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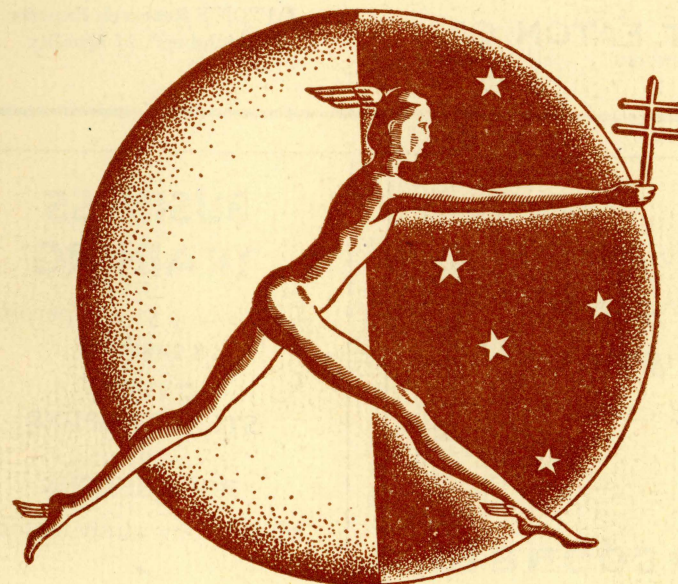
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**THE**

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

# Messenger

## OF HEALTH



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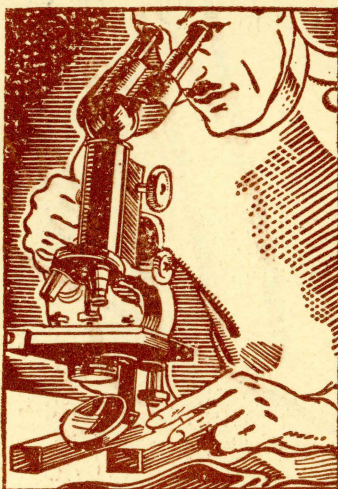


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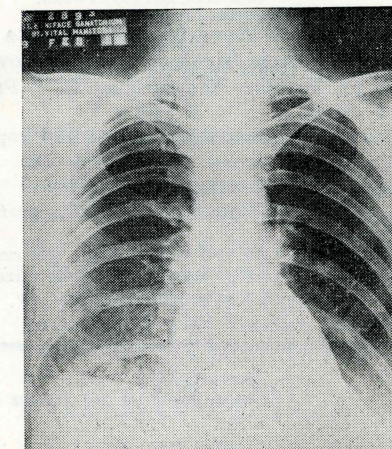
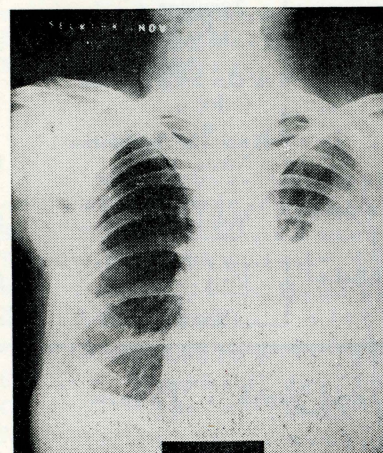
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# THE *Messenger* OF HEALTH

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## REPRESENTATIVES:

King Edward Memorial Hosp.: SHEILA McNEILLY

Manitoba Sanatorium: A. SHAROWSKI

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## CONTENTS

	Page
Rest .....	5
Rehabilitation Notes .....	8
Voluntary Health Agencies .....	10
Don't You Believe It .....	13
A Doctor's Advice on Colds .....	18
Manitoba Sanatorium News .....	19
St. Boniface Sanatorium News .....	25
King Edward Memorial Hospital News .....	29

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## Editorial

Officials of the Provincial Department of Labor visited Clearwater Lake Indian Hospital last week. They held a special examination for members of the power house staff on May 5th to assign Steam Engineering Certificates.



More than twenty-three hundred residents of the rural municipality of South Norfolk including the towns of Treherne and Rathwell, were x-rayed by the Sanatorium Board Mobile Chest X-Ray Unit last week.

Held at the invitation of the Council, the clinic operated at the United Church, Treherne, on Tuesday and Wednesday, and in the Community Hall at Rathwell for the remainder of the week. Canvassing and arrangements were under the direction of members of the Council and the Treherne Junior Board of Trade.

