this gathering of Medical men, representing the principle Districts of Manitoba, the establishment of a local Sanatorium for the Treatment of Pulmonary Tuberculosis is imperative.”—Extract from joint meeting of the Southern Manitoba Medical Association, 25th June, 1903.

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# Sanatorium for Consumptives in Manitoba

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“I once saw a strong, healthy woman wheeling a consumptive daughter along, and on turning around to look at them, a gentleman said, ‘That woman is wheeling to the grave the last of a family of five. She has buried within three months her husband and four sons.’”—Extract from letter received by Secretary Toronto Free Hospital for Consumptives.



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THE TRUSTEES  
FOR THE MANITOBA SANITORIUM  
FOR CONSUMPTIVES

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Lieutenant-Governor of Manitoba

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Chairman Provincial Board of Health

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Member of Provincial Board of Health

F. L. SCHAFFNER, M.D.,  
Member of Provincial Board of Health

J. M. EATON, M.D.  
Member of Provincial Board of Health

GORDON BELL, M.D.,  
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(Names of trustees continued on next page)

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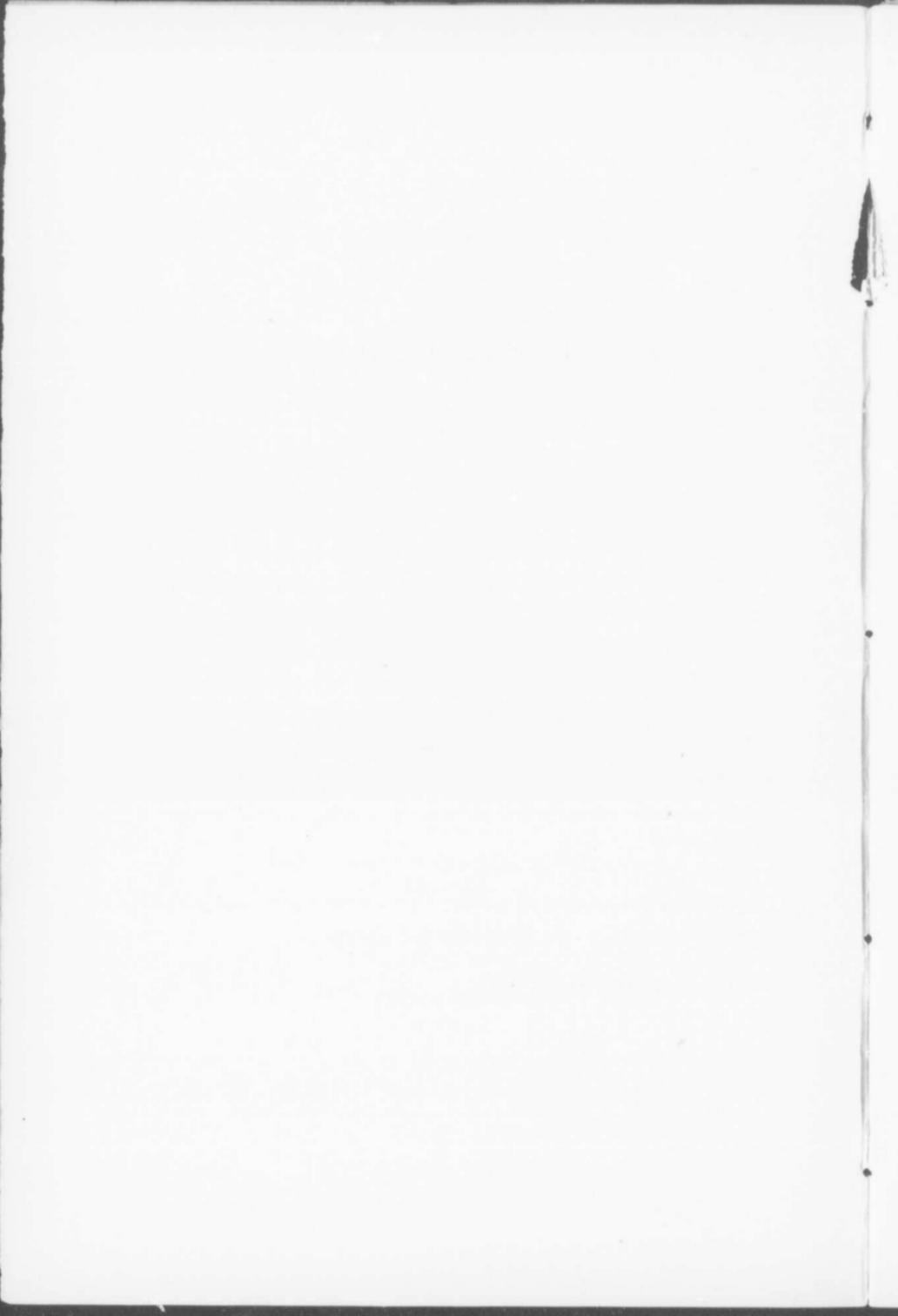
## INTRODUCTION

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The Trustees of the Manitoba Sanatorium for Consumptives present in the following pages certain data corroborative of the necessity of establishing and maintaining such an institution in this Province. In doing so, the Trustees beg all good people in Manitoba to aid in bringing this movement to a successful issue. It is intended for no section or class, but for the good of all. This is truly a charity "that blesses him who gives and him who takes;" in helping your neighbor you are protecting yourself and yours. When it is accepted as right that no one among us, however undeserving, should lack bread or warmth, why should any person be allowed to die of a curable disease when the remedy is cheap and of proved efficiency?

