

News Bulletin

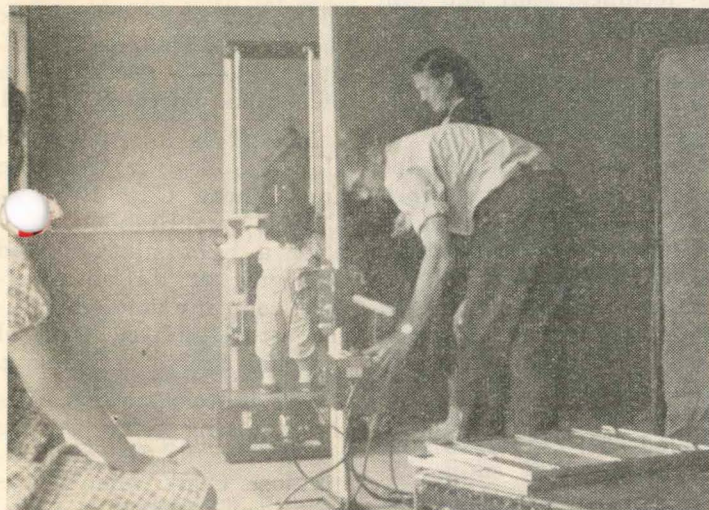
SANATORIUM *The* BOARD OF MANITOBA

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For Patients, Staff, and Friends of the Sanatorium Board

JUNE, 1959

Predict 16,000 Indians Will Benefit From X-Ray Surveys



The annual X-ray survey of Manitoba's Treaty Indians began last month when several teams of Sanatorium Board technicians joined provincial Treaty Parties on their yearly round of Indian reservations.

Survey of Southern Manitoba Reserves got under way on April 27 when two teams of technicians from the SBM Preventive Services Staff set up mobile units on Birdtail and Rossburn Reserves.

On May 24 a third team

The colorful ceremony of Treaty Day is closely associated with chest X-ray surveys on Manitoba's Indian Reservations. Before each Indian lines up for his Treaty money he is asked to undergo a chest examination. Pictured left, a little girl from Cross Lake

Reserve stands on a big box to better get her chest X-ray, while a second candidate waits patiently on the sidelines. At right, a young Northern Indian, having received his chest examination, accept his Treaty money from a member of the Treaty Party.

... joined a Treaty Party at The Pas airport for a survey of northern reserves.

The parties will cover a total of 46 reservations and by the time the survey ends this summer it is expected that approximately 16,000 Indians will have been examined.

For many years the Sanatorium Board has found it advantageous to work closely with the Indian and Northern Health Services Division in seeking out tuberculosis among Manitoba's Indian population. The colorful proceedings of Treaty Days go hand in hand with the travelling chest clinics, each Indian receiving a chest X-ray before he

Noted Doctors Head Executive

Two well-known Canadian doctors were elected to key offices in the Canadian Tuberculosis Association at the association's annual meeting in Halifax June 1 to 5.

Dr. Earl Hiltz, medical superintendent of Nova Scotia Sanatorium at Kentville, N.S., was elected president of the CTA. He succeeds Dr. Alphonse L'Esperance, medical director of Laval Hospital, Quebec City.

Dr. P. E. Moore, Ottawa, director of Indian and Northern Health Services, was named president-elect.

Dr. Moore has just completed a term as chairman of the executive committee of the World Health Organization.

Members of the 1958 Management Committee include:

L'Esperance; Dr. S. A. ... Toronto; Dr. Gaeton Jarry, Montreal; C. H. Elliott, Peterborough; T. A. J. Cunnings, Winnipeg, and officers of the association.

SBM delegates were: Miss Bente Hejlsted, director of nursing services; Miss M. C.

(Continued on Page 2)

Executive Secretary Explains Reduction in Tuberculosis Beds

About one-third of the sanatorium beds in use in Canada five years ago have been converted to other uses or are empty.

Dr. G. J. Wherrett, executive secretary of the Canadian Tuberculosis Association, told delegates at the association's annual meeting in Halifax that newer drugs account largely for the fewer sanatorium beds in use.

"These drugs, now in use for about 10 years, have proved so effective that treatment has been shortened from 326 days in 1954 to 249 days in 1958."

