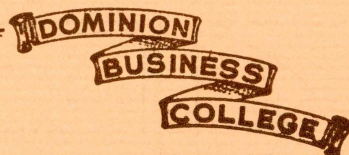


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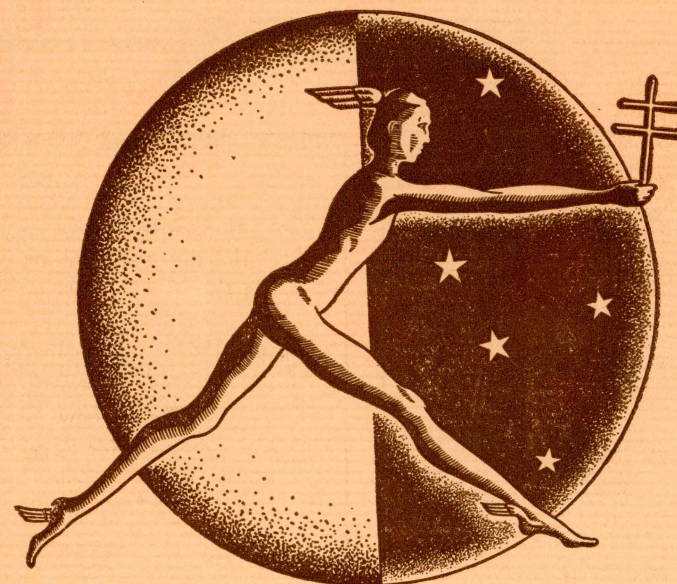
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Mr. J. Zayshley,
City Health Dept., X-ray,
Winnipeg, Man.

Messenger

OF HEALTH



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July, 1945

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THE MESSENGER

August, 1945

Editorial « « « « « « «

NURSES NEED TUBERCULOSIS TRAINING

It has long been felt by those concerned with the shortage of trained nurses on the staffs of sanatoria that one of the major reasons for the lack of applicants is a deficiency in undergraduate training in tuberculosis nursing.

Heretofore in Manitoba a few student nurses have gained experience at the King Edward Hospital as part of their training in the nursing of communicable diseases, which they obtain at the King George Hospital in Winnipeg. None of the training schools has had an affiliation with either Manitoba Sanatorium or St. Boniface Sanatorium.

Beginning in September, however, selected students at St. Boniface Hospital will receive eight weeks' training at the St. Boniface Sanatorium. A course of lectures by the medical staff will be given, and the general instruction will be under the direction of Miss Vera Peacock.

Undoubtedly eradication of tuberculosis will be facilitated by the specialized training in tuberculosis of student nurses. At the same time, since tuberculosis still remains a major health problem, it is questionable if general hospital schools of nursing are fulfilling their duty to their students when they fail to give them the opportunity to gain experience in this field. The training of nurses can scarcely be said to be satisfactory so long as less than 10 per cent of those graduating in any one year have ever spent any time whatever on the staff of a tuberculosis institution.

It would seem expedient to make an effort to extend the plan of affiliation now being inaugurated at St. Boniface Sanatorium.

HEALTH OF WOMEN WAR WORKERS

With hundreds of thousands of Canadian women employed in war work, often for the first time working in industry and frequently undertaking occupations formerly thought suitable only for men, there has been some concern as to the effect of this unusual employment on health. Tuberculosis has for many years been the greatest cause of death among young women in the age group now finding maximum employment. It was felt that the added strain of work, often on a rotating shift basis, might have an adverse effect on the incidence of tuberculosis among these young people.

According to a survey recently concluded by the Metropolitan Life Insurance Company, these fears were not realized. On the contrary, the deaths from all causes among women between the ages of 15 and 54 years fell one-sixth.

As a release of the Canadian Tuberculosis Association points out, the tuberculosis record of these insured women has been a particular source of satisfaction. In 1939 the death rate from tuberculosis among them was 35.0 per 100,000; by 1944 it had declined by more than one-fifth to 27.0. Similarly the diseases of the heart, arteries and kidneys, despite the strains of war, show a decline of 13 per cent in mortality in this period.

It is suggested that the concentrated attention on welfare of women at work, and more particularly their increased earnings and standard of living, have had a beneficial effect upon their health and mortality. It is to be hoped that this is a lesson that will not be forgotten in the changing days that lie ahead.

Invictus

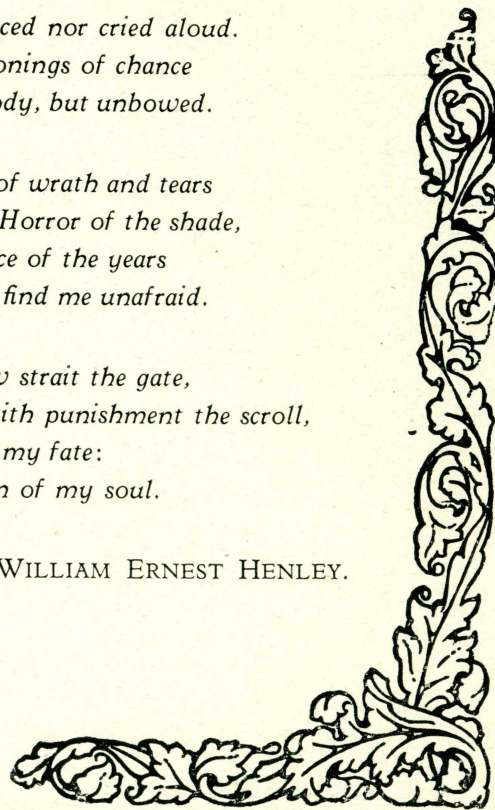
Out of the night that covers me,
Black as the Pit from pole to pole,
I thank whatever gods there be
For my unconquerable soul.

In the fell clutch of circumstance
I have not winced nor cried aloud.
Under the bludgeonings of chance
My head is bloody, but unbowed.

Beyond this place of wrath and tears
Looms but the Horror of the shade,
And yet the menace of the years
Finds and shall find me unafraid.

It matters not how strait the gate,
How charged with punishment the scroll,
I am the master of my fate:
I am the captain of my soul.

—WILLIAM ERNEST HENLEY.



Flare-ups in "Improving Active" and "Quiescent" Cases

DR. D. F. McRAE

THE patient who has come through the more-or-less stormy time of his early pulmonary tuberculosis and looks forward to sailing on an even keel through sun-lit seas for the rest of his time in sanatorium is rudely jolted when a flare-up occurs and he finds himself back in the "Progressive Active" class. Just what are the causes of these flare-ups and how are they to be avoided? It does not seem reasonable when a patient has once been able to bring his disease under control by painstaking care and attention to regulations on his part, coupled with the best of treatment within a sanatorium, that he should slip back while still following the advised "way of life" and treatment!

Let us consider these flare-ups under the following headings:

- a. Accidents or complications.
- b. No explanation.
- c. Errors in technique.
- d. Not playing the game.

We shall not go into the matter of accidents and complications. They occur outside of the lungs with one great exception and therefore are outside the scope of this article. The one great exception is "Intercurrent Pulmonary Infection." By "Intercurrent Pulmonary Infection" we mean chiefly the ordinary "cold in the chest" and influenza but to them should be added upper respiratory infection and its resultant bronchitis.

There is no doubt that common colds and influenza are largely the "shock troops" of pulmonary tuberculosis. They lower resistance tremendously. They set up secondary inflammation in an improving or quiescent lesion thereby reactivating it and turning a closed case

into an open one. Then, because of the cough they cause, (a much more irritating and explosive one than that of tuberculosis itself) they spread the bacilli far and wide throughout the lungs. Thus, areas of tuberculous broncho-pneumonia are not uncommon following a cold or 'flu and all too often new lesions are set up and **most often in the opposite lung!**

There are two reasons why the opposite lung is more likely to have the new lesion. Tissues of the body surrounding a tuberculous lesion have higher resistance than those at a distance: the body has concentrated its defences in the face of the enemy. When tubercle bacilli are scattered throughout the lungs by cough and the whole bodily resistance is lowered by the intercurrent infection, the opposite lung is the less resistant of the two. The second reason is that the opposite lung works harder than the one with a lesion in it. One's body itself does what it can to put the diseased lung at rest by lifting up the diaphragm, by increased sloping of the ribs and by drawing over of the heart, and often we greatly increase this condition of rest by pneumothorax or surgery until the diseased lung is doing practically no work. No wonder then if the healthy opposite lung with its lower resistance and double duty is the one to suffer and presently show a new lesion.

Upper respiratory infection means some condition that causes pus to form in the mouth, throat or nose. Sinus disease, septic tonsils, rotten teeth and pyorrhoea all are included, and any one of them if neglected can cause trouble down in the lungs because of the stream

of pus that runs down the wind-pipe and carries the infection into the lungs. It does not cause the acute re-activation of tuberculosis that colds and "flu" do, but it sets up a low grade bronchitis that is a steady drain on one's system and in the end it may cause a condition of the lungs, (pulmonary sepsis), quite as troublesome as tuberculosis and even less curable. When one has pulmonary tuberculosis, anything that damages the remaining lung tissue is doubly hazardous and should not be put up with when it can be cleared up by proper attention to the mouth, nose and throat.

A few, but fortunately a very few, cases have flare-ups for which no adequate cause can be discovered. They are conscientious co-operative patients who go the second mile in their observation of rules and regulations and yet, without any discoverable cause, they will have repeated flare-ups and setbacks with lesions showing up now here, now there, within their lungs and they cannot make progress. We must conclude that such cases have some peculiarity in respect to their resistance to tuberculosis that interferes with immunity that ordinarily protects one from these re-activations. However, all such cases should have a complete check-up of their whole system in order that no hidden condition of ill-health may be overlooked. It must be admitted that both Nature and Science are weak reeds so far as this group is concerned; all we can promise them is that time and unremitting care may at length effect a cure.

Errors in technique that result in flare-ups is such a large subject that it might well have a whole article to itself. Perhaps we may group them as (a) Errors of Commission and (b) Errors of Omission. Errors in commission consist in doing that which one should not do and we have already dealt with one of these when discussing the mechanism of

spread of disease within the lungs by cough. We call this "Auto-infection" because the re-infection comes from the patient himself. The other mode or re-infection is by "exogenous infection" which means infection coming from outside one's body, and that will be dealt with under "Errors of Omission."