Nothing is so worthy of a little of your time, trouble and self-denial. We appeal to the public with full confidence.

Winnipeg, 27th March, 1906.



## ACT OF INCORPORATION.

### AN ACT RESPECTING A SANATORIUM FOR CONSUMPTIVES.

**H**IS MAJESTY, by and with the advice and consent of the Legislative Assembly of Manitoba, enacts as follows:

1. R. M. Simpson, M.D.; John A. Macdonald, M.D.; F. L. Schaffner, M.D.; J. M. Eaton, M.D.; Gordon Bell, M.D., Provincial Bacteriologist; E. W. Montgomery, M.D.; Howard Mitchell, druggist; and such further persons as may, from time to time, be added to their number by the persons above named, shall be, and are hereby enacted, a board of trustees for the purposes of this Act, under the name of "The Trustees of the Manitoba Sanatorium for Consumptives."

2. The said board of trustees may establish a sanatorium for the treatment of consumptives, and may, for that purpose, acquire lands and erect and equip buildings and other improvements thereon, and do such other things from time to time as may be necessary to complete, maintain and operate such sanatorium, and carry out the objects and requirements of this Act.

3. The said board of trustees may receive, accept, hold, possess and enjoy such grants, devises, gifts and bequests as may be made for the use and benefit of the sanatorium by any government, corporation, person or persons whatsoever.

4. All lands and personal property acquired from time to time for the sanatorium shall be conveyed to and vested in the trustees for the uses and purposes thereof.

5. All real and personal property acquired for the sanatorium, and vested in the trustees, shall, so long as the same are so vested, be exempt from all municipal or other taxation.

6. The trustees shall have the control and management of the erection of the buildings and improvements and of the operations and maintenance of the sanatorium, and of all matters and things connected therewith, or relating thereto, and may from time to time make by-laws, rules and regulations respecting the same not inconsistent with the terms of this Act.

7. The Lieutenant-Governor-in-Council may from time to time make regulations respecting the inspection and management of the sanatorium, and such regulations shall take effect and be complied with, notwithstanding the terms of any regulations made by the trustees which may be inconsistent with those made by the Lieutenant-Governor-in-Council.

8. Only persons suffering from incipient pulmonary tuberculosis shall be received as patients in said sanatorium.

9. The trustees shall have power to appoint a medical superintendent, who shall be legally qualified to practise medicine in the Province of Manitoba, with an experience of at least five years' practice of his profession, including at least one year's actual experience in a general hospital, and also such employees as are necessary and proper for the due administration of the affairs of the institution.

10. Charges for the support of such of the inmates of the sanatorium as are of sufficient ability to pay for the same, or have persons or kindred bound by law to maintain them, and able to do so, shall be paid by such inmates, such persons or such kindred, at a rate to be determined by the said trustees.

11. Any person unable to pay such charges for support may be admitted to said sanatorium upon the request of the mayor of an incorporated city, town or village, or the reeve of a rural municipality, whereof such person is a resident, and the charges for the maintenance of such person so received shall be paid by the municipality at the request of whose mayor or reeve, as aforesaid, such person has been admitted and the several municipalities in the Province are hereby authorized to incur the necessary costs, charges and expenses incurred under the provisions of this section.

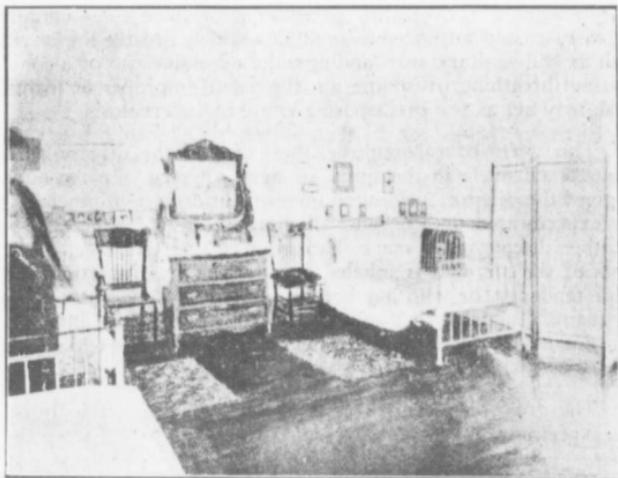
12. The trustees may appoint one or more reputable physicians to examine all applicants applying for admission to the sanatorium, who shall determine whether such persons so applying are suffering from incipient pulmonary tuberculosis.

13. It is hereby declared to be within the corporate power and right of the councils of the several municipalities within the Province, notwithstanding any provision or provisions of "The Municipal Act," or any other Act or Acts to the contrary, to make, for and on behalf of said municipalities, gifts or grants to and towards the purposes contemplated by this Act.

14. It shall be the duty of the trustees, on or before the fifteenth day of January in each year, to transmit to the Department of Agriculture and Immigration a return of the affairs of the sanatorium,

showing in detail the assets and liabilities of the sanatorium, and the number of patients received and treated during the preceding year in the said institution.

15. This Act shall be deemed a public Act and shall come into force on the day it is assented to.



VIEW OF ONE OF THE WARDS OF THE MUSKOKA FREE HOSPITAL

### CAUSES OF TUBERCULOSIS.

Tuberculosis is caused by the growth in the body of a germ or vegetable parasite, microscopic in size, called the *bacillus tuberculosis*. In the majority of cases, this germ is inhaled, and, lodging in the lungs, there sets up certain morbid growths and processes destructive to normal tissues, which lead to great wasting of the body, whence the common name, "consumption." It may effect any organ of the body, and it is a frequent cause of brain and bowel, as well as lung, disease in children. This germ is but the exciting cause of tuberculosis, and some weakness is usually requisite to its growth. It needs, like other seeds, a suitable soil in which to germinate and the tissues of a person in robust health do not afford favorable conditions for its growth.