The conversion of TB hospitals to other uses has attracted a good deal of attention during the year, he said. They have been put to a wide variety of uses, depending on the type of construction, location and the problem that needs solution in the locality.

Respiratory and chronic diseases in general head the list, but orthopedic, cardiac, pediatric, geriatric and even obstetric cases are being treated.

Some hospitals are used entirely for general hospital purposes, others for mental disease. Some obsolete accommodation has been abandoned.

Death Rate

TB death rate in Canada has reached an all-time low

of 6 per 100,000 population. The rate for 1957 was 7.1.

The number of new cases remains much the same as other years. The 1958 rate was 44 per 100,000, as compared to 48 in 1957.

Dr. Wherrett also noted a general increase in tuberculin testing on a community-wide basis in most Canadian provinces.

The Heaf Test, now used in Manitoba, is also being used in Prince Edward Island and by the Indian and Northern Health Services in the Pacific Coast region.

Evaluation

Other highlights of the five-day sessions included a paper on program evaluation by Miss Clarissa Boyd, New York, director of the

TB field program in the United States.

Miss Boyd recommended that program activities of every anti-tuberculosis organization be evaluated to weed out activities which have become inefficient.

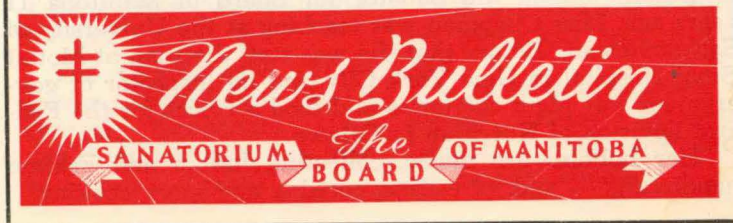
There must be increased selectivity in case-finding programs, she said. Since it is expected that Canada's population will increase 20 per cent in the next 20 years, tuberculin testing will become more important — particularly because the population will include a

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Profiles

VICE-CHAIRMAN

J. N. Connacher has been an executive member of the Sanatorium Board since 1946. As chairman of the Brandon Sanatorium Committee (now Assiniboine Hospital) since its establishment in 1947, he has been a valuable contributor to its steady growth and its development this year as an important Extended Treatment Center in Western Manitoba. Today he still remains chairman of that committee as well as carrying out his new duties as vice-chairman of the Board.



Mr. Connacher was born in Dalhousie, New Brunswick. In 1922, at the age of 16, he came to Winnipeg where he finished high school and attended the University of Manitoba. At that time he lived with his uncle, the late Dr. Daniel McIntyre, a noted educator in Manitoba and superintendent of schools in Winnipeg.

He began his career at Northern Trust Company in Winnipeg. In 1937 he joined Great West Life Assurance Company, starting out as a salesman and during the next four years working up to his present position as Branch Manager of the Winnipeg Division.

Mr. Connacher has always taken great interest in community affairs. At one time he was campaign manager of the Greater Winnipeg Community Chest. An ardent sports enthusiast, he is also a member of the Manitoba Club, St. Charles Country Club, the Motor Country Club, Granite Curling Club and the Winnipeg Squash Racket Club.

Golfing and shooting are his favorite pastimes—shooting perhaps most of all, for come the sharp autumn winds and the turning of the leaves there's nothing better Nat Connacher likes to do than get away from his busy desk, settle down in a neat little blind and wait for a good flight of mallards to come over.

DIRECTOR OF DIETARY SERVICES

As Director of Dietary Services for the Sanatorium Board

Rehabilitation-New Philosophy In Which Many Can Share

The word "rehabilitation" has been kicked around so much lately and used in so many different ways that it is often difficult to understand its true implication.

Rehabilitation, as we know it today, is a comparatively new concept and naturally a great deal has been written and said about it. But like a Summit conference on German reunification or atomic control, the people involved are inclined to talk at cross-purposes.

Some use the term "rehabilitation" to define the vocational part of the program, others use it to describe "the third phase of medicine" while still others go off on a tangent on physical therapy.

Definition

Total rehabilitation actually means all of these. It is the planned attempt to restore disabled persons to the greatest physical, social and economic usefulness of which they are capable.

