NEWS BULLETIN

The Sanatorium Board of Manitoba

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The New Medical Line Against TB and RD

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"Hey! What's going on in the Central Tuberculosis Clinic?"

These days the question is being asked by a lot of people who find themselves stumbling over the debris created by renovations and somewhat perplexed by the number of new faces appearing among the staff.

Just what is going on? The answer, we discovered, is a small revolution — for along with the physical changes on the first floor of the Central Tuberculosis Clinic, there has been a re-examination of the methods of tuberculosis control.

The aims of the program will remain the same. The big difference is the broader inter-relation between tuberculosis control and the diagnosis and treatment of other respiratory diseases. And, as one result, we should eventually see a whole new generation of chest physicians who will make tuberculosis one of their important concerns.

During the past year the Sanatorium Board of Manitoba has been co-operating with the University of Manitoba in establishing a Joint Respiratory Program in which, among other things, there will be a sharing of the medical responsibility for the prevention and treatment of tuberculosis. In other words, the treatment of tuberculosis patients and preventive surveys will be continued as before, but both services will now be under the medical supervision of chest specialists who are a part of the new Joint Respiratory Program. Community tuberculosis surveys will also be enlarged to provide for the detection of other unsuspected chest conditions.

Dr. Reuben M. Cherniack, a chest physician who is known internationally for his clinical and research work in respiratory diseases, is Director of the Joint Respiratory Program and as such, is Medical Director of the Sanatorium Board's Tuberculosis and Respiratory Disease Service.

There are, in addition, three Associate Medical Directors who also hold joint appointments with the Sanatorium Board and the University of Manitoba. They are Dr. E. S. Hershfield, a chest specialist who has been a member of the Central Tuberculosis Clinic staff since January, 1964, and Dr. Louis Cherniack and Dr. C. B. Schoemperlen, who joined the staff on the first of this month.

In addition to their responsibilities at the Central Clinic, the four doctors have important roles in the teaching part of the Joint Respiratory Program and they run chest clinics at several other hospitals which are also involved in the Program. The base of their operations, however, is at the Central Tuberculosis Clinic.

Tuberculosis Treatment

The treatment program at the Central Tuberculosis Clinic remains substantially the same. A system of exercise and some aspects of occupational therapy have been initiated. Because of its restricted location, the Central Clinic has not been able to offer tuberculosis patients the same spacious grounds for exercising as those provided at our Ninette sanatorium. Recently, however, an agreement has been worked out with the Manitoba Rehabilitation Hospital which permits sputum negative patients, whose symptoms have subsided, to join some of the general exercise classes in the hospital's Physiotherapy Department. In the Occupational Therapy Department, these patients are being put on a work tolerance program.

Other changes include several additions to the clinic staff. Mrs. Mary Wirt has been appointed full-time physiotherapist, Mrs. Margaret McLean is the new social worker, and Mrs. Cynthia Sabine R.N. has moved down to the main floor to take over the nursing supervision of the increasing number of out-patients who attend the clinic for diagnosis, treatment and consultations.

Finally, to round things out, there have been several additions to the secretarial staff. Miss Judith Eddie has joined Mrs. Helen Buffie and Mrs. Sonya Olien in the outer administrative department and Mrs. Laurayne Rusak has come to the Clinic to continue in her post as secretary to Dr. Reuben Cherniack. Mrs. Betty Carey remains as the admitting officer.

Prevention

The Sanatorium Board's preventive surveys, which are organized by J. J. Zayshley, will revert to placing greater emphasis on the chest x-ray in order to find, in addition to tuberculosis, other respiratory and cardiac disorders. It is also planned to include in many general surveys, pulmonary function tests to learn more about the incidence and natural history of chronic bronchial disease and the influence of such factors as climate and cigarette smoking on the development of respiratory conditions.