Until the exact cause of tuberculosis was made known, some twenty years ago, it was supposed to be an hereditary disease. Child-

ren born of tuberculosis parents were counted sure victims of tuberculosis, and they usually were, as no efforts were taken to prevent infection, the disease not being considered as communicable except by inheritance. We now understand that such children often inherit simply a weak body, and especially weak lungs, prone to tubercular disease, when the germs of tuberculosis gain access to them, which they are likely to do by association with affected persons.

Persons born of healthy parents may acquire a susceptibility to the disease, and any of the conditions which greatly lower vitality, such as bad sanitary surroundings, the excessive use of alcohol, the constant breathing of impure air, the use of improper or insufficient food, may act as the predisposing cause of tuberculosis.

This germ of tuberculosis, the cause of the disease, is found almost exclusively in the sputa, of those affected. In the advanced stage of the disease, uncounted numbers of disease-producing germs are expectorated or otherwise discharged, daily. When the sputa, or other discharges, become dry, the germs are set free to the currents of the air, and if inhaled by one who has inherited a tubercular tendency, or who has been subjected to some one or more of the many weakening or predisposing causes, they may, and generally do, give rise to tuberculosis. This is the manner in which this disease is caused in the great majority of cases.

The great source of these infective germs undoubtedly is from the expectoration of those persons who are suffering from the dis-



COMFORT IN SHACK AT THE MUSKOKA COTTAGE SANATORIUM SUMMER

ease. Among some of the most active predisposing causes are intemperance, insufficient clothing, living in filthy, damp localities, improper or insufficient food; in fact, all the various conditions which tend to reduce the vitality of the individual, thus rendering them more

susceptible when the tubercular bacilli come their way. The best means of preventing the infection has been widely discussed in all civilized countries, and it seems to be the universal opinion and dictum that the most important is the education of the masses in better methods of living. The public must be made to realize and fully appreciate the necessity of clean, well ventilated houses, with proper hygienic surroundings; to have properly cooked food, to avoid excesses, particularly alcoholic, in fact, everything that tends to reduce vitality, and care must be observed of the disposition of expectorate matter of tubercular persons.

#### ITS FATALITY.

It is estimated that one-seventh of the world's population die from tuberculosis every year. In the United States it is said there are upwards of half a million persons suffering from tuberculosis, and of these a large percentage will ultimately terminate in death. The number of persons dying from consumption in Germany, during the time of the Franco-Prussian war, was twice as large as from the casualties of the war.

Bergy states that it has produced more deaths than small-pox, diphtheria, scarlet fever, typhus fever, typhoid fever, yellow fever, cerebro-spinal fever, cholera, leprosy, measles and whooping cough, all combined. The mortality from it is estimated at one-sixth of all who die from all causes.



LIFE IN A SHACK AT THE FREE HOSPITAL, MUSKOKA

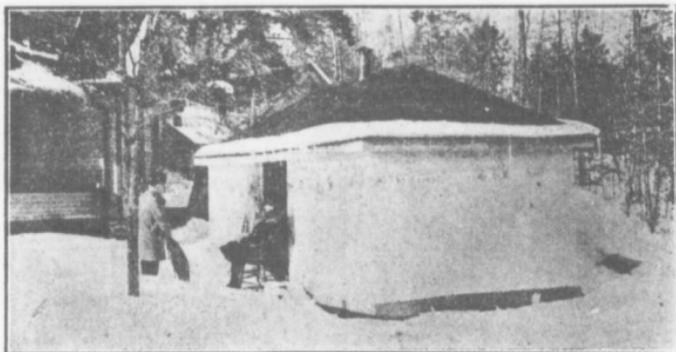
The death roll from tuberculosis in Canada has exceeded nine thousand every year for the past three or four years; in the United

States it has exceeded one hundred thousand—truly a terrible showing, when one knows, as we now know, that consumption can be prevented.

#### ITS RAVAGES.

The ravages of the disease are almost too terrible to contemplate. It has been said that consumptives are the neglected of humanity. We have our asylums for the insane, institutions for the deaf and dumb, the blind, the incurables, and for other purposes, while the consumptive is permitted to linger and die in our midst without a hand being outstretched to save.

We isolate and abhor the leper but leprosy causes an exceedingly small part of the total of human deaths. We fear diphtheria as we would poison, but how many deaths and how much sickness does it occasion as compared to tuberculosis? What do we do with the greatest disease, the one with the highest mortality record? We live with it, we have the contagion in our homes, in our schools, in our public places. There isn't a man of us but comes in contact with it many times a day. We leave the consumptive among his brethren that they may be affected.



COMFORT IN SHACK AT THE MUSKOKA COTTAGE SANATORIUM, WINTER

#### ITS INCREASE IN MANITOBA.

Dr. Bell, Provincial Bacteriologist, says:—

“That tuberculosis is steadily increasing in Manitoba there can be no doubt, during the past five years. The following is a low estimate of the fresh cases developed”:

	Cases.
1902 .....	219
1903 .....	255
1904 .....	279
1905 .....	345

## THE SANITORIUM TREATMENT.

### ITS NATURE AND BENEFITS.

Dr. Knopf, of New York, one of the best known writers on tuberculosis, says of hospitals for consumptives: "State and municipal sanitoriums are most essential factors in the combat of tuberculosis. It would seem to me that every statesman, physician and philanthropist, who has the welfare of the people at heart, should consider it his sacred duty to do his very best toward the creation of such institutions. Pulmonary tuberculosis is a preventable and curable disease, and it is a sad and, I might almost say, a humiliating and disgraceful fact that thousands of our fellow citizens must die every year, not because their disease is incurable, but because there are not enough places to cure it."