Despite the busy season farmers co-operated enthusiastically. By Saturday every person requiring re-examination and special advice had been checked by the physicians in attendance, Dr. E. L. Ross, Medical Director of the Sanatorium Board and Dr. R. G. Moffatt of the Central Tuberculosis Clinic staff.



Authorities who drafted the training regulations for practical nurses in Manitoba are to be congratulated on including a provision requiring that six weeks' training be taken in sanatorium. We

think that the principle is sound that any nurse, whether a graduate of a General Hospital or a Practical Nurses' Course, is not adequately equipped for her duties unless she has experienced the nursing of tuberculosis patients.

Tuberculosis is still a major health problem. In this province there are today about eight hundred and seventy beds in tuberculosis institutions and the need for added treatment facilities is such that this will be increased to approximately one thousand beds as soon as possible. There are hundreds of ex-patients and their families throughout the province who require the advice and assistance of informed Public Health Nurses. In view of the pressing need, it is essential that schools of nursing in the General Hospitals follow the lead set in the training of practical nurses. The omission of tuberculosis nursing in the experience of registered nurses is scarcely in keeping with the reputation and high standard the Registered Nurses' Association has striven so long to attain.

For graduate nurses wishing to specialize in the public health field, three months would be little enough time to spend on a sanatorium staff to acquire the knowledge they need to deal with the problems they will meet in their field work. The province would do well to require such a term of sanatorium experience before employing a nurse on their public health staff.



## CLIMBING

*Who climbs the mountain does not always climb.  
 The winding road slants downward many a time;  
 Yet each descent is higher than the last.  
 Has thy path fallen? That will soon be past.  
 Beyond the curve the way leads up and on.  
 Think not thy goal forever lost or gone.  
 Keep moving forward; if thine aim is right  
 Thou canst not miss the shining mountain height.  
 Who would attain to summits still and fair,  
 Must nerve himself through valleys of despair.*

—ELLA WHEELER WILCOX

## REST

By DR. D. A. STEWART

THE man on the street who, twenty years ago, would have said, "No cure for consumption," would now likely give as the means of cure, "Food Fresh Air and Rest." Thus stated, the order is not the order of importance, but the order of climax. As of faith, hope and charity it was said, "The greatest of these is Charity," so of the essentials of the cure of tuberculosis, be they three or thirty-three, the greatest, emphatically, is REST.

Rest is more than the greatest; it is the only cure; Rest IS the cure. Nothing else will cure the disease. A diseased joint is put at rest, inflamed vocal cords are hushed and a bad lung is splinted by the air cushion of an artificial pneumothorax. General symptoms demand general rest, rest of the body in all its parts and the rest of the mind as well. If cough is troublesome or the pulse rapid, if there is fever, if the larynx is irritable, the nervous system unstable or the appetite poor, if there is pain, weakness or loss of weight—for each and all, the sovereign remedy the only remedy, is rest.

"Our foster nurse of Nature is repose," and "the best of rest is sleep." It is "tired Nature's sweet restorer." It "knits up the ravell'd sleeve of care," is "sore labor's bath, balm of hurt minds, great Nature's second course, chief nourisher in life's feast."

"Fatigue," says Sir James Paget, "has a larger share in the promotion and transmission of disease than any other single casual condition you can name." Workers in ravaged Belgium and France, and among our own undernourished children, tell us that in bringing these back to health rest is as important as diet.

Whatever the illness, whenever in the world's history, whoever the physician, the most universal prescription for the sick has been rest in bed. It was after the cure that the paralyzed man was told to take up his bed and walk. We can picture a world without light or without atmosphere almost as easily as a world in which diseases can be cured without rest. Even machines respond to rest. A hard-worked railway engine, after a month in the shop, even without repairs, goes out a better engine.

## Bankruptcy

A man with active tuberculosis is a man who has become bankrupt, who has "gone broke." He has overspent his daily supply of physical and nervous energy, not one day but many days, and so has depleted his reserves, piled up debt, and mortgaged that original asset commonly called his "constitution." He may not have spent half what many of his neighbors have done; but he has spent more than he had to spare. All men may be equal in some respects; they certainly are not equal in health and strength assets any more than in money and property assets. The bank and the peanut stand seem equally prosperous, but the mischance which does not even ruffle one puts the other altogether out of business.

A man's overspending may have been for the best of purposes or for the worst; may have helped to save a nation or to ruin a character. Mother Nature as banker makes no allowances, but grimly casts her accounts and in due time forecloses her mortgages. She can be neither cheated nor cajoled, and high financial kite flying she will have none of. There is but one way of dealing



with her, and that is the way of honest repayment.