Auto-infection can be caused by dirty or slovenly personal habits; so good technique in regard to your sputum and its disposal is necessary for one's own safety. Still another error that can cause auto-infection or damage to healing lung is too violent physical movement. I do not mean here such things as wrestling, sparring, dancing or roistering, (infirmaries patients have been known to do all these), for these come under our fourth heading, but I mean that the pulmonary tuberculosis patient under treatment should cultivate a deliberate slow motion in all that he does. Some people are by nature slow moving and they do much better than those who are quick, hyper-active and jerky in their actions. Try to act in all you do so that the rest-routine which is the basis of your treatment is carried on through the day. It avails you nothing if you lose in your up-hours all you gain in your rest-hours. The same is as true of one's mental activities as of one's physical activities.

The things you do that you should not do are likely to cause self-infection as we have tried to point out above. The things you fail to do which you should do are apt to lead to re-infection from without (i.e., from some other person). When one is in Sanatorium, he associates with other patients, the majority of whom are either open cases or recently closed cases and if you fail to observe good technique (i.e., good habits and a safe way of doing things) you leave yourself open to re-infection from outside. Joining a circle of players and on-lookers around a bridge game where

careless open cases may spray bacilli right in your face is dangerous. If you sit opposite anyone with positive sputum, be very sure that his technique is as perfect as your own or else do not sit there. "Kibitzers" are a menace as well as a pest. It is better to do your visiting in small groups rather than in large ones, and this is particularly true of visitors from outside the sanatorium. If and when you have your room filled with a medley of visitors, the danger of secondary infection (colds, "flu", etc.) is at its greatest. You should not fail to washup after handling cards or other articles that have been passed through the hands of many other patients who may be open cases. Neither should you permit indiscriminate handling of your personal articles by other patients. You should not have other patients sit on your bed. You should not let them "fence you in". It may be objected that many of the above errors are not **your** errors of omission, but they really are for you have a standard of hygienic technique to maintain and you fail to do it. It is quite possible to be free from any danger of infection from other patients in a sanatorium so long as habits and customs, hygiene and tech-

nique are properly observed, and it is part of your job to see that others do it as carefully as you do. Doctors and nurses are continually insisting on more careful habits and customs but the standard reached must depend on the patient group themselves. It pays good dividends in the cutting out of one possible source of flare-ups.

Just how many flare-ups are caused by "not playing the game" only the victims of their own inconstancy can tell us. Some do tell their doctors and the indiscretions of others are plain to all the world but since playing the game is such an all-out fulltime job in which you are your own referee you alone know the full score. The many rules and regulations of the sanatorium are for guidance and instruction. Those who wilfully go beyond the bounds of their prescribed routine must be prepared to accept the results. What more can be said?

Tuberculosis gives no warning. A flare-up is evidence of damage already done and possibly more to follow. Try so to order your life that unavoidable risks are held to their smallest; do not put up with avoidable risks either in your own conduct or in the conduct of those around you. This way lies happiness.

Things I Never Knew Till Now



Sixty per cent of the houses in Winnipeg are thirty years old or over . . . Winnipeg's population in 1871 was 241 persons. In 1941 it was the fourth largest city in Canada with a population of 217,994 . . . W. Somerset Mauhan was in a tuberculosis sanatorium for two years following World War I . . . Dr. G. J. Wherrett reports in the C.T.A. Bulletin that the total raised from sale of Christmas Seals in 1944 was \$654,000. Ten years ago the total amounted to \$117,800. . . . The goat is practically immune to tuberculosis. Out of 80,590 goats used for food under federal inspection in the U.S.A. not a single one was found to have had this disease. . . . The highest density of population in Canada is in Prince Edward Island where there is an average population of 43 persons per sq. mile. Manitoba rates sixth with an average of 3.29 per sq. mile.

Psychology and Tuberculosis

By DR. GLAISTER H. ASHLEY

TUBERCULOUS patients have too much time to think. One of the great values of sanatorium treatment is environment; everyone is carrying out the same routine life, while when one moves into his home, a hotel or boarding house, all the other people have different hours, hobbies, and occupations causing him to feel the strain or idleness more.

Body rest is of little value without mental rest. A patient can do as much harm with an unhappy, miserable mind as with physical work. Our minds are like clocks; they go twenty-four hours a day. You realize your heart must beat all night, but do you stop to think that your thoughts go on too? A person at peace with his own desires and the world around him has peaceful, restful sleep, but one who is hectored all his waking hours with worry has restless sleep with unpleasant, worried dreams. Many patients exhaust themselves more physically with anxious thoughts than with physical illness.

The sanatorium environment removes the feeling of inferiority, which Alder calls "Inferiority Complex." He believes that all neuroses are caused by our being unable to reach a certain goal in life because of mental traumas: i.e., mental shocks or painful experiences, that make us unable to accomplish what we desire to do in order to be equal or superior to our fellow beings. Here in the sanatorium you are in a happy world, all working toward the same end, physical well-being—Health.

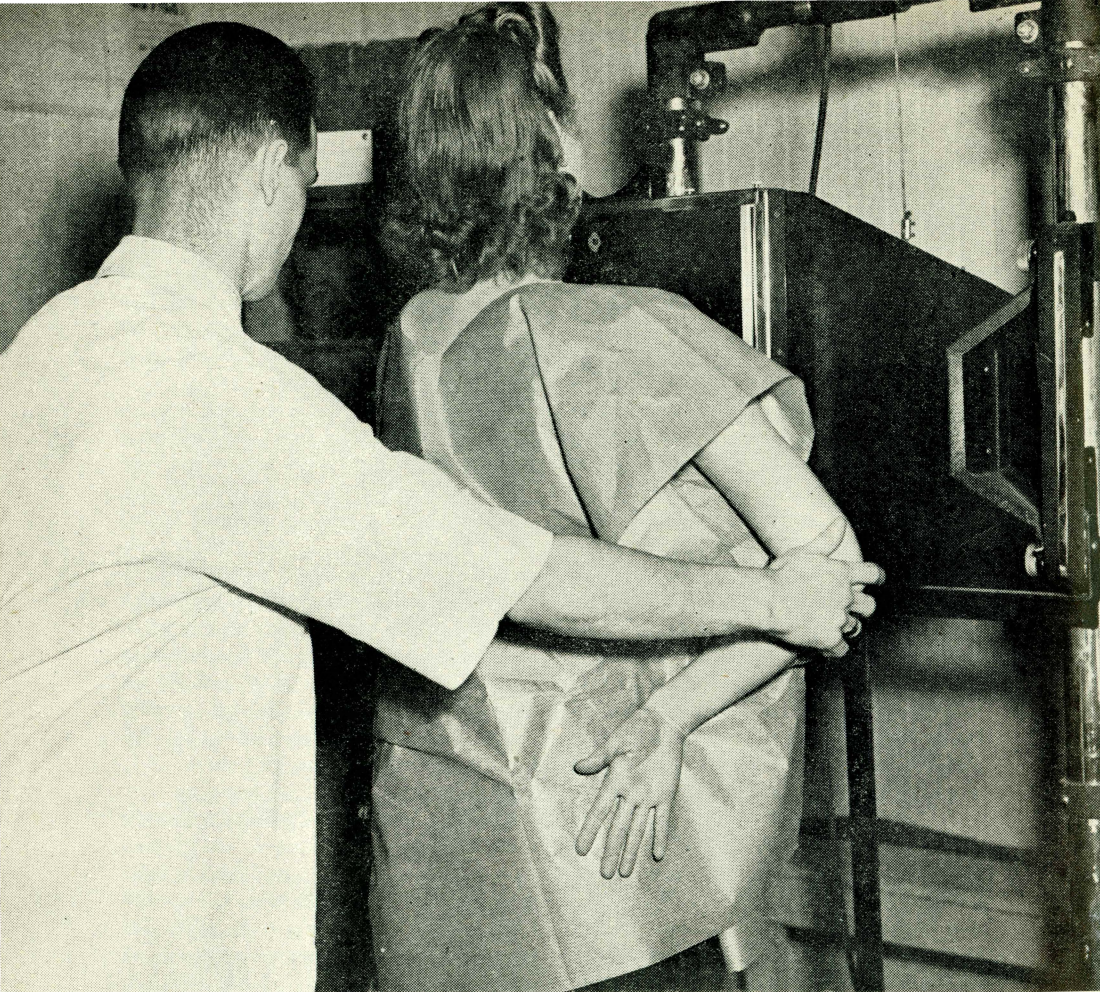
Now think of your responsibilities to your associates. Your happiness is helping them to have the right mental attitude. Your own selfish gloom, worry, or dissatisfaction is not only injuring your own body but exhausting all those

with whom you come in contact throughout your own period of depression.

Speaking of mental depression—what is it? You can define it as well or better than I. We have all had various stages of blues. This disease is not serious. Like cigarette smoking, one may allow it to increase or may curtail the injurious habit. Please realize that mental depression is normal the same as happiness or contentment. When you awake depressed, you can collect mental clouds and storms until the nervous exhaustion accumulated is enough to wreck the most normal physique, luck and good fortune in life. There is so much to enjoy in this world—whether we have millions with which to see the world or just one room in which to find contentment. If we had no depressed feelings, we would have no sense of value. One cannot enjoy or appreciate, nor can he educate himself to think of some of his warmth until he knows the contrasting cold.

Happiness, joy, elation and pleasure are all within ourselves. There is no outside influence that can give them to us. You may want to interrupt me to say, "Health or money would make me happy and contented." Some think if they could just be at home they would be happy, but that is not true. Most of our severe cases of melancholia are among the people who have an abundance of physical and worldly goods.

There was a time when physicians believed that selfishness, irritability and quarrelsome traits were as much symptoms of tuberculosis as temperature and cough. Now physicians know this is not true. We find the most superior, altruistic, considerate minds among tuberculosis patients. People comment, speaking of some friend who has developed



IT HAS BEEN SUGGESTED THAT there will be a considerable opportunity for laboratory and x-ray technicians under the new health plan about to be brought into operation by the Manitoba government. This work is highly suitable to the abilities and capacities of a number of ex-patients from the sanatoria. While under treatment they have learned to appreciate the particular attitude of mind that is so necessary to successful work in the health field. They learned through their experience as patients those characteristics most desirable in hospital staff.