The Sanatorium Board will also co-operate with the Medical Services branch of the Department of National Health and Welfare in waging an intensive anti-tuberculosis campaign in the Keewatin District and in conducting a study of the effects of chemoprophylaxis among the population of Eskimo Point. Further south, the Board will again combine forces with Medical Services in con-

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The Joint Respiratory Program

With the establishment of the Joint Respiratory Program, the University of Manitoba Department of Medicine now offers a three-year training program for physicians who are interested in clinical practice, or in teaching and research, in the field of respiratory diseases.

This is the first training program of its type in Canada, says the Director, Dr. Reuben M. Cherniack. The Royal College of Physicians is heading in the direction of establishing a fellowship in chest diseases. But in the meantime, the Manitoba program offers just about as much well-rounded experience as any physician can get in the respiratory field.

The primary aim of the program is the correlation of basic science and research with the diagnosis and treatment of respiratory diseases (including tuberculosis). It is a co-operative effort between the Department of Medicine and other university medical departments, and it uses the respiratory services and facilities of the Sanatorium Board of Manitoba, the Children's Hospital of Winnipeg, the Winnipeg General Hospital and St. Boniface Hospital.

According to Dr. Cherniack, the training program is oriented to:

1. Turn out physicians interested in the clinical practice of chest diseases.

2. Turn out physicians who are interested in teaching and research in the respiratory field.

3. Teach general internists about the mechanism of disturbances and the treatment of respiratory diseases.

Entrance into the program, he says, is dependent upon completion of at least one year of training in anesthesia, medicine, pediatrics or surgery.

For the most part the training program will take three years. The first year includes rotation as an assistant resident on the cardiac service and the intensive care service, in thoracic surgery and/or endoscopy, and on the chest service (which involves the assessment and management of tuberculosis and non-tuberculosis diseases).

Another year is spent in clinical investigation or basic research into respiratory problems and the critical assessment of scientific literature. The third year consists of either a senior residency on a chest service (for those wishing to become clinical specialists in respiratory diseases), or a residency post in the respiratory research unit (for those wishing to become clinical investigators).

Both the clinical and research aspects can be offered for shorter periods of time, Dr. Cherniack says. But these are available only to selected individuals on application — and the length of training would depend upon their individual needs.

INNER WHEEL DONATES WHEELCHAIR — The Sanatorium Board expresses sincere appreciation to the members of the St. Boniface Inner Wheel who last month donated a cheque to cover the cost of a new wheelchair for patients at the Manitoba Rehabilitation Hospital. Here, Mrs. Alan Adams hands over the money to S. Price Rattray, chairman of the Manitoba Rehabilitation Hospital Committee. (Photo by Dave Portigal).

Manitoba Hosts Nurses' Institute

The planners of the 1968 Canadian Tuberculosis Association National Nurses' Institute are proposing a lively program for the 17th annual meeting in Winnipeg this spring.

The theme, they have decided, will be *The Dynamics of Respiratory Disease Nursing*, and the sessions will be extended from the usual one day to two days — i.e. *April 8 and 9* in the auditorium of the Manitoba Rehabilitation Hospital.

The first day of the Institute will be devoted to respiratory diseases, and the second day to tuberculosis. The keynote speaker on the opening day is Dr. Reuben Cherniack, director of the Joint Respiratory Program of the University of Manitoba and the Sanatorium Board of Manitoba and a physician widely acclaimed for his original investigations in the respiratory field. His lecture, it is expected, will cover many aspects of respiratory problems and the future trends in diagnosis, treatment and prevention.

Dr. Earl S. Hershfield, associate director of the Joint Respiratory Program, will tackle old theories about bed rest and isolation techniques when he talks about "What's New in Tuberculosis" on the second day of the program. Dr. Hershfield, we should mention, has kindly offered to help organize the institute program, which so far is planned to cover such other topics as domiciliary care of respiratory patients, the treatment and nursing care of patients with acute respiratory disease, public health aspects of industrial respiratory disease, domiciliary care of tuberculosis patients and the anti-tuberculosis campaign in the north.