At best, rehabilitation is a democratic philosophy which epitomizes the dignity of human life and each man's essential worth in society.

By this definition we mean, of course, all kinds of severely handicapped people and not just those individuals who may be able to work.

Two Steps

There are two important

PREDICTION

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lines up for his Treaty money.

The Government services organize the survey, the Sanatorium Board provides the technical staff and film interpreting facilities. According to Dr. E. L. Ross, medical director of the Board, the arrangement works out well.

Over the past decade the results of this teamwork show marked progress in reducing the TB incidence among Indians, he said.

From 139 in 1948, the death rate among Manitoba Indians has dropped to only eight in 1958.

New active cases last year totalled 94. In 1948 the figure was 535.

However, a comparison

Miss Sadie Ross Retires From Post At Central Clinic

Miss Sadie Ross, a nurse who is described as tops in her field, has retired from her position at the Central Tuberculosis Clinic.

Miss Ross has been a member of the Sanatorium Board staff for 28 years. A former nursing supervisor of the CTC, she is well-known in medical circles for her excellent administrative ability as well as her efficiency in bedside and surgical nursing.

She was born in Fairhall, Man., and while still a child moved to the village of Ninette where her parents owned and operated a hotel.

Miss Ross later attended United College in Winnipeg and Wheat City Business College at Brandon, after a brief stint as head stenographer for an insurance company entered training at Winnipeg General Hospital School of Nursing.

She did two years' private duty nursing before joining the staff of the Central Tuberculosis Clinic when it was first opened in 1930.

Miss Chapman has a busy schedule indeed. She supervises the overall planning of food services in the Board's four tuberculosis and extended treatment hospitals, makes out the master menus and formulas for those menus, plans special diets, purchases equipment (which she often designs herself), plans kitchen layouts, draws up job specifications and periodically visits each institution.

Miss Chapman was born in India while her father, Edmund Pelly Chapman, was Chief Justice of the High Court of Calcutta. Her English accent, however, belies at least part of her ancestry for her maternal grandfather, Major General Douglas Cameron, DSO, was captured by Louis Riel during the uprisings of the 1870's, and her great-grandfather was the colorful Sir Charles Tupper, one of the Fathers of Confederation and one-time Conservative prime minister of Canada.

In the early thirties, before Miss Chapman ever thought of a professional career in dietetics and nutrition, her interest in the field started her off to "cook" her way around the world. She received a diploma from the Boston School of Cookery and a professional chef's certificate from Marshall's School of Cookery in England. Her experiences included being a kitchen maid to the Earl of Sandwich at an "early thirties" salary of 10s6d (around \$2.00) for a 16-hour day, 112-hour week.

On the professional side, Miss Chapman holds a B.Sc. degree, summa cum laude, in Nutrition and Dietetics from the University of Illinois, and an M.Sc. in Foods and Nutrition from the University of Alabama. She is a member of the American Dietetic Association, the Canadian Dietetic Association and of the European Universal Cookery and Food Association, and has been one of the Directors of the Manitoba Branch of the Canadian Restaurant Association for the past six years.

Before joining the Sanatorium Board of Manitoba 11 years ago, Miss Chapman was teaching at the University of Saskatchewan. Before that she was staff dietitian at Mount Sinai Hospital in New York City and an inspector of government war plant cafeterias and food services for the Federal Division of Nutrition in Ottawa.

Her hobbies are music, collecting Indian and Eskimo handicrafts — and, of course, cooking and more cooking.



of the long-stay, disabled patient: first to make the person, disabled by disease or injury, aware of his potential; second, to provide him with the means of attaining that potential.

To accomplish this, the rehabilitative process must begin with the onset of illness or injury and continue until final adjustment is made. It will require the services of a closely co-ordinated team of professional people, each specially trained in a certain phase of treatment.

The Services

Medical services are needed to arrest or minimize illness and to restore as much physical function as possible.

Psychologists are needed to assess the abilities and potentialities of the patient.

Social workers are necessary for minimizing social problems, vocational officers for assisting the handicapped to attain their maximum potential in useful employment.

Thus the people who make up the rehabilitation team come from both the hospital and the community. To achieve any degree of success it is necessary that each member be fully aware of his relationship with the other and of the common objectives.