In England and Germany a large number of sanitoriums have been constructed. These are built and operated for the purpose of instituting treatment for consumption by the open air method. A large number of other countries have followed in the wake of these countries. The United States has now quite a few, and in all cases good results have come by reason of their construction and operation. They are all operated upon almost a rigorous system of hygiene. The sputum is all collected in cups and burnt. It is not permitted for a patient to expectorate promiscuously about, to infect others and reinfect himself. The patients are kept in the open air, but have shelter arrangements, as necessity requires. Medicines are given as required; exercise is regulated, food supervised with care.

The sanitorium treatment of consumptives has received the most serious and favorable consideration of many countries where civilization prevails, and there are at the present time many institutions, doing much good, for this afflicted class of humanity. These institutions educate persons going thereto for treatment as to the proper mode of living, and who, when discharged, will serve as educators to others having the disease, not only in the method of living, hygiene and diet, but also as to the dangers of the indiscriminate distribution of sputum and of the care of the same.

The most effective curative treatment is what is called the "open air treatment." Tubercular patients should live in the open air every hour in the day, and every day in the year, if possible. They should rest, almost absolutely, in the reclining position; formerly exercise was advised. The food should be abundant and nutritious, consisting largely of pure milk, pure meat, eggs and fish. The tubercular patient should be overfed rather than underfed. Change of climate is not of any importance, except as so far as it will further

enable the patient to live out of doors. Many astonishing cures take place even under the most adverse climatic conditions.

It is pleasing to note that a day of awakening has dawned, and that public and private benefaction is evident in so many parts of the world, by the establishment of sanitoriums for the cure of pulmonary tuberculosis. Institutions of this character have been established in Germany, Sweden, England, Egypt, the United States, and in some parts of our own Dominion. Civilization is commencing to realize its obligations to protect the lives of citizens. The benefits of the sanitorium treatment is beyond peradventure.

The sanitoria for consumptives opens to a large class an avenue of escape from death. The first institution of the kind was established in Germany in 1859; at the present time there are over forty. The first in the United States in 1884; now there are many. Abroad they are moving rapidly in the matter. Sir Edward Cassell has



A SUMMER PAVILION AT MUSKOKA SANATORIUM

placed at the disposal of King Edward VII a million dollars for the establishment of a tubercular sanitorium, and His Majesty has offered three prizes of \$2,500, \$1,000 and \$500, open to men of all nationalities, for the best plans and essays for the construction of a model sanitorium. By gathering as many as possible into sanitoria for treatment, we prevent infection of other members of the families, instruct the patient in the best methods to be used to prevent infection of others, and bring him from under the cloud of disease into

the sunshine of health. The reported results of the sanatorium treatment is certainly most wonderful, and demands the attention of the public. These reports show that from 25 to 90 per cent. of the cases are cured. Naturally the earlier the patient is submitted to the treatment the greater the prospect of permanent cure. The state owes a duty to the consumptive, both on humane grounds and as a means of preventing this unfortunate class from infecting others. The matter of determining the best means of dealing with the subject in the Dominion of Canada was discussed at a meeting held in the City of Ottawa, called at the instance of His Excellency the Governor-General, and it was the concensus of opinion at this gathering that, following in the footsteps of other countries, the establishment of sanatoriums was the goal to be aimed at.

It is also interesting to note the interest taken by the most prominent personages in the world. His Royal Highness the Prince of Wales has accepted the chairmanship of an anti-tuberculosis society in England, and Her Majesty the Empress of Germany opened the proceedings at the congress on tuberculosis held in Berlin.

Illustrative of how important the sanatorium treatment is viewed in Germany, Great Britain and the United States, I give below a few statistics:—

In Germany there are sixty-nine public sanatoria and nine more in course of construction; twenty-five private sanatoria, eighteen dispensaries, two rural settlements for after employment of those once consumptive, and six sanatoria for tuberculized children.

Great Britain has some seventy sanatoria and hospitals, either in operation or in course of construction. Some of these are private hospitals, some few municipal, and others endowed and under trustees.

There are sixty-three sanatoria in the United States. While most are private institutions, yet Massachusetts, New York and Pennsylvania have erected State sanatoria.

In Canada, the Nova Scotia Government has just erected at Kentville a sanatorium maintained under its control, while at Wolfville, N.S., there is a private sanatorium for which subsidy has been asked. Ontario has one in Muskoka, subsidized by Government and under its general inspection, but operated by a private company. Quebec has a private sanatorium located at Ste. Agathe, and the Government has made land grants, one at Trembling Mountain, placed in the hands of the Montreal League for the Prevention of Tuberculosis, and another at Lake Edward, in the hands of the Quebec City League, and the Legislature of British Columbia has had the matter of provincial sanatoria under consideration.