The sessions will be liberally sprinkled with question and answer periods and there are plans for a panel discussion on cigarette smoking, air pollution and other similar topics. Displays of drugs, respiratory equipment and current literature are also being organized.

Miss E. L. M. Thorpe, nursing consultant to the Sanatorium Board, is general program chairman. Others involved in the planning which, in addition to the scientific program, includes registration, publicity, displays and social events, are Dr. Floris

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Introducing . . .

Our New Associate Medical Directors

The Sanatorium Board extends a welcome to Doctors Louis Cherniack and Clarence Benjamin (Ben) Schoemperlen who joined our medical staff on January 2. Both physicians are widely known for their medical work, particularly in the respiratory field, and both are now limiting their practices to consultations in chest diseases.

The doctors hold joint appointments with the Sanatorium Board of Manitoba and the University of Manitoba. As associate medical directors of the Sanatorium Board's Tuberculosis and Respiratory Disease Service, they will share in the responsibility of caring for the in-patients and out-patients who come to the Central Tuberculosis Clinic. In addition, as associate directors of the Joint Respiratory Program, holding the rank of associate professors in the University of Manitoba Department of Medicine, they will take a very active part in the respiratory teaching program.

* * *

DR. LOUIS CHERNIACK ,brother of Dr. Reuben Cherniack) was born and educated in Winnipeg and is a 1932 graduate of the University of Manitoba Medical School. He got his start in chest diseases when, between 1934 and 1936, he served as assistant physician at the Central Tuberculosis Clinic.

Afterwards Dr. Cherniack did four years of post-graduate work in internal medicine in London, England, which led to his acceptance as a Member of the Royal College of Physicians (London). Today he is also a Fellow of the Royal College of Physicians (Canada), a Fellow of the American College of Physicians and of the American College of Chest Physicians.

Between 1940 and 1947, Dr. Cherniack served as a medical specialist (with the rank of Lieutenant-Colonel) with the British forces in England and in the Middle East where, among other things, he was officer in charge of the medical division of a military chest hospital in Jerusalem. In 1947, after a long absence, he returned to Winnipeg, entered private practice in internal medicine (with a sub-specialty in respiratory diseases) at the Winnipeg Clinic and joined the teaching staff of the University of Manitoba Medical School. Today he is an Associate Professor in the Department of Medicine.

Dr. Cherniack, who is a bachelor, is the author of many medical publications and, in collaboration with brother Reuben, wrote a popular book on "Respiration in Health and Disease". He belongs to a number of medical organizations, including the American Thoracic Society, and on the non-professional side, he is a member of the Board of Directors of the Royal Winnipeg Ballet.

* * *

DR. BEN SCHOEMPERLEN has had a long association with the tuberculosis control program in Manitoba, having been a member of the medical staff at the former St. Boniface Sanatorium during the 1930's and our consultant in broncho-esophagology for the past 21 years. He is a noted chest physician, and one of his finest contributions was his pioneer work in general anesthesia in bronchoscopy.

Dr. Schoemperlen was born at Strathclair, Manitoba, received his early education there and matriculated from high school with an Isbister scholarship. He graduated from the University of Manitoba Medical School in 1937, spent the following year on the staff of St. Boniface Sanatorium, and later did post-graduate work at Hammersmith Medical School in London, England. He now holds a Specialist's Certificate in Internal Medicine from the Royal College of Physicians and Surgeons of Canada, is a Fellow of the American College of Physicians and the American College of Chest Physicians, and a member of the American, International and Pan-American Broncho - esophagological Associations.

During the war, Dr. Schoemperlen saw action in Sicily, Italy and northwestern Europe as a member of the R.C.A. Medical Corps. He was discharged in 1946 with the rank of Lieutenant-Colonel and returned to Winnipeg where for the next 21 years he practiced internal medicine

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SOCIAL WORKERS URGE –

Bring Families Into Treatment Programs

Teaching the family the facts about disability is particularly important in the rehabilitation of hemiplegic patients. Yet very often in hospital this responsibility is set aside until the last minute.