Whites shows there is still much work to do. In 1958 the morbidity rate of Whites was 27 per 100,000 population; in Indians it was 443 per 100,000.

This year, the Treaty Parties working out of Winnipeg and The Pas, will consist of seven persons: two technicians, a doctor and public health nurse from the Indian and Northern Health Services Division, a member of the RCMP, the Indian Superintendent and a clerk.

In the north, the party will fly to 20 reservations in a territory extending from the northern point of Lake Winnipeg to Churchill.

Settlements in the north are accessible by plane, but in Southern Manitoba, the Treaty Party must often resort to wagon and boat to reach remote reservations.

Dick Meyer, Peter Willms, Albert Simeon and Gerry Harris, all of the Preventive Services staff, will conduct the 26 clinics in this area.

NOTED DOCTOR

(Continued from Page 1)

Busch, director of rehabilitation services; Dr. D. L. Scott, medical superintendent of the Central Tuberculosis Clinic; A. E. Longstaffe, vice-chairman of the administration and finance committee; and Mr. Cummings, executive director.

From a small institution which housed only eight patients in 1930, the clinic expanded rapidly, handling as many as 70 pneumothorax cases a week by the early forties. It was during this busy time that Miss Ross became matron of the clinic, and, mastering a desperate nursing and clerical shortage, earned her reputation as an "extremely professional nurse."

For the past few years, she has had charge of the admitting department at the clinic, handling at the same time surgical procedures in the adjacent operating room.

Her plans now are indefinite, but she is firm about one thing.

"I am not retiring," she says. "I may go back to work. I may also travel."

"In any event I am looking forward to summer . . . and the baseball games!"

And it is an accepted fact around the clinic that Miss Ross, besides her enthusiasm for playing the piano, is an ardent baseball fan.

Says she: "I don't see any other place I'd rather be in summer than at the ball game."

To this her old friends at the clinic reply, "Have a wonderful time, Miss Ross . . . and good luck to you!"

To Please and to Nourish Are Goals of Food Service

By Nan Tupper Chapman
Director of Dietary Services

Food is an important part almost every therapeutic program for, when it comes down to facing facts, our flesh and bones and the physical basis on which the healthy functioning of our body depends all come directly from the foods we eat.

Keeping large groups in an institution happy at meal time is a pretty complicated proceeding. Important as it may be to please as well as nourish everyone, it is almost impossible to satisfy every individual taste.

Patients come from all walks of life, with all sorts of "likes" and "dislikes", and with all sorts of different ideas on how each dish should be cooked.

The Eskimo and Indian in particular have been brought up to different food tastes and preparations. From a steady diet of seal meat, wild game and salt water fish they must suddenly adapt themselves to our roast beef-and-potatoes way of living.

Master Menu Cycle

The Sanatorium Board tries to solve the problem



Food plays an important part in the cure of tuberculosis. As Miss Nan Tupper Chapman, director of dietary services, explains: "Renewal of the body's tissues comes off the patient's plate." Here Mrs. Barbara Holloway of Winnipeg receives her noon-hour tray from Miss Anne Trach, a member of the nursing staff at the Central Tuberculosis Clinic. Miss Elaine Henwood, of Grandview, inspects the tempting food and prepares to dig in. (Photo by Portigal and Ayers.)

everyone. She is responsible for the quality of serving.

The Central Tuberculosis Clinic operates similarly to Manitoba Sanatorium with the Housekeeper function-

9,770 Residents Receive TB Tests In Public Survey

The Sanatorium Board's first mass tuberculin testing and X-ray survey wound up in Fort Garry May 28 with nearly 70 per cent of the total population examined.

According to the surveys office, 9,770 Fort Garry residents lined up for the TB tests during a survey which covered more than a four-week period.

J. J. Zayshley, surveys officer for the Sanatorium Board, credited most of the success to the 600 volunteer workers who spent many hours canvassing each home in Fort Garry, arranging for appointment dates, and acting as receptionists at the testing sites.

The Fort Garry survey was the first large-scale attempt of the Sanatorium Board to incorporate tuberculin testing along with community X-raying.

Of the 9,770 people tuberculin tested, 7,215, were negative—which means that this number, approximately 84 per cent, has never had contact with the TB germ.