Dr. William Osler has the following to say: "Probably not two per cent. of all tubercular patients can take advantage of Sanatorium or climatic treatment. What are the other 98 per cent. to do? So numerous are the patients that private beneficence shrinks at a task which ours are the patients that private beneficence shrinks at a task which the city and State authorities have not yet mustered courage to attack except in one or two instances. Hospital care for advanced cases, Sanatoria for the incipient forms, can only be established at enormous expense. But we must not be discouraged, for after all the campaign in which we are engaged is one of education. To provide accommodation for all consumptives is impossible, but it is not unreasonable to look forward to the time when every State will have a Sanatorium for the treatment of early cases, situated within its borders. Let there be some place at least where a poor working man or working woman may take a chance for life. Now, as we doctors know only too well, hundreds are sacrificed in whom the disease could have been arrested. To give the best of care to these unhappy victims is a true charity to them; to place them where they cease to be a danger to the general health is a true charity to others."

This question of caring for the tubercular is a very important one. Its importance is being recognized by many philanthropists who have endowed Sanatoria, and also in Germany by the insurance societies, which last year spent a million dollars in establishing and maintaining these institutions, claiming that they were well repaid for the great expenditure for the prolonged life and consequent greater security of their risks.

In matters of education, free schools are being brought within the reach of every pupil in every municipality. In many county municipalities, houses of refuge are being built for the poor. In nearly every municipality at the present time special provision is being made in hospitals for those suffering from smallpox, diphtheria and scarlet fever, and general and special hospitals for those suffering from diseases other than contagious.

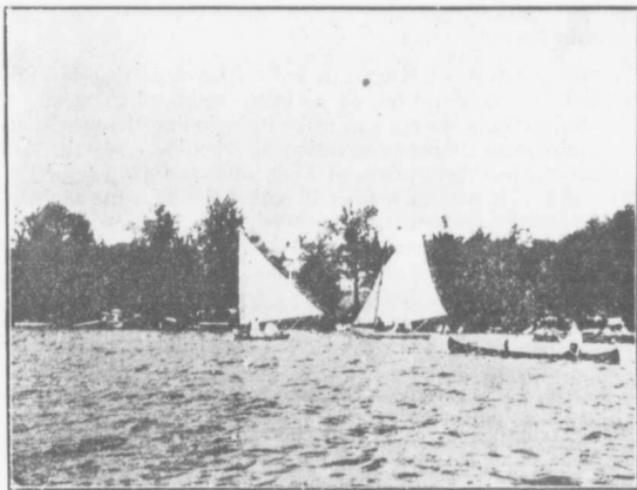
Why not then have Sanatoria for tuberculosis, a disease that causes nearly twice as many deaths each year as smallpox, scarlet fever, diphtheria, measles, typhoid fever and whooping cough put together, and directly or indirectly is responsible for one-fifth to one-eighth of all the deaths the world over?

Dr. P. H. Bryce, formerly Secretary of the Board of Health, Ontario, made this statement: "Since public health boards have been in operation over twenty years, the acute contagious diseases have been lessened nearly sixty per cent., while tuberculosis has increased fifty per cent." The reason of the decrease in the former is no doubt owing to the fact that organized methods, including hospitals and other means, through boards of health, have been in force in the

various municipalities; and of the increase of the latter is, that no organized methods have been in operation.

The advantages of sanatoria treatment have been demonstrated the world over, and especially so in Germany, where a law has been in force for some years whereby all who earn a wage less than \$1.50 a day are compelled to insure against sickness, old age and death; and where the insurance companies are allowed the privilege of expending the weekly allowance for sick dues in caring for the invalids in special sanatoria, with gratifying results.

The object of sanatoria is to bring all the benefits of sanatoria treatment within reach of every consumptive. This plan is one that commends itself primarily as being above all things along the lines of preventive medicine. In the first place, it prevents death by giving an opportunity to those in the early stages of the disease of being cured; in the second place, it prevents more cases by removing those from their homes who will sooner or later transmit the disease to the



PATIENTS AT MUSKOKA ENJOYING A SUMMER OUTING

other members of the family. It will also be an economic benefit through not only saving life and lessening cases, but will help to prevent pauperizing families who spend their all in attempting to save their loved ones, and provide comforts for them during several years of a hopeless fight with a chronic, and under existing circumstances, fatal disease.

These Sanatoria have also an enormous educational power. Hundreds and thousands of patients visit them yearly and are taught how to take care of themselves, how to rid themselves of man's worst enemy. They are also taught how to destroy the contagion and go out and teach their neighbors by example and counsel. Will not this help in great measure to stamp out tuberculosis?

### A ROYAL SANATORIUM.

The first year of the reign of the King was marked by an act which is worthy of the son and successor of Victoria the Good. It is also in fitting accordance with his Majesty's own sympathy, as previously evinced in many ways, with the cause of suffering humanity. The beneficence of Sir Edward Cassel having placed at the Royal disposal a sum of £200,000 "for charitable or utilitarian purposes," with apparently no other restrictions as to its application, King Edward directed that the money be devoted to the erection of a Sanatorium for tuberculous patients, and to this end has appointed an advisory committee comprising some of the best medical talent England can produce.

Another feature of King Edward's scheme is that his Sanatorium is to be as complete and perfectly equipped as money and medical and sanitary science can make it, including the provision of every requirement for the prosecution of scientific research. With this object in view three prizes of £500, £200 and £100 respectively are to be offered to medical men of all nationalities for the best essays and plans for the construction of a model Sanatorium; in a word, this Sanatorium, to be founded under the royal auspices, is intended to be a model one, and to serve as a model for other similar enterprises.