The majority of the positions offered will be filled by girls. Some will be more suitable for men. Grade XI or Grade XII is the academic standard usually asked for. For laboratory work there is an opportunity for training at St. Boniface Hospital, and occasionally at the Sanatorium. Some opportunities for training as x-ray technician are available at the Manitoba Sanatorium, the Central Tuberculosis Clinic, and the Winnipeg General Hospital. Training is on an apprenticeship basis, supplemented in Winnipeg by lectures given by Mr. William Doern, Chief Radiographer, Winnipeg General Hospital. The examination leading to the diploma of Registered Technician can be written at the end of two years.

tuberculosis, that he has changed so much mentally; he is like another individual. The patient has not changed; either his good or bad mental traits are more conspicuous because of his forced idleness. Like one under the influence of alcohol or other drugs, the real individual has come to the front. In this condition either he is kinder and happier, or he is depressed and shows his unpleasant qualities more. The drug removes the veneer from the individual, revealing the real man. With your idle time during an illness you can develop into a more lovable, altruistic character, or you can allow the undesirable worried, selfish, depressed qualities to grow.

All people can be classed as introverts or extroverts.

An introvert is one who tends to live within himself. He is hypersensitive, exclusive, and unsocial. That is, he is most of his own world and avoids contact with other people except when necessary to gain a livelihood. You all know the quiet, timid type of person who never leads a party but is always withdrawing from all activities. Many tuberculous people do not show this innate quality, or shall we say symptom, until after their illness when they notice every little symptom, take their temperatures too often, notice their cough—look for pains, feel exhausted, and worry if they cannot find some new symptoms, thus developing a storm within themselves and throwing much depression on those who come in contact with them. They are a real detriment to their own well-being and to all in their environment. Such people need mental training.

How different from the other type is the extrovert who forgets himself does not notice petty symptoms or a little pain but is too interested in the view from the window and in his neighbors to think of himself. He remains happy, and with his medical treatment is soon

back into the world, physically well enough to lead a normal life. He is not concerned whether his health requires days, months or years in bed. He enjoys each minute thus not only helping himself to improve but all those with whom he comes in contact.

Occupation is as essential to our mental happiness, as an unoccupied mind is always distressed. The occupation may vary from the proper mental activity to physical hobbies.

Much of the great work in literature, art, music, and the sciences has been accomplished by health seekers. One does not need to feel that he must become a genius (that type of insanity is born, not made) but all of you, no matter what your previous occupation, can find worthwhile interests that will not be fatiguing, but stimulating and enjoyable.

Now with these brief suggestions on mental hygiene, will you take stock of your worries and your foolish causes for mental depression and begin to throw them out, to analyze yourself, to clear out the trash, to develop right thinking and to enjoy life? Do you remember the Biblical saying, which perhaps for this little talk should have taken as the text, Proverbs 23:1, "For as he thinketh in his heart, so it be?" Even in Biblical times the power of mind over body was sensed. Now we have more scientific knowledge concerning the harm that wrong mental attitude toward life can produce. Those of you who have not adjusted yourselves completely to peace and contentment in your new environment and your new work, which is that of regaining your health, can get aid from your physician. Tell your physician your worries whether they are personal, financial, or otherwise, and of your mental unhappiness so that he may help educate you to discard your unfavorable childhood impressions and complexes for a normal, happy mental attitude.—Mountain Air.

Housing

WE CAN divide our population into five groups, viz., those who can afford to purchase homes; those who cannot afford to buy new homes but can pay rental charges; those who have neither the ambition nor the desire to

tabulated by Mrs. McWilliams, the chairman of the Health Committee, and Mr. Lawrence, secretary of the department. Two areas were compared to the rest of the city, with the following results:

	Area 1	Area 2	Rest of City
Population	29,479	23,246	170,292
Number of children 1-16 years	6,398	6,440	52,093
Infant mortality per 1,000 live births ..	58.5	52	42.5
Cases of scarlet fever and diphtheria per 1,000 child population	13.6	15.7	7.5
Deaths from pulmonary tuberculosis per 10,000 population	4.65	7.9	2.9

buy a new home; those who, due to low wages and other circumstances, can afford to pay only a nominal rent; and those misfits who have neither ambition nor thrift and generally are a menace to decent society.

The families in the last two groups reside in slum areas (areas consisting of obsolete dwellings in disreputable repair and of low-rental value), and these families eventually are, in a large measure, responsible for increased crime and juvenile delinquency. The cost of hospitalization, etc., eventually assumes large proportions.

In the city of Winnipeg, which has a population of 228,548, there are 36,838 houses. Dwellings in connection with stores number 992 and suites in apartment blocks 11,369. The total dwelling units are 49,199. This gives an average of 4.6 persons per housing unit. If the population was housed according to this average, conditions would be satisfactory. This is not the case, however. During the last five years there were 13,637 marriages, but only one dwelling unit was provided for every five marriages. Consequently several families are obliged to reside in dwellings which were intended for one family.

Several years ago sixteen organizations in Winnipeg participated in a general survey and investigation of certain social conditions. The results were

It will be seen that the deaths from pulmonary tuberculosis were approximately 100 per cent higher in Area 1 than in the rest of the city, and were 250 per cent higher in Area 2. The annual cost to citizens for hospitalization is exceptionally interesting. In Area 1, the cost per 1,000 population was \$825; in Area 2 it was \$1,608; and for the rest of the city it was \$593. The number of juvenile court cases is also worth recording. Area 2 had 100 per cent more cases than the rest of the city, and Area 1 had 50 per cent more.

Area 1 is recognized as a rooming-house district. Until a few years ago the majority of the houses were occupied as single-family dwellings; today they are sublet for light housekeeping. There is an unvented gas range in most of the rooms and the average occupancy is about 1.9 persons. Fully 90 per cent of the houses have only one water-closet, one bath and wash-basin, and at the present time these fixtures will have to accommodate twenty persons—both male and female. The wage per household head will average about \$90 per month. The average rent per room is \$11.50 plus gas-range costs.

(Condensed from an article by P. Pickering, Chief Inspector, Division of Sanitation and Housing, City Health Department, Winnipeg, in "The Canadian Journal of Public Health.")

Rehabilitation Notes

CONGRATULATIONS to the following students on completion of their courses: Kenneth Ray, Practical Mathematics; Ethel Haidy, Unit One, Typing; Ethel Olson, Unit One, Typing; Miss Agatha Janzen, Dress-making; Marjorie Burch, Unit One, Bookkeeping; Stanley Howatt, How to Estimate for the Building Trade; Norman Kier, Understanding Radio; Beecham O'Halloran, Practical Mathematics; Ina C. Caners, Unit Three, Typing; Beulah Dickinson, Unit One, Shorthand; Merlyn Dukelow, Unit One, Shorthand; Bernice Hall, Unit Three, Typing; Ethel Olson, Unit Two, Typing; Margaret Ross, Unit Two, Typing.

DURING THE PAST TWO OR THREE MONTHS there have been many indications that the labor situation has begun its return to normal conditions and there is no reason to believe that this return will not be fairly rapid. Of what significance is this to the tuberculosis patient planning on entering the labor market six months, a year, or two years from now? Simply this, he must have qualifications to offer his future employer equal at least to others in his field but preferably higher than average.

How are qualifications raised? By two means: (1) actual experience on the job, and (2) diligent study on theory associated with the job. For the sanatorium patient the first means is practically impossible, but the second means is usually within the bounds of his restricted activities. Are you using the time allotted to you on your work prescription to prepare for the day when the question of your re-establishment will arise?

Card games and activities of a diversional nature are pleasant but proficiency in them cannot be offered your prospective employer as a qualification for employment. On the other hand, the mere fact that you can make the statement that you have completed a course of study while in sanatorium is an indication to your prospective employer of ambition, diligence, and ability in comprehension, extremely important attributes of an employee. This question deserves your serious consideration—now.

Letter From Britain

Dear Friends:

This may be the last letter from Overseas—at least I hope it is. The past month has been a very pleasant one—having a five-day leave in Paris plus four days in Brussels.

Paris is a grand city—there is no other like it. Our leave hotel, the St. James, faced the beautiful Tuileries Gardens, one side flanked by the Louvre Palace and the other facing on the Place de la Concorde. As time was short, I had to squeeze a good deal into my stay. I spent an afternoon visiting the Versailles Palace—what a magnificent structure! No wonder the people beheaded Louis XV for squandering so much money. Still it is a grand place to see, although it is only now being brought into better repair. Enjoyed a bus trip with visits to the high spots, including Notre Dame Cathedral, Eiffel Tower, Napoleon's Tomb and other spots too numerous to mention. As for entertainment, the Canadian Officers' Club is very nice and is quite a collecting point for the Canadians.

Enjoyed the opera *Aida* at the beautiful Opera House. Saw a performance at the Casino de Paris very similar to the Follies. Also visited a night club, La Belle Tabourin. Another very enlightening and interesting visit was to the Pasteur Institute. Taking the visit as a whole, it was grand.

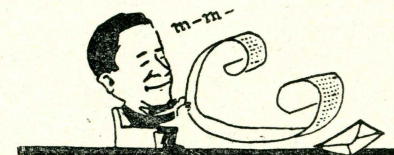
Brussels is very nice but it does not compare with Paris. During the last few days in Belgium I visited nearby Blankenberge. It is a beautiful peacetime seaside resort and is now a short leave centre. My sea crossing was on a landing craft. As it was very stormy, I

made the trip recumbent. England looks very nice and green at this time. It is nice to be back where you can understand people speak your own language again. I hope to have a leave and possibly some visits to some hospitals while awaiting the boat home.

Hope to see you soon. Best of luck.

Sincerely,
HERBERT MELTZER.

Major H. Meltzer,
No. 1 Cdn. Repatriation Centre,
Canadian Army Overseas.



JOTTINGS ON A DESK PAD

(Readers are invited to send in any news items of interest)

Born—To Mr. and Mrs. O. Vermilyea, formerly Peggy Ross, a son, on July 12th, at the Winnipeg General Hospital.

Congratulations—To Mr. and Mrs. Hugh Gibson on the adoption of a baby boy—David Hugh Gibson.

Of Interest—Dr. L. Hawirko, former doctor on the C.T.C. staff, has returned to Winnipeg from Calgary and has opened up a private practice in the Somerset Building. . . Marion Young, now Mrs. K. J. Nelson, is leaving for her new home in Singleton, N.S.W., Australia. . . Mrs. N. E. Kucey, formerly Isabel Trapp and an expat of Manitoba Sanatorium, was in for a check-up recently. She looks very fit and reports that she now has two children.