Such is the feeling of our Social Service Department, which recently completed a special study of 78 hemiplegics who were discharged from the Manitoba Rehabilitation Hospital between 1962 and 1966. The 78 persons (who all live in Winnipeg) were interviewed about the social nature of their lives according to a questionnaire set up jointly by the Social Service Department, the hospital's Chief of Medical Services and the University of Manitoba School of Social Work. The questions dealt primarily with housing, employment, family attitudes and leisure time interests — and how much these may have changed for each individual following his discharge from hospital. The group included 41 men and 37 women; the mean age for men being 63 years and for women, 59 years. Fifty-three were married; the others were widowed, single, or divorced.

According to the department's report, 12 of the 78 patients (or 15 percent of the group) had been able to return to the same sort of life they had led prior to the onset of hemiplegia. They had suffered only slight paralysis, with no impairment of speech.

For 22 others (28 percent of the cases) hemiplegia had caused a moderate change in their day-to-day living. Eight of them were dependent to some extent when they were discharged from hospital. At the time of their interview 13 required some help in self care, and all 22 had returned to hospital at least once as out-patients. All of these people were unemployed, but, as the report points out, most were at the retirement age anyway.

The common factor among all in this group was the high degree of support and understanding given by their families and friends. Most were able to adjust to the changes in their lives by finding other interests.

For 57 percent of the total 78 cases, however, there had been a big change in their day-to-day life. Seven of the 44 people in this group had been discharged to nursing homes; the remainder went back to their homes where, it was felt, there were "positive factors on which to rebuild their rehabilitation back into the community."

All 44 experienced considerable difficulty, and in most cases their physical conditions and mental outlooks deteriorated. Four encountered family problems caused largely by a change in status in the family; 16 had speech impairments which presented problems both for themselves and their families; and 17 were having trouble adjusting to their physical limitations, primarily because of family attitudes. The mean age for men in this group was 59 years, and for women 54 years. Yet only one of the 44 was employed.

"Although great emphasis is placed in hospital on helping hemiplegic patients to become reasonably independent in self-care, it is not always possible for the patient to maintain this degree of independence when he gets home," says the report. The reasons include lack of employment and diversional interests, but a major difficulty is the lack of family support and understanding and the subsequent loss of the patient's self esteem. In the group of patients who faced the maximum change in social functioning, the families of some tended to overprotect the patient, while others simply withdrew their support. In both instances, patients gave up entirely.

At the present time, the social workers point out, the education of the family and the role of the patient in his family and community tend to be treated as a side issue and are not dealt with until just prior to the patient's discharge from hospital. After discharge, the family and patient are left to combat problems of adjustment without any professional guidance, other than the periodical medical review at the hospital.

As a solution, the department offers these suggestions:

1. During the patient's hospitalization, teach the family the facts about his disability. The facts could be presented to groups of families, or individually as the needs of the situation present themselves.

2. Provide adequate vocational counselling, training and employment assistance that might permit patients of working age to find work, either in competitive employment or in a sheltered workshop. For patients who are unable to work, an individually planned recreation program could be instituted.

3. Plan a supportive follow-up program with the family and the patient. For at least a short period of time, some patients and their families need the continuing support of the social worker after discharge . . . either on an individual or group basis.

The length of supportive time will vary according to individual needs, says the department. "But the ultimate goal would be achieved when the family, with greater insight, could help the patient to maintain the rehabilitation gains made, without continued support from the hospital."