The 1,595 people who had

NTA Convention Reveals Connection Between Smoking and Lung Cancer

Evidence that there is a definite relationship between cigarette smoking and a marked increase in lung cancer was presented at the medical sessions of the National

nourishing everyone by drawing up a Master Menu Cycle. Each Master Menu is not only designed to ensure adequate nutrition but it is also based as closely as possible on what has been learned of the special tastes of the patients in a particular hospital.

The Master Menu Cycle is for a three-month period and is revised each year to suit changing tastes.

Food Service

Many different groups participate in the important task of nourishing the patients. The Central Office lays down the overall plans for menu design, staff structure, and necessary equipment. The actual food is bought locally.

The Head Cook in each institution follows the general plan, using either the standardized recipes the Board provides, or if he chooses, his own ideas on how dishes should be made.

At Clearwater Lake and Assiniboine Hospitals the chef is also responsible for setting the trays as attractively as he can and for providing sufficient "seconds."

Manitoba Sanatorium follows a slightly different plan. A Food Supervisor works with the Head Cook in trying to make the food as appetizing as possible to

dition to her strictly "house-keeping" duties.

In all institutions the actual business of bringing the trays to the patient's bedside, and of fetching "seconds" as required, is done by the nursing staff.

Works Well

On the whole, food service in our hospitals has worked out well. And strangely enough it is the Eskimos who deserve a real medal. They have probably come from the most different background, yet they show the quickest willingness to set aside previous tastes.

The Indians, too, are quick to comply with the "hospital diet". It is difficult to get wild game and salt-water fish for them, but we do provide their favored bannock.

So it is that the success of any food service depends finally on the co-operation of the patient and his willingness to adjust his personal tastes to what is available. He is the last person in the "feeding chain", for food on a plate, hot or cold liked or disliked, nourishes no one. It is the patient who, if he is interested in well-being and recovery, must do the actual eating.

Patients should remember this and try to eat first for their health's sake, second for the sake of their palates.

Dr. E. L. Ross, medical director of the Sanatorium Board, who, along with Dr. A. L. Paine, medical superintendent of Manitoba Sanatorium, attended the convention, May 24 to 29, said that the statistical evidence presented on cigarette smoking and lung cancer was "very convincing."

"So far," he said, "no filtertips have been developed for cigarettes that will safeguard the inhalation of cancer-causing material.

"The main hope of control of this menace rests in education, and possibly in a proper filtertip developed in due time."

Dr. Ross also pointed out that there is a definite link between chronic bronchitis and smoking.

Respiratory Diseases

Reviewing other highlights of the medical meetings, he said that there was less discussion on the clinical and therapeutic aspects of pulmonary TB than at any previous meeting.

The discussion centred more on the inclusion of respiratory diseases, other than tuberculosis, in the TB association program.

A number of papers on pulmonary physiology and emphysema, and chronic bronchitis were presented. Receiving particular attention was a paper by Dr. Charles Fletcher of London, England, who reported that in England chronic bronchitis now causes more

deaths and disability than tuberculosis.

Commenting on this Dr. Ross said that chronic bronchitis is also recognized as an increasing respiratory problem on this continent.

Best Yet

The medical meeting of the NTA was considered one of the best ever held.

The medical section, known as the American Trudeau Society, has a membership of 4,000—400 of whom are Canadians.

Suggest Toronto Site for Meeting

The International Union Against Tuberculosis has biennial meeting in Toronto been invited to hold its next in 1961.

The invitation was formally extended at the annual meeting of the Canadian Tuberculosis Association in Halifax.

The international organization, which works for TB control throughout the world, is meeting this year in Istanbul, Turkey.

figures have not yet been tallied.

Sixteen per cent positive reactors is much lower than the average, said Dr. E. L. Ross, medical director.

This, he said, is particularly significant since it included older age groups which ordinarily have a higher infection incidence.

A second mass tuberculin testing and X-ray survey is now being conducted in Charleswood and Assiniboia. It will continue until June 17.

More Staff Take Part In Group Insurance

Last year 37 more members of the Sanatorium Board staff participated in the Group Insurance Plan, according to the Board's annual report.