### A MANITOBA SANATORIUM.

#### A PROVINCIAL SANITORIUM.

The establishment of a Provincial sanitorium for the care and treatment of pulmonary consumption has received the most careful consideration of the Board of Health, and a strong effort is being made in this direction. The great mortality from the disease, and the modern methods of treatment, render it imperative that this unfortunate class should be given the benefit of present scientific knowledge, and this can be best done by the establishment of a sanitorium for their treatment. Many cases in the early stages can undoubtedly be cured in our climate under modern treatment, and by being cured here can continue to live here, which is of great advantage to many, while if they were sent away to some other climate and recovered there, they would be obliged to remain there after recovery

in order to prevent a relapse of the disease. Moreover, the cases of consumption in our hospitals and other public institutions should be removed from those institutions and cared for in a sanatorium, properly isolated, and where the proper course of treatment can be administered. The Board believes that no greater good can be provided to this unfortunate class in our Province than by providing a Provincial sanatorium for their treatment and care.

The public, for both humanitarian and economical reasons, should care for the consumptive, and should prevent him from endangering the lives of those about him. The successful treatment of tuberculosis requires the segregation, in properly constructed hospitals, of those patients who cannot receive the needful care at home. The value of sanatorium treatment as a centre of education, a means of prevention, and as a method of cure, has been successfully demonstrated. The importance of a special climate, altitude or atmosphere in the treatment of consumptives has been exaggerated; the treatment and cure of pulmonary tuberculosis is as feasible in the Province of Manitoba as in any other parts, and cures effected in the ordinary home climate, in which the patient must remain, are more lasting and more assured than cures obtained in other climates apparently more favorable.

#### DR. BELL'S REPORT, 1904.

"Of the 785 specimens of sputum examined, 222 contained tubercle bacilli, making allowance for those cases in which there was more than one examination."

"The apparent annual increase in the number of cases of phthisis in the Province is of particular interest in connection with the anti-tuberculosis movement now afoot. Some physicians ascribe it wholly to a change in the character of our population, which, in the earlier years, consisted of young and particularly vigorous people, to a large extent, while year by year it is approximating more closely to that of the older Provinces. Others think it is due to the fact that many of the dwellings are now comparatively old, and have become infected. In support of the latter, instances can be cited in Winnipeg, where families have, in succession, developed tuberculosis in certain houses, and in these cases are too numerous to be regarded as mere coincidents. As proven over and over again, the strict observation of a very few simple rules is sufficient in most instances to protect others. However, it is through the erection of a Provincial sanatorium that we can best combat this disease."

"As to the value of sanatoria for the treatment of tuberculosis, there is now no grounds for debate. Practically, wherever they have been established, they have done good work, and, all notions to the

contrary, there is no doubt that our climate possesses certain decided advantages. Looked at wholly from an economic standpoint, it can easily be proved to be a good investment. A large proportion of chronic consumptives become for a considerable period a burden on the State, and the hospitals, although unwilling, must receive a certain number of them. Besides, every adult is worth a certain sum to the State, amounting to some thousands of dollars, and it is particularly at the most productive period of life that this disease commits the greatest ravages."

"It is sincerely to be hoped that the Board of Health will receive liberal support in its endeavor to secure such an institution, and the public must remember that, in seeming to aid others, they are really protecting themselves, for every consumptive cured is a focus of infection eliminated, and he becomes an important educational factor in the community."

I have the honor to be, Sir,

Your obedient servant,

GORDON BELL.

#### REPORT OF COMMITTEE OF BOARD OF HEALTH.

1. That tuberculosis seems undoubtedly to have increased in the Province during the last few years. This is the almost unanimous opinion of the general practitioners consulted.

2. That the sanatorium treatment of pulmonary phthisis is the best known to medical science, and has yielded most gratifying results where the climatic conditions were very similar to our own.

3. That there are no insurmountable, or even very serious, obstacles in the way of such sanatorium treatment in our Province. On the contrary, from the great amount of sunshine and dryness of the atmosphere, we possess in some respects decided advantages.

4. That the good effects of sanatorium treatment are often seriously diminished, or even annulled, by the fact that the patients are far removed from their homes and friends, and suffer from homesickness.

5. That, owing to the severity of the climate and cost of fuel, it is almost impossible to obtain, except in the houses of the rich, those conditions of ventilation and light which are the most important features of treatment.

6. That these conditions could easily be obtained all the year round in a building specially constructed for the purpose.

7. That in the existing state of affairs a poor man, who contracts pulmonary tuberculosis, is practically doomed, and is for a prolonged period a focus of infection.

8. That the educational value of such an institution would be not inconsiderable.

9. That the benefit resulting from the exclusion of such patients from the hospital and their removal from their homes would be hard to estimate.

#### CLIMATE.

It has long been a common belief that climate is a paramount factor in the arrest and cure of affections of the lungs, but inasmuch



TAKING THE "CURE" IN WINTER AT THE MUSKOKA COTTAGE SANATORIUM

as cures have been and are being effected in all variations of climatic conditions, the theory is not founded upon fact. And, further, it has not been shown that tuberculosis of the lungs is more favorably affected by a dry atmosphere than by a moist one, or that it heals more easily in a warm climate than in a cold one.

That temperature is not all-important is shown by the excellent cures obtained in the Adirondacks and Muskoka, where the cold is sometimes intense, as well as in the mild climate of Florida and

California. That a dry air is not essential is proven by the results from the humid air of the Southern States as well as in the but slightly drier air of the Northeast, and the arid atmosphere of the Southwest or Western plateau. That rarefaction is not a requisite is shown by the cures that are effected near the sea level at San Diego, as well as at Santa Fe, with its altitude of nearly 7,000 feet.

Complete relief from care and anxiety, good wholesome food, pleasant occupation, and a life spent as much out of doors as is possible, may win the fight against disease in any climate.