The Sanatorium Board of Manitoba Nursing Services Announces

TENTH REHABILITATION NURSING COURSE FOR REGISTERED NURSES

April 22 to May 10, 1968

Manitoba Rehabilitation Hospital, Winnipeg

This intensive three-week course is designed to teach registered nurses, in all fields of nursing, the special skills and philosophy involved in the rehabilitation of the physically disabled. The day-long sessions include lectures and classroom demonstrations, plus observation in the hospital's various treatment departments and on the nursing wards. Many disciplines contribute to the teaching program – e.g. the hospital's medical staff and specialist consultants, the senior nursing staff, the senior dietary staff and members of the Physiotherapy, Occupational Therapy and Social Service Departments, the Department of Communication Disorders, and the Prosthetics and Orthotics Research and Development Unit. Nursing lectures are related both to the general principles of rehabilitation nursing and to the specialized skills required for the nursing care of specific disabilities.

For further information, write to: Mrs. D. Setter, Nursing Instructor, Manitoba Rehabilitation Hospital, 800 Sherbrook Street, Winnipeg 2.

New Medical Line

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ducting chest x-ray surveys of Manitoba Indian reserves, which begin this year on April 15 in the south and at the beginning of May in the north.

The BCG vaccination program among high school students in the Dauphin Health Unit area and among the children of Duck Bay and Camperville (in the Swan River area) will be continued. Also at Dauphin and at Selkirk and Stonewall, where the incidence of tuberculosis has been higher than in most other Manitoba communities, the Sanatorium Board plans to tuberculin test all Grade One school children and provide thorough follow-up of the families and contacts of any positive reactors. The idea is to get at the problem by looking for infection among the very young.

Thus, as readers who are familiar with the methods of tuberculosis control will discover, the "revolution" does not involve drastic revision of the treatment and preventive programs emanating from the Central Tuberculosis Clinic. The biggest changes are in the medical supervision of these services and, as the accompanying article points out, in the strengthening of the line against tuberculosis through professional education and research in all chest diseases.

Photographs courtesy of Medical Photography Department, Winnipeg General Hospital.

MHC Promotes Admission X-ray

The Sanatorium Board welcomes the news that the standard admission-discharge records of Manitoba hospitals will include in the future a special query about chest x-rays. We understand that all patients who enter hospital (either as in-patients or out-patients) will be asked whether or not they have had a chest x-ray within the past 12 months. If they have not had one, they will be candidates for a free chest film, now offered under the Manitoba Hospital Commission plan.

Hospital admission chest x-rays, as we have pointed out so often in the past, are well worth the time and expense. Time and again they have been responsible for picking up unsuspected chest conditions, and in the campaign against tuberculosis, in particular, they have been one of our best methods of detecting this communicable disease among the general public. Experience has shown that there is a higher than average incidence of tuberculosis among persons admitted to general hospitals — perhaps because a high percentage belong to the older age group, who were exposed to infection years ago, and now with advancing age and a breakdown in health are vulnerable to active disease.

Hospital admission x-rays have also been helpful in locating former TB patients who have become "lost" to the tuberculosis registry. And, of course, the program has served well over the years in protecting hospital employees from tuberculosis infection.

Unfortunately many hospitals in Manitoba are making less and less use of this service. In 1948, when with the help of a national health grant the Sanatorium Board established free admission films as part of the province-wide program of tuberculosis control, the x-ray coverage of persons admitted to hospitals was close to 100 percent. In 1966 only 40 percent of the people admitted to hospitals in Manitoba were x-rayed. Some hospitals x-rayed less than 15 percent.

Though the tuberculosis problem is not as great as it was in 1948, the disease is still very much with us, causing new illness and deaths each year. The Sanatorium Board welcomes an increased interest in the admission x-ray program, particularly because so many of the some 200 new active cases of tuberculosis reported in the province in each year come to us via general hospitals. In 1965, for example, *one third* of the new active cases were diagnosed as tuberculosis *after admission to general hospitals for some other condition.*

As more and more people are being treated for tuberculosis in their homes, greater responsibility falls on the general medical profession for the management and control of this disease. Physicians would do the province a great service by taking advantage of this valuable detection program.