These members are insured for \$672,500 of life insurance and \$9,117.50 weekly accident and sickness indemnity. Cover is included also for surgical expense up to \$250 for any one operation and payment of anaesthetic fees is insured.

138 members have surgical cover on their dependents.

A total of 83 persons received weekly indemnity benefits, and 75 more claimed surgical benefits.

Spring Brings Happy Release for Northern Patients

Spring is nature's signal for things to start growing—strong and healthy. This is also true at Clearwater Lake Hospital where spring happens to be "Going-Home-Time" for the recovered Northern Indian and Eskimo patient.

It was almost noon of a spring day at Clearwater Hospital, and the corridors and wards echoed the excited chatter of patients and the busy goings-on of the staff.

In the children's ward a small Eskimo boy, dressed in warm, oversize parka, blue jeans and good, heavy boots, stood tongue-tied and grinning, watching a nursing assistant pack the rest of his new clothes into a large, khaki duffle bag.

Across the aisle, a chubby little girl, eyes sparkling and cheeks pink with excitement, looked down admiringly at her new red coat.

The other children, not going home, casually watched the busy proceedings from their beds, adding their own uproarious comments to the din as they perched precariously on the edges of their beds, bounced



Eskimo and Northern Indian patients are admitted into hospital during the spring and summer, and are usually discharged the following spring. On discharge, they are transferred by RCMP plane to a community center in Fort Churchill. They stay there briefly until transportation to their respective homes is arranged by the Department of Northern Affairs. Pictured here, a group of Eskimo children, tagged and warmly clad, wait to board an RCMP Otter plane which will start them off on the long trek home.

Toopik, a 12-year-old girl from Rankin Inlet, was indeed going home. She sat in her room quietly lacing a pair of sneakers over heavy wool socks and stockings. Neemokto, her room-mate, lay quietly watching her.

The ten children were escorted into the hall and down to the front door

said later, "practical gifts they might enjoy. But we weren't notified that they were going until the telegram arrived this morning."

The first group of patients on their way to the airport, the others sat down in the hall to wait. An Indian cleaning girl walked up to them and solemnly shook

REDUCTION
(Continued from Page 1)
greater percentage of older persons, among whom TB incidence is high.

Miss Boyd also predicted that there will be progressively less money available for tuberculosis as tax monies are diverted to other health needs.

"Fewer Christmas Seal

Bulletin Board

Edward Dubinsky, administrative assistant of the Sanatorium Board, Miss Maria Blatz, operating room supervisor at Manitoba Sanatorium, and Dr. A. G. Coghlin, assistant medical superintendent of Assiniboine Hospital, attended a hospital disaster institute in Saskatoon, May 29 and 30.

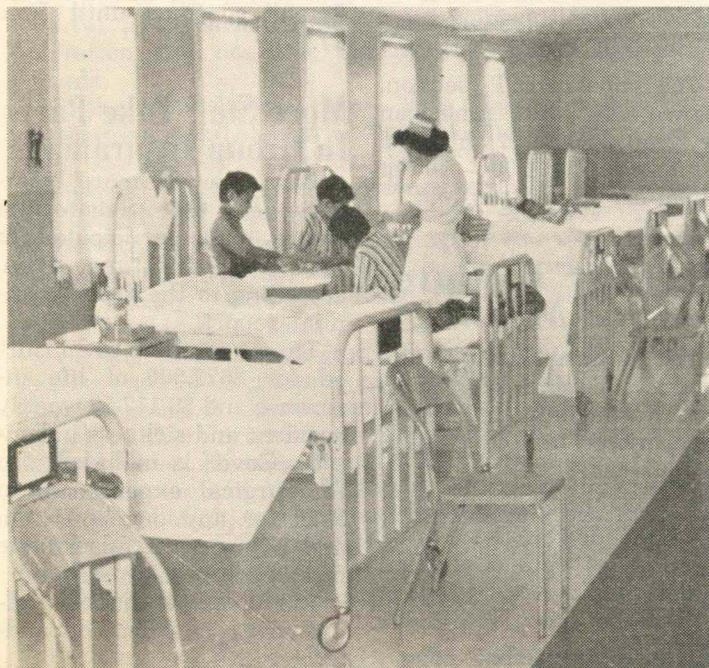
The purpose of the institute, sponsored by the Civil Defense Health Service Branch of the Department of National Health and Welfare, was to develop a disaster plan for hospitals which would allow speedy and efficient admission and treatment of abnormal numbers of disaster patients.