At the 10th International Medical Congress, H. Weber declared that "The treatment of tuberculosis can be successfully carried on wherever fresh air and good food were procurable, and where appropriate exercise could be instituted." Dettweiler, an authority, has held for years that neither temperature, atmosphere pressure, nor humidity had any effect on the consumptive. The great desiderata are fresh air and sunshine and the avoidance of high, penetrating winds.

Dr. Bell, Provincial Bacteriologist, says:—

"The mean temperature is 41.10° at Saranac Lake, 42° at Gravenhurst, and at Winnipeg 37°, but on the other hand we have a greater maximum of sunshine."

"The climate at Tonsaasen, Norway, is quite as severe as our own, yet a successful sanatorium has been in operation there for some years."

"It can confidently be predicted that just as good results will be obtained here as at Gravenhurst, and there should be no difficulty in obtaining a suitable site at an elevation of from 600 to 1,000 feet."

#### ADVANTAGES OF SANATORIUM TREATMENT OVER HOME TREATMENT.

It is evident that patients can be treated more satisfactorily and effectively in a sanatorium than at home. Some of the reasons for this are as follows:—A discipline of the patient may be obtained in a sanatorium which it is impossible to put into effect at home, and stricter regulations are possible in most cases than are possible at the home of the patient. In a sanatorium the patient is under constant medical supervision. His habits, diet, exercise and employment, if any, can be regulated daily and hourly. Medical treatment and the care of skilled nurses are over the patient continually. Another reason in favor of removing a patient to a sanatorium in the incipient stage of the disease is that the opportunities for the infection of others in the same home are avoided. Very few families or patients have any knowledge of the strict and constant measures that

should be in force to ensure safety from infection to other members of the family, and in almost all cases little or no precaution against the spread of the disease is taken, either by the patient or his family.

In some of the sanatoria, when a patient is discharged, he is given a leaflet which clearly sets forth the care which he should take of himself, and also to save others from the danger of infection. The patient, educated by the course of treatment he has undergone, and the instructions he has received, goes back to his home a missionary or instructor, to convey to many others the knowledge he has received for the prevention of infection.

This influence alone must, in the course of a few years, become of incalculable value to the State and hasten the reduction of the ravages of this disease, which have been shown in another part of this report to have begun already from improved sanitary conditions and the spread of hygienic knowledge.

#### COST OF BUILDING.

The estimated cost of inauguration and maintaining an institution in Manitoba for the accommodation of one hundred patients would be approximately:—



TAKING THE CURE IN MID-WINTER AT TORONTO FREE HOSPITAL FOR CONSUMPTIVES

Buildings, furnishings and site .....	\$50,000
Fifty patients, 365 days, at \$1 per day.....	18,250
Probable revenue from patients .....	\$10,000
Government subsidy transferred from hospitals.	2,000
Maintenance to be provided for .....	\$ 6,250

The cost of maintenance, as above estimated, would annually be less than \$50 for each Municipality in the Province.

#### SOME EMINENT OPINIONS.

Dr. Osler, on the "Home Treatment of Consumption," says:—"For more than two centuries the clearer-headed members of the profession have known that an open-air life cures a case of phthisis", and in closing he says: "A rigid regime, a life of rules and regulations, a dominant will on the part of the doctor, willing obedience on the part of patients and friends—these, with the conditions we have discussed, are necessary in the successful treatment of pulmonary tuberculosis."

In an essay by Dr. Knopf, of New York, on "Tuberculosis as a Disease of the Masses and How to Combat It," we find the following:—"Another very interesting observation is that in localities where sanatoria exist, consumption among the inhabitants of the respective villages has markedly decreased since the establishment of the institution. The splendid hygienic and preventive measures instituted in the sanatoria have been voluntarily imitated by the



ADMINISTRATION BUILDING, MUSKOKA COTTAGE SANATORIUM

villagers, and as a result the mortality from pulmonary tuberculosis among the inhabitants has gradually decreased."

"At the British Congress on Tuberculosis, Dr. Snow, of Bournemouth, said, that as to the danger of infection, the safest place

to live in, for those who wish to avoid consumption, is a well regulated sanatorium. Patients in a sanatorium learn discipline, and all who wish to carry out the treatment at home should first spend some time at a sanatorium to learn how to manage themselves, this being the most important thing of all."

Extract from Report from Commission, Ohio:—

1. Pulmonary tuberculosis, commonly known as consumption, in the early stage of the disease, is curable in fully one-half the cases.

2. Climate, while exerting some influence in the cure of tuberculosis, is not an essential factor.

Dr. Elliott, physician in charge of the Government Sanatorium, says:—"Seventy-five per cent. or over of incipient cases may be cured, while of advanced cases we may look for less than 15 per cent. of cures, and of far-advanced cases barely one per cent."

#### STATISTICAL INFORMATION AS TO THE VALUE OF THE SANATORIUM TREATMENT

The Gravenhurst Sanatorium record of 474 cases treated up to August 31st 1902, is given with the following results.

Condition on admission.	Number of cases	Apparently cured	Disease arrested	Much improved	Stationary	Failed	Died
Incipient .....	134	78	38	16	2	.....	.....
Advanced .....	200	17	100	48	23	10	2
Far advanced .....	140	1	22	45	39	27	6
Total .....	474	96	160	109	64	37	8

1904 Patients discharged 131 as follows:—

	Appr ently Cured.	Disease Arrested.	Im- proved	Stati- onary.	Failed	Died	Total
Incipient .....	23	13	..	..	..	..	36
Advanced .....	5	30	21	..	1	1	58
Far advanced .....	..	2	17	11	4	2	36
Doubtful evidence of phthisis..	..	..	1	..	..	..	1
Total .....	28	45	39	11	5	3	131

One hundred and three gained in weight—average gain 13.5 lbs.