THIS 'N THAT

Christmas Seal Collectors

Each year we are impressed by the number of people who pay a visit to our Christmas Seal office during campaign time. The opening days of the campaign, for example, always see a steady procession of old friends who, ignoring the much easier mail service, trudge all the way over to the Sanatorium Board to present their contributions in person.

The other day we were delighted to receive yet another kind of visitor: Mr. William Peach who came over from his home on Kingston Crescent to show us his collection of Canadian Christmas Seals.

Mr. Peach has been collecting postage stamps for years, and in the 1930's, when he first began receiving our TB seals through the mail, he decided to keep out a block of four from each issue and set them up in a special looseleaf book.

The collection is smartly laid out, featuring all the colorful Christmas Seals issued since 1927 — the year when they first went on sale nationally. The book, he said, was recently shown to the public in Sudbury. He lent it for a while to his architect son who, impressed with the collection, promptly entered it in a Board of Trade exhibit.

Mr. Peach collects the seals simply because he enjoys collecting all kinds of stamps, and he was somewhat surprised to learn that around the world there are many people who collect Christmas Seals for their monetary value. In fact there is a book entitled *Green's Catalogue of Tuberculosis Seals of the World*, which lists the "asked" price of seals from 87 countries. And Anne Grant, health education consultant for the Canadian Tuberculosis Association, had some comments about it in the December 1966 issue of the CTA Bulletin.

According to the catalogue, she said, the Saint John Association for the Prevention of TB issued seals in 1911 at the customary price of one cent each. The list price of one of these is now thirty dollars. Halifax County, the B.C. Anti-Tuberculosis Society and London Free Sanatorium (and, we might add, the Sanatorium Board of Manitoba) also issued seals in the first decade of this century. Some of them are now valued at twenty-five dollars.

We always thought that there had never been a Christmas Seal campaign in Russia, but Miss Grant discovered that the U.S.S.R. has had several seals. The first one depicted a hammer and sickle superimposed on a poppy with the following inscription: BoppbbA Tyb EKYNE 30M ECTb AENO CAMNX TYP-ARWNXCR. Green's Catalogue translates this to mean: The fight against TB is the business of the workers themselves. (The value of the stamp is 10 dollars.)

There is no relation between the quality of design or printing and the current price, Miss Grant continues. After the first Canada-wide TB seals went on sale in 1927, a certain dissatisfaction with their appearance led the CTA to change printers the following year. When the 1928 seal went into the mails, the 1927 printer called up to say that changing printers had been wise, that those he had just received were superior to those put out by his firm. This piece of honesty has bolstered the faith of the staff in mankind, says Miss Grant — but the 1927 stamp with the inferior printing is now listed at 50 cents and the one with better registration at 35 cents.

However, we should point out that the TB seals offered in Green's catalogue do nothing to finance the programs of anti-tuberculosis organizations. As far as we are concerned the important investment is made when people support our annual campaign.

* * *

ADDITIONS TO THE STAFF during the past month include a new speech therapist, social worker, several nurses and some doctors.

We are happy to welcome *Mrs. Islay Perkins*, a graduate of the University of Manitoba (B.Sc.) who has joined the Manitoba Rehabilitation Hospital Social Service Department, and *Miss Lisa Kathryn Smith*, who arrived a few days ago to assume a position in the Department of Communication Disorders. Miss Smith comes from Los Angeles and has just received her B.A. in Speech and Hearing Therapy from the University of California at Santa Barbara.

Dr. Zandjani Ezzeddin, a graduate of Tehran University College of Medicine who has taken post-graduate training in physical medicine, pathology and surgery in the United States, is new resident physician at the Manitoba Rehabilitation Hospital, and *Dr. Henry Yeung* has been appointed resident physician at the Central Tuberculosis Clinic. He is a graduate of Hong Kong University School of Medicine.