C. C. Christianson, business manager of Assiniboine Hospital, and N. Kilburg, business manager of Manitoba Sanatorium, will complete this month their final year of a two-year course in hospital organization and management. The four-week University session

waving and shouting, out the windows. Somehow they didn't seem to mind being left behind.

A nurse rushed into the ward. "Are they all tagged?" she asked, hurriedly glancing at the envelopes pinned to each child's jacket. "Is everybody ready? The station wagon will be here in 10 minutes."

"What about Toopik?" asked another. "Is she going, too?"



The hospital wards at Clearwater look a little lonesome after Eskimo and Indian patients are discharged. But the beds don't remain empty long. In the spring and summer almost every day sees the arrival of another group of patients. The day after the 13 Eskimos were discharged from the hospital, four patients were transferred from Fort Churchill Military Hospital and admitted to the TB section at Clearwater. (Photos by Erken Hentschel.)

take them to the airport. There they were joined by three adult Eskimos, also homeward bound.

Mrs. A. P. Chornomoretz, nurse in charge of the children's ward, gave one of the children a bag of candy.

"See, there are 26 candies in there," she said. "Two for each of you. Mind you don't spill them!"

Mrs. Chornomoretz was a little disappointed. "I like to get them little gifts," she

She smiled at the thirty-year-old woman, dressed in a worn kimona, who sat with her arm around a little boy.

Six-year-old Keewyualle had just recovered from TB and was being sent home to his grandmother at Baker Lake. His mother, Martee, still sick with tuberculosis, was staying behind.

When the car returned, Martee walked with her son to the front steps and stood there anxiously watching as he clambered into the back seat.

A few members of the staff joined her on the steps, including Dr. Carey, the medical superintendent, who called a parting remark to a husky young man.

"Oh Bill," he shouted. "Make sure you get an X-ray in two month's time."

The chauffeur gunned the motor and the nurses, kitchen maids, orderlies and clerks waved and shouted a last good-bye.

Martee also waved, peering over the crowd for a last glimpse of her boy. Only when the car was far down the road did she turn to go in.

Miss Lovell, superintendent of nurses, caught the woman's robe.

"Never mind, Martee," she said. "You still have Martha and Sally. And pretty soon you'll be going home, too."

less we broaden our scope in services and support given to community health needs."

A broadening of programs to meet the total needs of the patient, better reporting and record keeping, revamped methods to find new cases and improved treatment and diagnostic facilities are vital.

Stimulated by Miss Boyd's report, the CTA passed a resolution that a study be made of Canadian TB programs to establish an evaluation formula. Such a study would provide an exact statistical measure to see if TB organizations are achieving their aims.

Mrs. Josephine Chaisson, assistant professor at the School of Social Work, University of Toronto, reported on a comprehensive study of irregular discharges from sanatoria.

While a variety of personality, social and economic problems make patients leave sanatoria against advice, one of the most important factors seems to be a feeling on the part of patients that doctors don't have enough interest in their welfare, she said.

Mrs. Chaisson suggested that qualified persons such as social workers, who have a clearer understanding of the TB patients needs, spend time with the patient discussing his problems.

University of Toronto, and is sponsored by the Canadian Hospital Association.

Recent guest of the Sanatorium Board was Miss Hazel Hart, of Ottawa, director of Christmas Seal Sales, Canadian Tuberculosis Association.

Miss M. C. Busch, director of rehabilitation services, and Miss Bente Hejlsted, director of nursing services, were entertained by fellow staff members prior to their departure for the CTA convention in Halifax and a summer's vacation in Europe. A dinner was held at Southwood Country Club.

Seven University of Manitoba medical students have accepted summer positions as junior internes at the SBM tuberculosis institutions.

Jim Houston and Harold Enns have been posted to Clearwater Lake Hospital, and James Yue and Shu-Kwan Cheuk have joined the staff at Assiniboine Hospital.

Miss Maie Kaarsoo and David Kaan have been posted to Manitoba Sanatorium. Jerry Yu has accepted a position with the Central Tuberculosis Clinic.