Of these 131 patients, there were :—

Discharged, apparently cured .....	28	equals	21.4 per cent.
“ with disease arrested .....	45	“	34.3 “
“ with marked improvement ..	39	“	30.0 “
“ unimproved .....	11	“	8.4 “
“ failed .....	5	“	3.7 “
Died .....	3	“	2.2 “
	131		100 per cent.

1905 Patients discharged 129 as follows :—

	Appar- ently Cured	Disease Arrest- ed	Im- proved	Stati- onary	Failed	Died	Total
Incipient .....	8	9	..	..	..	..	17
Advanced .....	2	23	27	5	..	1	58
Far advanced .....	..	3	22	23	5	..	53
Doubtful evidence of phthisis ..	1	..	..	..	..	..	1
Total ..	11	35	49	49	5	1	129

Average stay, 155 days.

84 patients gained in weight—average gain, 11.3 lbs.

13 “ lost “ “ —average loss, 6 “

19 “ neither gained or lost.

13 were not weighed at time of leaving.

Of these 129 patients, there were :—

Discharged, apparently cured .....	11	“	8.5 per cent.
“ with disease arrested .....	35	“	28.2 “
“ with marked improvement ..	49	“	38.0 “
“ unimproved .....	28	“	21.7 “
“ failed .....	5	“	3.8 “
Died .....	1	“	.8 “
	129		100.0 per cent

Rehburg Sanatorium, Bremen, Germany, reports 334 patients; 85.2 per cent. are reported as cured or disease arrested.

Dr. Solly, of Colorado, gives some general averages. Of eighteen pay sanatoria from all parts of the world he reports a general average of 71.9 per cent. of cured, or disease arrested. From seventeen sanatoria for the poor the percentage is 83.9 per cent.

M. Maru, of the Leysin Sanatorium, France, reports as follows :

Incipient cases, 90 per cent. “ markedly improved.”

Second stage (advanced), 77 per cent. “ markedly improved.”

Third stage (far advanced), 51 per cent. “ markedly improved.”

The Rhode Island Commission reports upon 484 cases as follows: Incipient, 261 cases, 72.6 per cent. cures.

Dr. Karl Von Ruck, of the Winyah Sanatorium of Asheville, North Carolina, reports as follows:

No of cases.	Weeks treated.	Recovered or disease arrested.	Percentage
45	17	44	79.8
94	28	79	84
122	34	32	26.2
<hr/>	<hr/>	<hr/>	<hr/>
261	27	155	59.6

The following is from Dr. Lawranson Brown, resident physician of Adirondack Sanatorium:

"Of the 1,500 cases which have been discharged in from two to seventeen years, 464 could not be traced, leaving 1,036 which have been traced. Of these 46.7 per cent. are still living, 31 per cent. are known to be well at present, in 6.5 per cent. the disease is still arrested, 4 per cent. have relapsed, 5.2 per cent. are chronic invalids, and 53.3 per cent. are dead. As to the influence of the stage of the disease on the permanency of the results obtained, he found 66 per cent. of the 258 incipient cases discharged are well at present. Of the 563 advanced cases 28.6 per cent. are well, and of the far advanced cases only 2.5 per cent. remain cured."

In Germany, if the decline in the mortality from tuberculosis continues at the same rate as at present, the disease will be exterminated in less than thirty years, and in England in about forty.

The striking drop in the Prussian tuberculosis death-rate from 31 per 10,000 inhabitants in 1886 to 21 per 10,000 in 1900 is attributed to three causes: (a) The widespread knowledge as to the infectious character of tuberculosis; (b) the provision of sanatoria for the working classes; (c) the early and systematic resort to sanatoria, which the Workingmen's State Insurance Department in Germany encourages and assists.

In Belgium the mortality, which in 1888 was 38.4 per 10,000 inhabitants, was reduced in eleven years to 24.5 per 10,000 in 1898, a diminution of 30 per cent.

In five Eastern States and ten other cities of the United States the mortality has been reduced from 27.2 per 10,000 in 1887 to 21.2 per 10,000 in 1900, a diminution of 18 per cent.

In Massachusetts, from 1892 to 1902, a period of ten years, the diminution has been from 24.5 to 15.8, or a little over 35 per cent.

Statistics of the above character could be extended at indefinite length. Sufficient, however, is given to prove beyond shadow of doubt the saving power of the Sanatorium treatment.



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# He Gives Twice Who Gives Quickly

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"Public health is the foundation on which repose the happiness of the people and the prosperity of the country."

Dr. T. G. Roddick, an eminent physician of Montreal, ex-president of the Canadian Medical Association, and ex-president of the British Medical Association, recently stated at a meeting of the Montreal League for the Prevention of Tuberculosis, "his firm belief that in twenty-five years, provided proper means are adopted, a case of consumption will be a curiosity."

"Whereas we have watched with interest the efforts of the Provincial Board of Health in the education of the public on the question of Tuberculosis, and whereas we are of the opinion that some form of Sanatorium Treatment should be established in the Province, therefore, be it resolved, that we, the members of the Medical Association of the City of Winnipeg, hereby endorse the action of the Provincial Board of Health in this matter and give our approval of the plans they have already formed in accordance with the act of the Provincial Legislature passed in February, 1901, an Act respecting a Sanatorium for Consumptives."— Extract from meeting of the Winnipeg Medical Association, 29th March, 1906.

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