A very recent addition to our nursing staff at the Manitoba Sanatorium is *Mrs. Hei-Chung Lee*, who has come to us all the way from Seoul, Korea. Mrs. Lee has a very good nursing background, having graduated from St. Joseph's Hospital School of Nursing in Seoul and taken a year's training in public health nursing at the University of Hawaii. Among other things, she has been a nursing instructor in Seoul and a child health advisor for an American Social Welfare Agency.

NEW ACTIVE CASES

A total of 202 new active cases of tuberculosis was reported in Manitoba in 1967, the Central Tuberculosis Registry announces. Of these 161 were whites, the rest were Treaty Indians.

There were 27 deaths from tuberculosis in the province last year, giving another new low rate of 2.8 per 100,000 population.

The new figures still show a levelling off of new cases and deaths. In 1966 there were 214 new active cases and 28 deaths.

PARTY FOR AMPUTEES — Santa turned up with a sackful of presents and a playful buss for all the ladies at a Christmas party for amputees at the Manitoba Rehabilitation Hospital on December 14. The party was organized by Director of Physical Medicine Dr. R. R. P. Hayter, Mrs. L. Hylton of the Social Service Department and several other staff members, with the primary aim of getting civilian amputees interested in forming an association similar to those already established by paraplegics and other groups of disabled persons. Some 50 men and women (all of whom had been treated at the M.R.H.) turned up for an afternoon of fun, which included a short address by Dr. Hayter, a singsong led by gymnast Lynne Humphries and Occupational Therapist Jane Peacock, delectable dainties baked and served by the wives of staff physicians, and of course, the gifts, which had been donated by the Christmas Cheer Board The Biomechanics Laboratory arranged for the appearance of Santa Claus (Ian Cochrane) and a slapstick assistant (Ted Gibbs). (Photo by Children's Hospital Photography Dept.)

OUR THANKS to the many staff members and to the individuals and organizations who did so much to brighten the Christmas season for our patients here in Winnipeg and out at Ninette. Space does not permit an account of the many happy events, but we would like to mention the many parcels of gifts and goodies that arrived at the Manitoba Sanatorium, Central Tuberculosis Clinic and the Rehabilitation Hospital. Among the donors were the members of the newly formed Beta Beta Chapter Phirhozeta, Winnipeg, the employees of the T. Eaton Company, an ex-patient of the Manitoba Rehabilitation Hospital, and William Morgan (M.R.H. Stores) and Mrs. Morgan.

Associate Directors

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(with a special interest in broncho-esophagology and chest diseases) at the Manitoba Clinic.

In 1946 he was also appointed to the teaching staff of the University of Manitoba, and is now an Associate Professor of Medicine.

Dr. Schoemperlen has been actively involved in many medical organizations, including the American Thoracic Society and the Manitoba Medical Association (of which he was president in 1957 and 1958). He is a member of the Theta Kappa Psi Fraternity, the Winnipeg Winter Club and the Niakwa Country Club and has been an executive member of the Winnipeg Football Club since 1946.

New TWX Service From SBM Clinic

In order to improve the tuberculosis and respiratory disease program in the northern part of our province, the Sanatorium Board of Manitoba — in co-operation with the provincial Department of Health and the Medical Services branch of the Department of National Health and Welfare — has recently installed a trial TWX service between the Central Tuberculosis Clinic and our Northern Tuberculosis Unit at The Pas.

From now on, all x-ray films taken at The Pas unit will be sent daily to Winnipeg for reading and the physicians' recommendations will be sent back immediately to the north via TWX.

Any special problems arising at the Tuberculosis Unit will be cleared by Dr. M. K. Panikkar, medical director of the provincial Northern Health Unit at The Pas.

Manitoba Hosts Nurses

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King, field representative and nursing consultant, Canadian Tuberculosis Association, and Sanatorium Board staff members Mr. P. Torgerson, Mrs. D. Setter, Miss V. Peacock, Ted Sims and Mrs. P. A. Holting. William Broadhead and Terry O'Brien of the nursing staff at Ninette Sanatorium, will also be contributing to this program.