A Soldier's Letter

Dear Louisa:

I am one of the fellows who made the world safe for democracy. What a crazy thing that was. I fought and fought, but I had to go anyway. I was called in Class A. The next time I want to be in Class B—B here when they go and be here when they come back. I remember when I was registered. I went to the desk and my milkman was in charge. He said, "What's your name, young man?" I said, "You know my name." "What's your name?" he barked. So I told him, "August Childs." He said, "Are you an Alien?" "No," I replied, "I feel fine." Then he said, "When did you first see the light of day?" I said, "When I moved to Philadelphia from Pittsburgh." He asked me how old I was, so I told him twenty-three the first of September. He said, "The first of September you will be in Australia and that will be the last of August."

A veterinarian started to examine me. He asked me if I had measles, smallpox, St Vitus dance, and if I took fits. I said, "No, only when I stay in a saloon too long." Then he listened around my chest, and said, "I think you have a wart somewhere." I said, "Wart, my neck! That's a button in your ear." The doctor said that he had examined 140,000 men, and that I was the most perfect wreck that he had examined. Then he handed me a card—Class A.

Then I went to camp, and I guess they didn't think I would live long. The first fellow wrote on my card, "Flying Corpse." I went a little farther, and some guy said, "Look what the wind blew in." I said, "Wind nothing; it's the draft." On the second morning, they put these clothes on me. What an outfit! As soon as you are in it, you think you can lick anybody. They have two sizes,

too small and too large. The pants are too tight, I can't sit down. The shoes are so big I turned around three times and they didn't move. And what a raincoat they gave me. It strained the rain. I passed the Officer, and he was dressed in a fancy belt and all that stuff. He said, calling after me, "Didn't you notice what I have on?" I said, "Yes, what are you kicking about. Look what they gave me."

I landed in camp with \$75. In ten minutes I was broke. I never saw so many 3's and 12's on a pair of dice. No matter what I did, I was broke. Something went wrong even in cards. One time I got five aces, and I was afraid to bet. A good thing I didn't, the fellow next to me said, "We're playing Pinochle." Everything was crazy. If you were a livery hand, you were put in the Medical Department; if you were a watchman, you were made Officer of Day. I saw a man with a wooden leg, and asked him what he was doing in the Army. He said, "I'm going to mash potatoes." Oh, it was nice. Five below zero one morning, and they called us out for underwear inspection. You talk about scenery—red flannels, BVD's—all kinds. The union suit I had on would have fitted Tony Galento. The Lieutenant lined us all up and told me to stand up. I said, "I am up. The underwear makes you think I am sitting down." He got so mad he put me out digging ditches. A little while later he passed and said, "Don't throw that dirt up here." I said, "Where am I to throw it?" He said, "Dig another hole and put it there."

By that time I was pretty mad, so another guy named Jones and myself drank a quart of whiskey. Finally, Jones acted so funny, I ran to the doctor

and told him Jones was going blind. He asked me what we were doing, and I told him. So he asked me if Jones saw pink elephants. I said, "No, that's the trouble. They're there and he don't see them."

Three days later we sailed for Australia. Marching down the pier I had some bad luck. I had a sergeant who stuttered, and it took him so long to say "Halt" that 27 of us marched overboard. They pulled us out and the Captain came along and said, "Fall in!" I replied, "I have been in." I was on the boat 12 days—oversick all the time. Nothing going down; everything coming up. I leaned over the railing all the time. In the middle of one of my best leans, the Captain rushes up to me and asked me if the Brigadier was up yet. I said, "If I swallowed it, it's up."

Talk about your dumb people. I said to one of the fellows, "I guess we dropped the anchor." He said, "I knew they would lose it; it's been hanging out since we left New York." We had a lifeboat drill, and when the boat was being lowered over the side of the ship, it spilled some men into the water, and the Second Lieutenant gave orders to pull the men out of the water by the hair of their heads. I was struggling with the men when one fellow with a bald head yelled, "Pull me out!" I said, "Go down and come up the right way."

Well, we landed in Australia, and were immediately sent to the trenches. After three nights in the trenches all the cannons started to roar, and the shells to fall. I started shaking with patriotism. I tried to hide behind a tree, but there weren't enough trees for the officers. The Captain came around and said, "Five o'clock and we go over the top." I said, "I would like a furlough." He asked, "Haven't you any red blood in your veins?" I said, "Yes, but I don't want to see it." He said, "Where do you want to go." I said, "Anywhere, where it is warm." He told me where to go!

Five o'clock and we went over the top. Ten thousand Japs came at us. They all looked at me as though I started the war. Our Captain yelled, "Fire at Will!" But I didn't know any of their names. I guess the fellow behind me thought I was Will. He fired his gun and shot me in the excitement. On my way to the hospital, I asked the fellow where they were taking me, and he said, "You're going to the morgue." I said, "There's some mistake. I'm not dead." "Lie down," he replied, "do you want to make a fool out of the doctor?" Finally a pretty nurse came in and said (censored). That was another story.

"AUGIE."
—Sunshine News.

MEDICINE HABIT

"The desire to take medicine is perhaps the greatest feature which distinguishes men from animals."—Sir William Osler.

From the beginning of time, man has expected to be cured of his many ills by some potent medicine of some kind. In ancient times the witch doctors and medicine men would concoct some brew from as many bad tasting substances as possible. The more offensive it was, the better chance of it being able to cure. Perhaps the patient would die or get well quick to keep from taking the stuff.

In modern times, many of us remember some of the remedies our grandparents used. Each family had their own favorite remedies, some beneficial and some that modern medical science has proven harmful.

Just as an example, think of the many remedies used for colds, lots of them practically guaranteed to break up a cold in twenty-four hours, but the doctors tell us that about the only thing we can do for a cold is to go to bed and stay there until the body rallies enough

(Continued on page 16)

True Bed Rest Can Prevent Surgery

PRACTICALLY all tuberculosis patients could shorten their stays in the sanatorium and many patients could avoid taking various forms of collapse therapy by learning to relax completely and rest in bed.

This is the opinion of Dr. Max Pinner, chief of the Division of Pulmonary Diseases, Montefiore Hospital Country Sanatorium, Bedford Hills, N.Y., who recently emphasized the importance of bed-rest in an article in the *Montefiore Tempo*.

"There is no doubt that getting well is always much hastened by complete relaxation in bed," said Dr. Pinner. "In many cases such complete relaxation means the difference between getting well and dying, and for other patients it is the difference between curing by bed-rest alone or undergoing a major operation. We have seen repeatedly that, once patients have really learned to take complete bed-rest, either because they finally became conscious of the necessity or because they got scared facing major surgery or unfavorable developments in their disease, the real bed-rest cure has turned the course of the disease in an unexpectedly favorable way."

"Bed rest is not just lying in bed. The accent should be on rest more than on bed. Too many patients believe that if they just stay in bed, no matter how, they are taking bed-rest. One needs only to walk through the wards of almost any hospital or sanatorium to see that many patients actually perform as much work, and are under equal physical stress, as if they were not in bed at all. They lie or half sit in cramped positions, balancing heavy books or scribbling in strenuous and distorted postures. Others keep mind and body continuously on the go by talking, laughing, arguing. Their vocal expenditure during the day equals that of a

grand-opera performance. Still others spend a great deal of time in strenuous mental work. All this is not bed-rest. The accent must be on rest."

"The patient must learn not only to be in bed, but to rest and relax and have many hours of completely passive existence. We have every reason to know that the difference between bed-rest, in the real sense of the word, and the perfunctory staying in bed with all the exercises, mental and physical, that may help to pass the day, is just as great and significant in the cure of tuberculosis as is the difference between loitering around and strenuous physical work."

"Unfortunately, there is no way known as yet to get around real bed-rest in the treatment of pulmonary tuberculosis. It is the mainstay and basis of all treatment, and any form of special treatment, such as thoracoplasty or pneumothorax, is only an addition to and an intensification of bed-rest, but never under any circumstances is it a substitute for it." —*The Chaser*.

MEDICINE HABIT

(Continued from page 15)

strength and resistance to overcome it. The body is continually building up its powers to overcome disease and if given a fair chance, will usually overcome our ailments without taking a lot of medicine which, many times, does more harm than good.

Many people think that the doctor's call is useless unless he leaves a lot of foul tasting stuff for them to take "three times a day and at bedtime." Of course medicine has its definite uses, but it is easy to get into the mental condition of thinking you are doing no good unless you are taking something for what ails you. It can become a habit until you feel you can't get along without it.—*The Conqueror*.

Baths

"**W**ELL," she said, "thank goodness there is some hair on your chest." Recovering from my surprise I asked the nurse what difference that made. "Difference," quoth she, "you've no idea how it helps with the lather; especially seeing the sort of soap we have to use."

That was the introduction to my first bed bath, since which unhappy time I have suffered many, but enjoyed few. It depends entirely upon who wields the washcloth.

Looking back and also around at the present time, I am able to say that for bathing purposes, nurses may be grouped into six classes, i.e., dry cleaners, wet washers, first class, skip jumpers, no-soapers and groppers. No. 1 and 2 are self explanatory. No. 3 is a rara avis; not quite extinct, if you know what I mean; but seemingly so.

Number 4, the 'skip jumpers', refers to the immoderately modest or else bone weary lasses who recognize no territory further south than the diaphragm, or nearer north than the knee, thereby establishing a 'no man's land', as it were, between two Mason and Dixon lines. Truly are they an abomination; making much work for the outraged patient.

The No Soaper is apparently an economist at heart, and should make some miserly man a very satisfactory wife.

The Groper would be readily recognized, were I able to do a bit of pantomime to help explain a type made fairly plain by the title. Fortunately few and far between.

To the novice, who does not feel thoroughly at home when having his blushing hide exposed to the chill morning air, these few remarks: 1, You

will, eventually; 2, Endeavor to cultivate a manner bordering on the 'savoir faire': the sort of air with which you imagine somebody else saunter around a nudist colony; recapturing if you can, the atmosphere of the Roman baths: 3, Engage the nurse in a thrilling account of your most hair-raising exploit, but do not let her become too readily lost in admiration of your loquacity or untruthfulness, or she will forget the soap. The case is quoted where the nurse bathing one man, became so enthralled by the yarn being told her sidekick by the patient in the next bed, that she told him to turn over, after only washing his arms. Spellbinder is the word, folks. 4. Even though your teeth are chattering, and your epidermis deucedly damp, be sure to say "Thank you" and intimate that really was a bath. This will ensure your being known to the staff as a nice disposition. Invaluable at times. 5. Stay with it, and look forward to the time when you will be allowed to take your own bath, and can consider any nurse an expendable on Mondays and Thursdays.—R.B.

—The Cheer-U-Upper.

"Hire Successful Cure-takers" Say Insurance Companies

"Persons with arrested tuberculosis may be employed in practically any occupation, provided they are under periodical medical supervision." This is the endorsement given by the American Mutual Alliance to the employment of former tuberculosis patients, in a pamphlet entitled "A Plan To Help You Employ Disabled Veterans and Other Handicapped Persons Productively and Safely." The only exceptions given are "occupations in which silica or asbestos dusts are prevalent."

Why the Tuberculosis Nurse

IN THE treatment of such a common and frequent disease as tuberculosis one of the factors that has helped in the control of this menace has been the development of the tuberculosis trained nurse.

During the past forty year medicine has become highly specialized and physicians have limited their practices to the various specialties such as surgery, pediatrics, internal medicine and diseases of the chest. It seems logical to expect that one of its closest related branches, that of nursing, should follow the same trend, and this has occurred, for we have now the public health nurse, the child welfare nurse, the obstetrical nurse, and since 1904, some nurses have been limiting their training to tuberculosis work.

The first prerequisites to becoming a tuberculosis nurse is that the individual has been a tuberculosis patient herself. Having had the disease she has no fear of being closely associated with persons suffering with tuberculosis. In addition to her observation of many other patients, she has had the opportunity of experiencing in her own person the pulmonary symptoms, the gastro-intestinal symptoms and the mental reactions of a patient with tuberculosis. She has conquered the disease and is acquainted with her own reactions to the many symptoms that arise, and is able to sympathize with the patient, and differentiate between a petty symptom and one with a fatal outlook.

Since she is familiar with the many symptoms and complaints that are minor, she is in a position to explain to the patient the significance of these, and the folly of calling the physician at every hour of the day, when the new minor symptom appears. The usual symptoms, such as cough, expectoration,

vague pains in the chest, nausea, loss of appetite, difficulty in eating, restlessness, and constipation are all under her care to be relieved and aided. These symptoms are so common that she has seen how the physician in charge treated them before, and she should have the judgment and knowledge to know how to institute proper treatment again. It is only when the unexpected happens that she seeks aid from the physician.

The most valuable aid in the patient's effort to effect a cure from tuberculosis is training either in a sanatorium or by tuberculosis trained nurses. It is the consensus of the leading tuberculosis specialists of today that a patient, regardless of the stage of his disease, should be given the benefit of sanatorium training or by tuberculosis trained nurses. Patients will learn more about the general treatment and preventing the spread of the disease in a sanatorium from tuberculosis trained workers than they ever could learn from any source. The tuberculosis trained nurse teaches the patient how to relax, how really to rest in the true sense of the word and to observe strict quiet rest hours with no interference whatsoever. She teaches the patient to avoid any strenuous exercise, to conserve body energy, and to control the cough, a form of exercise which is very harmful and dangerous. Hygienic measures are also stressed. The question of covering the mouth with tissues when coughing, expectorating in disposable sputum cups, and the use of separate drinking glasses, towels and toilet articles is so stressed and impressed on the patient's mind that their use becomes quite natural so as to prevent any further spread of the disease.

The demand for the tuberculosis trained nurse is ever increasing, and the future services of these nurses is unlimited.—*The Pulse*.

Tuberculosis Patient Needs Much Rest

Many years ago parental authority compelled me to attend religious services every Sunday. Here, in a church over two hundred years old, with three-foot stone walls, straight-backed cushionless pews, and doors to prevent our escape, we listened to a rawboned Highlander tell us of the hell and damnation which would overtake us if we did not follow the moral law. Necessarily his sermons were repetitions, and I can recall his dear patient wife one time asking him why he so constantly reiterated his teachings. He answered, "Weel, ma lassie, it's stane upon stane and por-eecept 'pon por-eecept that finally makes an impression." Perhaps that's why it is said a Scotchman keeps the Sabbath and everything else he can lay his hands on.

And again I recall a brilliant professor of Anatomy and Surgery who certainly put the fear of the faculty into the poor ignorant medical student. He was ambidextrous and his blackboard drawings, using both hands simultaneously, really were works of art. (He was at the time president of the Art Academy.) In answer to a poor dumb student who complained that he couldn't learn anatomy in one year he said, "Of course you can't—you have to learn it three times and forget it three times before you begin to know it—but one can't throw mud at a wall every day without some of it sticking; hence my lecture." (Many of his students have become outstanding in their profession.)

And so, following my early training, I want to repeat what has been said many times. "The cure of tuberculosis lies largely with the patient himself." We can preach like the old Presbyterian

minister (he lived to be a hundred and one) or throw mud at a wall like the professor of anatomy, but it is up to each of you as individuals whether our advice makes an impression.

There is nothing new in the treatment of tuberculosis. Rest has been for centuries, and is now, the chief factor in the arrest of this disease. Rest may mean absolute bed rest—or it may be brought about through surgery, phrenic nerve paralysis, pneumothorax, or thoracoplasty. But, whatever means are employed, the doctor can only advise, it is for the patient to choose—"por-eecept upon por-eecept." Therefore, when against the doctor's orders and behind his back you take liberties which he forbids, you may be the one to suffer, not the doctor. In the majority of cases if found early, and sometimes if found late, tuberculosis is curable or may be arrested, but it must be done in the way the auld minister pounded religion into unregenerate sinners, or by symbolically throwing mud at a wall as did the professor in his anatomy lecture.

—W. D. BEADIE, M.D. (*Health*).

Tuberculosis is unnecessary. It can be wiped out in this country. One way to speed its eradication is to buy and use Christmas seals.

GOING HOME?

The Messenger will be glad to visit you there every month.

Subscribe \$1.00—12 issues

Use the convenient subscription form on page two.

Manitoba Sanatorium

NUMBER THREE NEWS

George Lampard, Keith McMillan and Calvin (Killer) MacAuley came down to our house to join the gang of super-cure-chasers, but we lost Mr. Christie and Jake Neufeld, who went back to the quiet house, Number One, to get better faster. Also we said farewell to Eddie Dubinsky, Joe Stewart and Bob Moore.

Anyone who tries to keep track of the incomings and outgoings in this pavilion would go nuts, and as we do not want to push our luck too far, don't be surprised if we miss out a few names. Stewart Fitzpatrick, Art Mallard and Ken Hatherley all report wonderful holidays. How are the cows and tractors, Art?

EAST TWO NOTES

We welcome George Bignell to our flat this month, and hope his stay in the sanatorium will be short and enjoyable.

Ken Wilde came over from Number One to have his adhesions cut.

Our old pal, Mike Olynik, is back in the Infirmary. This time he seems to be having trouble with his incinerator.

Dr. Anderson is gathering up the sick plants around the Infirmary and is bringing them back to their youthful beauty. I only wish he could help some of us with a little extra foliage.

Dug Rankin sold his radio, but being a thoroughly honest man he took it back again.

Miss Duncan has gone on her holidays. We hope she will have a very enjoyable time.

Frank Hickson is back from the West Infirmary, and says that he is right in there now. Gordon Anderson is also back after having a round of thoraco stages. Mr. Gildoni is also on the flat after having some surgery.

Oliver Whiteway says he wishes he could find somebody around here who can play bridge.

We are very glad to see Dr. McRae back again.

We said goodbye to Mary Giesbrecht, and hope she has an enjoyable summer.

KING EDWARD KORN

At time of writing, our worthy reporter is enjoying a well-earned vacation in that delightful city of Whistle Stop Station, better known at Miniota. Do you think the town will ever be the same again, Anne? Now without further preliminaries let us turn our gaze to the illustrious gentlemen who occupy the upper storey, and who, with the help of the odd visitor, seem to while away the days and nights quite cheerfully. Ed. Menzies decided to change his place of abode, and now resides in the Gordon Cottage. "Will ye no' come back again," Ed? We miss you. Almost anything may be expected at the time of an eclipse, but we certainly were surprised when Warren Bickell appeared with half moons under his eyes. Not a very nice companion this "Poison Ivy," is she, Warren? Chuck Martynuk looks rather serious these days, but we take it that he is feeling the importance of his position, since he has taken over the store, in the absence of the proprietor.

Dick Hanna is back again after spending two weeks at his home.

Carl Noonan of Brandon and Sam Donoughue of Flin Flon were here for a check up. Both were smiling when they left, so we are sure their reports were good.

Mrs. Lewis of Arden and Louise Murcheson of Harding also spent a couple of days with us, and both have

returned to their homes to continue the good work. Alice Plummer was a welcome visitor, as was also the angel food cake she brought with her. Thanks a lot, Alice! Strange to say, Morley Davidson called that same day. Come again, folks!

Kay Gillis and Margaret Ross have become part of us, and we trust they will be happy in their new home.

Ruth Harvey made a hurried trip home when she heard that the Paratroopers had landed on Canadian soil. Her little brother is one of them, you know.

Linda Hamnet has joined the noble army of working K.-Ers, and enjoys playing around with pneumo bottles.

We said "Goodbye" to Rose (Watkins) Hanson on July 2nd, and she is now with her husband at the Coast. Best wishes to Rose and to all those who have at any time stayed in K.E.C.

The Obs. Observer

This month has seen several changes in the Obs. We waved farewell to Edna Small and Mary Laurenson, who have returned home.

Sheila Simmonds and Alda Saedal have moved to Number Two. Our working girls—Kay Gillis and Margaret Ross—have taken up residence in the King Edward.

Filling these empty beds we have Mrs. Johnson, Betty Rink, and Sylvia Larsen from West Three; Elevelyn Neufeld from West Two; Mrs. Crowe from West One, and Mrs. Wolfe from Winnipeg.

Grace Rodgers has returned from a week's holiday, and reports a wonderful time. Freda Peterson and Mrs. Stewart are away on a holiday also.

Sewing seems to be the chief occupation around here these days, judging from the scraps of material, pieces of thread, and pins that are scattered about. Except for the odd mishap—

such as putting sleeves in upside down—our seamstresses are becoming quite skilled.

Mrs. Bailey looked quite amazed one day when she understood Miss Goldsmith to say there were a lot of beer bottles on the balconies upstairs. However, it was just flies—bluebottles—of which Miss Goldsmith was speaking.

West One

This is West One and we hope the shock of hearing from us doesn't put any of you off your diet.

Transfers to our flat are Mrs. Hannah from West Three, Moyra Armstrong from West Two, Mrs. Fleury from Number Two, and Verna Maxwell from the K.E. Newcomers getting their beds warmed are Helen Speirs, Helen Inglis, Mrs. Hayden, and Rose Nykoruk.

Just about everyone here had visitors this past month. It was great! Those of importance were Trudy Hathaway's

After the War...WHAT?

Young men and women with long vision are thinking seriously about the post-war years.

Today, due to the scarcity of help, positions are easy to get without much training. But after the war employers are going to demand higher standards of training and efficiency. The incompetent, half trained employee will be weeded out.

Secure YOUR future in the post-war years by a thorough course of training at the "MANITOBA." Full information about our Home Study Courses upon request.

The
Manitoba Commercial College
 334 Portage Avenue - Winnipeg
 THE BUSINESS COLLEGE OF
 TOMORROW — TODAY!

brother and Moyra Armstrong's brother, both returned from overseas. You never saw two happier girls. Phyllis Laird had her mother out, and her pulse increased so that the attendant was counting 10-20—instead of 1-2-3.

Our one Rita Latimer had a very special visitor from The Pas last week!

Mary Kennedy had her adhesions cut recently. She says it's old news, but the scar is still there! Helen Inglis underwent a "phrenic" and came through with flying colors of an iodine shade.

Jean Fredrickson, Phyllis Laird, and Laura Delamater are achieving great ends from an educational standpoint. Their vocabulary now entails such words as *escritoire*, *eugenics*, *phantasmagoria*, and all points south.

Frances Forester had a birthday, and Mitzi Newmark, Kay Baker, Florence Hayden and Lily Hicks helped enthusiastically to dispose of her cake. They couldn't procure enough candles to do justice to the occasion.

Mary Haney and Rita McIvor, our ardent jig-saw fans, are receiving able assistance from the East since Mrs. Fleury joined them.

Mrs. Crowe and Eileen Mathews left us for the Observation. Good luck to both of you!

That just about sums up the current events for this month. See you again in the September issue.

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Dispensing Chemists
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East Three Flashes

After an absence of a few months this is your old reporter back on the job again, and a vote of thanks to the ones who carried on and made such a good job.

There have been a few new members to our gang, including Bill Derhay, who has taken up a lease on Room 1 for a while. Hope you are soon back on your old beat, Bill. Mr. Cook and Mr. Arthurson arrived from the C.T.C., and P. Boyer from East Two. We wish you all a quick return to your former health, and a short stay.

Mr. A. Kehler got a good report and left for his home at Lowe Farm. Vic Pauls and G. Barber moved out to the Gordon and seem to be doing all right for themselves.

Some of the boys have had to live out on the balcony while they have been plastered and painted (the rooms, not the boys), and Friedman seems to be doing well on that and the three sardines that is his daily diet.

Fergie seems to be having quite a time, what with losing his plum and letting air out of my air cushion and inserting crackers in place of the cushion!

There have been so many people who have had visitors that I could not name them all, and many lovely flowers have been seen on the flat, which help to cheer us all up and to know that we are not forgotten. Thanks.

If you hear little squeaks in the wee hours of the night from our flat it is not mice, only our night nurse, and it is not her shoes either.

Bob Gilarski says that Kahler is the only person he knows who takes a bath with his socks on.

Miss Duncan is away on holidays and Miss Fallow has taken over her duties.

GORDON COTTAGE CALLING

"YOOHOO, GIRLS!"

The Gordon Cottage is full again With tall, short, fat, and handsome men. Now please bear with us, just for a minute, 'Cause here's the dope on who is in it.

TONY BEAUFOY is the tallest man here, He is eating his way to the stratosphere.

While ROSS HRYHORCHUK is the smallest of us, Don't under-estimate his quality plus.

Our next tallest member is young HERBERT WYMAN, Very good looking, but also a shy man.

Now, about ROBERT BROWN, we must use some tact, He's so round—so smooth—so fully packed!

In EDWARD D. MENZIES, we're sure you'll agree, We've the top "jive-bug" of this locality. "Handsome" is the only word for our

CLAUDE M. BALL, Though somewhat bulgy and not so very tall— He's debonair—our "man about town," When he throws out his chest, his pants fall down.

Then there's HAMILTON CHIPMAN, of "Witch's Curse" fame, A dignified gent, and bridge is his game.

Another such addict, our CHARLES TISDALE is, With one eye on his stomach, the other on "biz."

J. GARFIELD BARBER is our problem child, He's usually good, but sometimes goes wild.

Lastly, there's "Swiftly," who is VIC PAULS to you, He likes his coffee—favorite color is blue.

This then, is all—an amiable lot— You take your choice—and what have you got?

Number One News

Here goes with some news and views from the "haven of rest." We have had many comings and goings during the month. On the "going" side we lost Keith McMillan, Calvin (Killer) McAuley, and George (Oh, for the dentist) Lampard. Pete Klassen found his suitcase one afternoon and left for his home at Winkler. To fill these vacancies, we welcomed Joe Carriere, Lloyd Edwardson, and Anton Wisnewski from East Two; and John Dankesreiter returned to our midst.

Jim (Curly) Bartlett and Jake Pruden have teamed up and are anxious to take on any learners at bridge (no bids over three). Jim must have some Royal blood in him, he is always so anxious to play the Queen. Jake helps him out by throwing away clubs in all directions—really is some fun.

Of course the main item of interest was the eclipse, but what a time to have one. The world looks so different at 6.30 a.m. Everything is so dark and hazy or could it be that our eyes were not fully open? One bright remark overheard coming from one of our Quiz kids was, "Gee, what a swell collapse the sun has!"

RELIGIOUS SERVICES

at Manitoba Sanatorium every
Sunday

6.45 and 7.30 p.m.

Conducted by Rev. A. W. Kenner
of Ninette United Church.

West Three News

The eclipse eclipsed or whatever it was supposed to do and several of our more scientific—or badgered—group went up to the sun balcony to watch the sight. Personally, your reporter thinks it was an over-rated business, but the unholy time of day might account for that jaundiced point of view as Isobel Nabis, Marj. Birch, Mrs. Aitkens and others seemed to be suitably impressed.

Summer has arrived at the San. and most of the Big Ward has blossomed out in shorts and the latest midriff style; it looks deliciously cool and comfortable.

Amelia Julius has a new version of the old black-eye story. She got hers, she says, on the corner of her bed. As we haven't yet found her opponent we have been forced to conclude her story was true, but wouldn't it have been fun—for us—if it hadn't been?

With the aid of some of her friends(?), Anne Harder has found a different use

for white shoe polish. She says though that it really isn't much good as a facial.

In the stories we have read it was usually the man who was misunderstood, but Kay Hiebert seems to have the same trouble. In a plaintive voice she was heard to say, "I want to be understood,"—the poor kid! Wonder if she was telling one of those controversial bed-time stories which were a nightly feature on the balcony?

Mrs. Nicholson had a grand and glorious birthday with visitors. Among them were her sister and family from Toronto, with presents galore. Many happy returns of the day, Nich.

Moves were fast and frequent for a little while around here. We lost Betty Rink, Sylvia Larson and Mrs. Johnson to the Obs., and Mrs. Hannah to West One. In exchange Mrs. Davis and Frances Vaski returned home from West Two and Mrs. Dubois, Lucille Jarm and Nettie Penziwol came out from the Clinic. May the gods smile on all of you.

St. Boniface Sanatorium

Ici St. Jean

An appropriate beginning for this month's column would be, "Give me a book that's entertainin' while I'm lying in the hay, to wile away the hours on a simmery-summery day." And having quoted from the song, we continue to simmer, with no relief in sight as yet.

Simmering with us is our staff of nurses, headed by Miss Bailey (who at last report was unanimously voted Miss Saskatchewan of 1945), with Miss Canvin and Miss Denea. Miss Grant is away on holidays, as is our night nurse, Miss Knellman. Replacing her on nights we have Miss Boulton. And we mustn't forget our hard-working orderly, Tommy, who keeps the boys supplied with Cokes.

We have two new arrivals to welcome this month, namely, Mr. Russell, who took up quarters in 109, and Mr. Stewart, who calls 112 his home, and what a home it is! The latter is a real dyed-in-the-wool wolf, besides being able to talk in his sleep. However, we have only heard him say "Bubbles," "Bubbles." Maybe he is allergic to them, who knows?

Out on the balcony we have another Mr. Stewart, who has many of the characteristics of the aforementioned gent. One day he got himself a new pair of striped pyjamas and everyone was anxious to take a good look at them, having been informed how sharp they looked. And when one unsuspecting female walked in, he was caught with his pan-

zers down and had to beat a hasty retreat!

Mr. O'Halloran has a new roommate in the person of Rene Lelievre, who has just recovered from an operation, and is doing nicely now. Right now, they are both busy trying to outdo one another in fish stories, with a dash of politics mixed in.

Dr. Povah is on Routine 5 now and it is good to see him up and around. We have another Doctor on the flat now, in the person of Thomas Mackie, Esq., etc., etc. We had never heard of his secret formula before, but he finally broke down and told us all about it. He calls it "Dr. Mackie's soothing, sliding syrup." Good for anything from Army Worms to late fall blight. He has assigned two up-and-coming business men to run the publicity for him, and posters are to be posted very soon, so watch your daily papers for further notices.

Seen on outdoor exercise these days are Mr. Cornes, Mr. Kelbert, and Mr. Turner. If you would like to know what the well-dressed man is wearing this summer, keep your eye on these gentlemen. Take, for instance, Mr. Turner's smart straw hat, in the new summer shade of nauseating-green. You have to see it for yourself to really appreciate it. (It's blue, you rat.)

Chas. Morrison can be currently seen sporting a smart blue lounging robe. His goldfish is doing nicely, despite the hot weather. Mr. Rollick spent a day in the big city recently, and arrived back none the worse for it. Mr. McDonald has got the heat beat, having acquired an electric fan which is just as good as air-conditioning. Mr. Marty and Mr. Galbraith hold down the remaining two beds in the balcony, and both are doing fine. Mr. Galbraith joined the very exclusive Pneumo Club, and having been duly initiated, is now a charter member.

Fr. Adams had an increase in routine, receiving R. 13 and is on outdoor exercise now. All is quiet in 104 these days;

could be the heat, for hardly a peep has been heard from Messrs. Barard and Przybylski. Andy Anderson and his side-kick, Orval Riggs, are looking literally in the pink these days. Anderson says he wants someone to teach him how to play cribbage. (I hope Alex Vermette sees this).

Mr. McFarlane and Mr. Einarson in 110, are catching up on their reading. The Book Club had better get the books rolling off the presses a trifle faster than they are doing it now, if they want to keep up with these lads.

Stewart Gold, having got the "green light," has left us to take up his abode in the Great Outside. With him go all our good wishes, and may he keep up the good work. No sooner had he left than Mr. Russell arrived to take up the empty space. With Jack Smith and Bill Harpe completing the picture. The latter and Mr. Russell seem to have a great liking for H₂O, especially during the hot weather—and they don't like it in their mouths, but prefer to have it over their whole anatomies.

Bob Couture, having mastered the many mysteries of rolling "stogies," has taken to chasing the cure with a vengeance. He has had a pass to the Great Outside, and is now patiently waiting the time when he can take a pass without the necessity of coming back. Mr. Milne had a bit of bad luck with his pneumolysis, but is looking better now. Mr. Pfeifer completes the picture in 111.

George Dunsford has reached routine 10 now, and one day he took a pass for up town. The poor lad was so tuckered, that while he was waiting patiently for a street-car, an old comrade spied him and took pity on him and brought him home. (Thought you could make cracks about my hat and get away with it, did you, eh?). Bill Showalter in 112 is the last person to be noted in our diary this month. He is keeping up with the times through the medium of the latest periodicals.

And so we bring our entry for July, 1945, to a close, with good wishes from us cure-chasers to all of our fellow cure-chasers. Cheerio.

(Late Entry):

Bill Wingfield got himself into a crib tournament, and has reached the finals. Chuck Nichols is taking all bets on the final round, and is especially interested in seeing Bill take the prize money.

St. Joseph

Hello, Folks! Here we are again for a little gab. How is everybody enjoying these beautiful and very warm summer days?

Congratulations to the ones that were lucky enough to receive routine. Routine 5, to Ashbury and yours truly; Dr. Kujawa, R. 6; also Sue Carriere who got out of a beautiful uniform.

The nurses are so much like the weather that I can't keep track of them, but here they are for the month. Miss Jenkins as head nurse seems to stick with us, so maybe we are not so bad. On days, Miss Zaleski, Mrs. MacGregor, Miss Spencer, Miss Gray, and on nights are Misses Chester and Huska.

Miss Zaleski claims she is going to her sister's wedding, but we sometimes wonder.

We welcome as newcomers, Mrs. Nazerowich and Paul Hykaway.

Did you hear about the big flood up here on St. Joe's? No casualties reported, but the nurses had to wear their rubbers while serving breakfast.

Mr. Jensen was discharged. Fred Devlin for two weeks. Peter Yakuschavich received a uniform, meaning a cast, of course.

So, cheerio till next month.

LALLEMAND'S
Yeast

Youville Yodelings

"Oh what a beautiful morning, Oh what a beautiful day,

I've got a beautiful feeling, warm weather is coming our way."

It's really the second day of warm weather, and a little late to make comments about it, so I'd better get busy and see if I can dig up any news for print, or the public will be forgetting about us.

Ann Doerksin has left us for a two months' leave. Good luck, Ann, hope you enjoy the good weather.

We would like to know what Joey Dukelow has that we haven't more of. She not only gets a visit from the doctor every time he is on the flat, but managed to get a week's leave to go to the Beach. Never mind, Joey, we're just jealous, and hope you have a grand time.

Something must have happened to "Brooksie," she looks very sad and forlorn these days. Let us in on the secret. Could it be that a week-end leave would do the trick?

Our Corinne had a few days in bed, but you can't keep a good man down.

We wonder who Coffey is expecting from overseas? She's had some pretty snappy outfits made lately—whew!—whew!

We hear Margaret Busch is progressing favorably, and should soon be back at her hobby (photography).

Mrs. Ledger is looking very well these days. Keep up the good work!

Vickie Zdan is going in to the crotcheting business these days, and what do you know, she actually finished her pineapple doily. Over a month of struggling . . . who said so.

We all were very pleased to see Mrs. Dupas leave for home, but little did we realize how much we would miss her. Especially that certain "Cree" greeting, "ugh" and "ow."

Mary Friesen certainly is over-anxious about her discharge that is coming up. When she does get out, we hope that

she will not rush that fellow off his feet.

We hope "Fido" is still in good health, and hope he has gained his weight back now that his master is back from out-of-town.

We were pleased to see Miss Coffey's brother (so was she), who came home on a "fifty-eight day" holiday from the East, before taking up further duties on the Pacific. Best of luck, Jimmy.

Mrs. Ross also had the pleasant news of her "Sailor Boy's" home-coming. Nice going there.

Once again this year we welcome Mrs. J. Butcher, who has joined the nursing staff for a month. She will be leaving us shortly to resume teaching once again. Good luck, "Butch," it was nice having you.

"Bell Bottom Trousers" seems to be Youville's favorite song these days. Lay off, girls, we saw him first.

Every once in a while we are entertained by some "Cabellero" from St. Luc's, with his guitar and melodious voice. He'd better be careful or he'll have Andy Desjarlis or the "Sunny Boys" asking him to sign a contract.

Routine increases went to the following: Mrs. Carriere, Miss Zdan, Miss Senik and Miss Dukelow, R. 10; and last but not least, Miss Doerskin on outdoor exercise.

We welcome to our midst Mrs. Pain-senault, Mrs. Zomner, Mrs. Chemuk,

Mrs. Hill, and Miss Menzies. Hope your stay is a pleasant and short one.

Ever since our Ann got outdoor exercise, we have noticed the new hair-do. Could it be—who knows?

Our new nurses this month are—Miss Hiron and Miss Norman, with Miss Schenteg on nights, and Miss Kehler leaving us for another flat.

WANTED—A muzzle—new preferred—second-hand considered. Apply 257-4.

Until you hear from us again, toodly-oo, and be good.

Ste. Therese

Hunting for news at times may seem a chore, but it quite definitely isn't a bore. That remark was inevitable after timidly venturing out on the balcony one warm morning in search of some gossip, we were greeted by legs, legs, 'n more legs—why go to Hollywood for cheesecake? Oh, pardon us, ladies, for the untimely call. We'll be around later.

July was a very good month for some of our friends. Kay, Mrs. Johnstone and Mrs. Reimer vacated a spot here when they hurriedly left for home. We do wish each of them the very best.

Sometimes the nicest things do happen. One of the happiest events was when our one and only Mrs. Romund went home on leave to celebrate her son's birthday. At least that's what she told us. She says it was good to see the bright lights again after twenty-one months. It was also the shortest day we've had during that time—or didn't you know?

Oh, boy! Here's news being put right into my hand—never mind the silver platter, this is wonderful. Mrs. Dubus' temperature rocketed sky-high last Saturday. We found out why, when that handsome sailor strode in on Sunday. She says it's those fancy sweater patterns that does it. An entertaining and lively visit from her young son should be on the records too, we think.

Jerrett

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Mrs. Ellis is well on the way to recovery after having her adhesions cut. We don't know whether it's the meals or the nourishment she takes out of the "Frig" every day that's making her gain. (P.S.—And it isn't a "coke" either.)

There's no potato shortage on the balcony. Not while Mrs. Holms' friends come visiting. Boy, was that potato salad delicious!

For the lovely plants on the balcony, credit goes to Mrs. Louridson. She has that professional touch when it comes to making them grow.

Mrs. Lemaire had a big smile, for the family paid her a visit. Every time her hubby came, up to the parlor she went. She is still waiting for a certain party to go home, so that she can have a larger bed.

Now I'm on my own again, and I'd like to add to the above, an appeal to all. There's a big girl in a little bed, who would very much like a big bed. Perhaps this should be under the "Wanted" column, that is if we had one, for your attention would be much appreciated if you happened to have an old long bed around that you weren't using just now.

We viewed the "Eclipse" with due excitement. "Oh, it's there, pull down the curtains, pull 'em down," one of our quiet patients excitedly cried. However, we found that wasn't necessary, really. Dark negatives added to the interest of the view, though a few had to be censured after repeated questions as to the identity of the handsome "man in the moon."

Nellie is walking around with a big question mark hanging over her head these days. Oh, it doesn't stick out or anything, Nellie. She is standing up under the suspense very well, and whatever way it is "to be," we wish her luck.

Routine 4 seems to have been the favored number this time, bringing congratulations to Mrs. Sutherland, Mrs. Barter, and Miss Walker. Helen has R. 5, while Norah has R. 8. Mrs. Blake once again went up for a pneumolysis, and has been taking life easy for a little

while since, but we hope she'll soon be on routine again.

Mrs. Harcus is back home again, after her second trip to the "O.R." for a thoraco. Asthma was waiting for her again, and she's had a little trouble shaking the unwelcome visitor. However, "Asthma" is getting weaker, and Alice is getting stronger, and we're betting on Alice.

Miss Kirby has been our casualty on the nursing staff this month. Tonsillitis seems to have caught up with her, but we hope she'll soon shake off the undesirable company, and come back to us—but soon.

Miss Anderson is on vacation at the Lake of the Woods—this calls for a Society column really. She's probably riding high in a little cork boat—now we know why she's been collecting bottle caps by the thousands, and all the time she told us she wanted to make a purse.

Miss Lasko, Mrs. Grant, and Mrs. McCallum have been on the job these warm, warm days, with Mme. Perron bidding us *bon soir* these warm, warm nights.

So, until we meet again, goodbye for now.

Annex

Hello, everyone! First of all our new patients are: Mrs. Thomas, Geo. Knight, Mr. F. Boucher, Miss K. Boubar, Mrs. Houle and baby Tutu. Best wishes to wishes to you all for good health in the near future.

Beatrice Schmidt started pneumothorax, Walter Park had his second and third stage thoraco, and Mary Danielson had her tonsils out. Good luck now.

Let me see, I think Mr. O. Guiboche had two more leaves; also Lorna Boyer. Reg. Sanderson left us for Ninette San.

Discharged: Mary Danielson, Peter Soyese, Mr. F. Boucher, Solange Lucier, Antoine Charlotte, Jerry Sinclair, and Art. Sinclair. Best wishes, and plenty of luck.

Betty McGinnis is in bed these days.

We hope it's not for very long, cutie.

Routine: Mac Gaudry, R. 5; Florence Belfour, R. 5; Mr. W. Chartier, R. 4; Albert Richards, R. 10; and Gilbert Clark, R. 10. Congratulations!

Our big lady, M.B., is working two hours a day. "Wow!" Good for you M.

I was wondering: Why Miss Schnieder doesn't believe in "Santa Claus" any more? And what's the song we heard in 101 some time ago? Maybe Charlie would know. I'm getting too curious, so I'll end this column.

Good luck, and good cure-chasing 'til next week.

ST. BONIFACE CLINIC

O.P.D. CHATTER

The absence of this column in *The Messenger* had more than just one of us wondering. You can cease your wondering, just long enough to start wondering again—how I came to be selected. Well, here's the how of it:

Charles, alias "Wolf" Riggall, who seems to have disappeared from our midst, dropped this job, and not by coincidence it fell in my lap. So! if the old wolf should happen to read this, I'd like to say that our best wishes go with him wherever his endeavors or wolfing take him.

Dear reader, you have read the foreword, why not take a chance and come along the rest of the way?

"Business before pleasure" is not popular but is, in this case, essential. I have been requested to bring to your attention, through the medium of this column, that when patients are notified to report to the Clinic for a check-up, they are to remember that their anatomy is made up of more than two lungs and a couple of pleurae, and that our doctor cannot be expected to give us a true physical report on an x-ray and blood test alone. For our own good, and everyone concerned, the time to arrive is 9.30 a.m. This request is official, gang. Let's co-operate.

To those who don't know and are in-

terested in those given the responsibility of keeping us well and happy, here's a wee look on the inside:

The man burdened with the well-being of us all, Dr. Johnson, has been back at the helm after a month's absence on business. Welcome back, doctor!—you are as essential to our morale as the life-saving apparatus is to the man in a submarine.

For just a glance at his staff of "Angels in White" I'd like to start with Sr. Draftenza, who though back doing her very efficient job of directing general affairs, spent a well-deserved two weeks' vacation. Still on the job of taking care of our well-being is Mrs. Farrow at the desk. Mrs. McKay is still pondering why the girls can remember their chart numbers so much better than the boys. Flashing that smile doesn't help the boys to think any better, Mrs. McKay. Just a short distance away in her office sits Miss DePap. That's what I said, gentlemen, Miss!—back from her holidays looking more beautiful than ever. Mrs. Adam, when asked if married, said "Yes," with that definite ring in her voice of objective gained. As for Miss Benoit—Woo! Woo! Miss Thompson, still in charge of the "filling station," greets you on entering with that so engaging smile that has the look the spider gave the fly when asking him to come in. Mrs. Gendall, though not known too well by yours truly, is Ah! Well! Down in the lab., those responsible for the reporting of the activities of those armies of red and white corpuscles that forever chase around and do battle in our systems, are Miss Martha Bailey and Miss Douthinai. I'd like to add, if you don't mind, that in the absence of Sr. Draftenza, Sr. Tougas was responsible for the very able job done.

All you guys and gals will no doubt notice the absence of any mention of those on the "receiving end," but we'll fix that in the next issue of *The Messenger*.

King Edward Memorial Hospital

An expert is a person who knows more and more about less and less—while this person continues to know less and less about more and more.

The heat wave smote the hospital and everything became drier and dried till even the brains rattled around the heads like dried peas in a pod. Mrs. Gray very capably covered the water front, finding "Moitle" very bra' (now what is that?)—och aye! Why, of course, he's a bra' wee laddie. Jim is a little short, not of word or cash, but just little green striped ones. Paul was completely down to rock "bottom."

This month we extend a welcome to the new patients—Miss Urbanovitch, Mrs. Perie, Williamson, and Penner; Messrs. Sheppard, Simpson, Timski, Jolly, and Lee Hong. We hope your stay will be short and profitable.

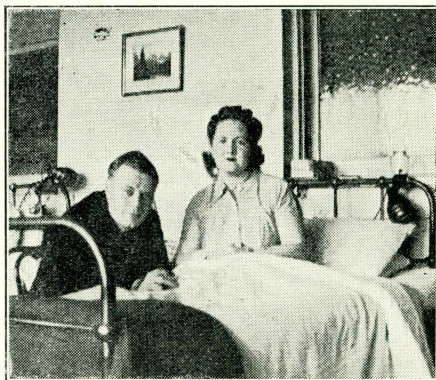
Seven lucky people left for their homes this month. We wish them every success. Mrs. Faery journeyed to Prince Albert, Mr. Bruyere to Fort William, Irene Carruthers, Mrs. Baker, Messrs. Blyth, Blackman, and Hong to their homes in Winnipeg.

Snooky (that man of the world who raises dogs by the score) manages a very fine position as well these days. The blue of the uniform suits his complexion to perfection. He can be seen gallantly escorting his little "Prairie Flower" round the by-paths.

We have all heard of V-mail and chain-mail, but it's the first time we have seen the wonderful results of "string-mail." It travels fast, round curves, past quite large obstacles and on to Ebb and Flo.

Peter W. runs the Chariot Express between three and four each aft. It takes careful urging on his part from early morning to have the gang out in time. "Winnie! are you ready?" can be heard indoors and out. "Awrrk!"

screams Winnie, and depending on the tone, Peter knows if it means "Yes," "No" or "In a minute." After a couple of times of coming close to being tossed out on a corner, Em decided it was safer to get more routine and go out on her own steam. Major Hawkins (ahem) decides he would sooner go in



Mr. and Mrs. Baker, patients at King Edward Memorial Hospital, enjoy a visit on the ward. Mrs. Baker has recently received her discharge.

the care of a visitor (the bearer of the interesting parcels).

Bette and Pauline are busily embroidering petite point pictures, while Ann B. studies psychology (?) to cover an aching heart. Our chief news item leaving his corner on 1st for his pigeon-hole in the Post Office took the light out of Ann B.'s evenings and gave the nursing staff a chance to catch up on a little peace and quiet. No more apparitions rising from unexpected corners and no more dishes mysterious flying off dinner trays.

Puckey's love for flowers is well known, but recently she discovered she has a green thumb. Some of the most miserable specimens (human or in-human) bloom in an amazing way.



LETTERS

To the Editor:

Enclosed please find One Dollar for one year's subscription to The Mesenger.

I have been on convalescent leave from the Sanatorium and Deer Lodge Hospital for two months, and am now at home where I am the "Chief Cook and Bottle-washer" in a seven room castle.

May I take this opportunity to express my sincerest thanks and appreciation to the doctors and nurses of the C.T.C. and the Manitoba Sanatorium.

A speedy recovery and the best of luck to all the patients at the Manitoba Sanatorium. Sincerely,

JOSEPH A. ROY,
Swan Lake, Man.

To the Editor:

Through *The Messenger* may I express my sincere thanks and appreciation to the doctors, nurses and staff of the King Edward Memorial Hospital for their kindness and care during my stay there.

To my friends and fellow cure-chasers, whom I admire for their courage and cheerfulness, I wish them one and all a very speedy recovery and the best of luck.—Sincerely,

IRENE CARRUTHERS.

Winnipeg, Man.

To the Editor:

I wish to express my sincere thanks and appreciation to the doctors, sisters and nurses of St. Boniface Sanatorium for their excellent care and kindness shown me during my stay there.

To my fellow cure-chasers there, I wish the best of luck and a speedy recovery.—Sincerely,

MARY FRIESEN.

306 Assiniboine Ave.,
Winnipeg, Man.

Even the "wild flowers" of 2nd chirped up when they saw her back on the flat.

If Miss Le Bel looked up her family tree, hanging from a branch or two would probably be a mad scientist, a fisherman and a tin of curry. Having a few spare moments the gal hies herself off to the mud flats of the Red River, catches a fine healthy clam, takes it home and devotes herself to its gentle rearing. Nothing is too good for Clarence, expensive fish food, loaves of bread and now she is browbeating her Ma into donating a corner of the garden to be created into a small mud pond not unlike the "Red," so Clarence will grow big and strong and eventually grace the board as chowder.

Everyone is sorry to see Mrs. Kohn give up her position as supervisor. Our best wishes go with her in anything she may undertake.



Sit There, Please

"Pop" queried Junior, "how do they catch crazy men?"

"It's easy," said Pop sourly, "a little rouge, lipstick, a hair-do and a pretty dress."

* * *

Junkman: "Any old beer bottles you'd like to sell, lady?"

Old Lady: "Do I look as though I drink beer?"

Junkman: "Any vinegar bottles you would like to sell?"

* * *

Some people are so exacting that they expect a great deal of everybody except themselves.

* * *

Granny, who was in the middle eighties, was in the habit of sitting in her sunny room reading her Bible. The little grandson and his small friends were allowed to run into Granny's room to have a chat.

"What," asked one small boy, "is your Granny always reading?"

"Sh . . . she is cramming for her finals."

* * *

Doctor: "Your leg is swollen, but I wouldn't worry about it."

Patient: "If your leg was swollen, I wouldn't worry about it either."

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"I'll pay what you're worth," answered the farmer.

Si scratched his head a minute, then announced decisively, "I'll be darned if I'll work for that."

* * *

PO: "Chief, there is an applicant who said he used to make his living by sticking his right arm into a lion's mouth."

CPO: "Interesting. What's his name?"

PO: "Lefty."

* * *

Doctor (after examining patient): "I don't like the looks of your husband, Mrs. Brown."

Mrs. Brown: "Neither do I, Doctor, but he's good to our children."

* * *

"You know, of course, that a politician has to have at least three hats?"

"No . . . why?"

"Well, he has to toss one in the ring. He needs one to wear, and the third is the one he uses to talk through."

* * *

When a man and women get married they become one. Then they discover which one.

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