The tuberculous man is a troublesome debtor; he has not only piled up the debt and given the mortgage (which means literally something like death pledge), but he has formed the spendthrift habit as well. He squanders his daily intake of strength and energy with as little judgment, quite often, as a child his pennies.

### The Bailiff

What can be done with such a bankrupt-spendthrift? Some may respond to milder measures, but for many the only salvation is the bailiff; the only plan, to take away purse and cheque book, and have their affairs administered for them. In other words, most tuberculous patients must be put to bed and kept there. You might almost call the Sanatorium a debtors' prison. Energy expenditures must be cut down—or out—by enforced rest, and income increased to the maximum by good conditions and surroundings of all sorts.

When income overbalances outgo, debts begin to be paid, a surplus accumulates, and at least some interest on the mortgage is paid and foreclosure thus staved off. We who treat tuberculous people are thus pretty much receivers, administrators, bailiffs. We try by rigid economy to bring the physical affairs of a patient into better condition, to restore his balance, and, at the same time, to give him teaching, demonstration and experience in the principles of health economics and finance which alone can restore his solvency and bring him back to prosperity.

"The Cure" for tuberculosis is the regulating of energy expenditure. It is the undoing of what has been done wrongly. It is the making good for extravagance and debt by retrenchment and economy. It is the accumulation of strength and resistance to pay for past dissipation. It is getting out

of debt and keeping out. It is getting new ideas, forming better habits, learning self-denial, acquiring self-control. It is essentially a process of repair, of rest.

### Saving

What rest is, how to rest, how much to rest, how many energy-consuming odds and ends, can, should, must be given up, are among the first lessons a tuberculous patient must learn.

Anything which consumes energy, whether with pleasure and profit or without pleasure or profit, is work.

Talking is work, indeed for the tuberculous it is often one of the very worst forms of work. It spends both physical and nervous energy, and irritates the throat as well. An argument or a vivacious conversation may be violent exercise. Uncontrolled, excessive cough, Lawrason Brown has well said, is a very bad form of over-exercise. Of all cough medicines, one of the best is to stop talking, and if the disease has invaded the larynx, the only cure is to stop talking. If our patients were to administer to themselves all the silence we prescribe for them, "ultimate results" would become pleasanter reading.

There are no doubt here and there throughout the wide world a few people who can visit the sick with judgment and tact and leave them a little better than they found them. But a large proportion of visits to the sick are visitations, some even fatal visitations. Tuberculous people, being rarely protected by unconsciousness or gross symptoms, and being, as the visitants say, "bright," are in the way of being especially afflicted. Why one whose vitality is known to be below par, who needs to save strength and not to squander it, should be supposed to hold receptions for people in whom he has little interest, any time they wish to obtrude themselves and their conversation upon them; and why this should be asked of him, in his weakness,

in the name of friendship and fraternity, is beyond my understanding. When a tuberculous person is able to visit and be visited without any restrictions he is just about able also to work without any restrictions.

Standing is work, and even sitting is less restful than lying. Excitement or emotion, whether good in themselves or not, consume an immense amount of the voltage of energy needed for the cure. Unwholesome thoughts or excitements are bad. Even very proper games such as checkers or chess often cost more than can be spared. Games of bluff or chance are still worse. Fussy dressing up and "dolling up" is bad medicine in every way for one on "the cure."

Even reading must be regulated. But after heavy and intense books have been laid aside for the time, there are, thank heaven, whole cases full of pleasant, placid and profitable books to wander through almost at will. One to whom "a book and a shady nook" is always a joy, has within himself what is almost an essential for "the cure," and will far outstrip his unfortunate fellow-patient who has always sought company-enjoyment and never learned to provide self-enjoyment.

Writing also must come under control. A too extensive-correspondence has kept many a patient from recovery. Even getting too many letters may be almost as bad. **The postman's visits are not always blessings unalloyed.**

That it is better and cheaper to drain muscle energy than nerve energy, the Professor at the Breakfast Table, good Doctor Oliver Wendell Holmes, has taught us. An older saying that "care killed the cat," I am quite ready to believe after long observation of tuberculous patients. Care and worry might wear out even nine lives.

The most efficient workers are usually good resisters; certainly the most successful patients are. Fussy, fidgety

people, for whom a holiday is just a new way of spending energy, and who have never learned the fine art of rest, are neither good patients nor the best workers.

### Many Prescriptions, One Medicine

While rest, then, is the treatment for tuberculosis, its application is by no means always simple. No two cases are alike, so no two patients need just the same prescription. One man's meat is another man's poison. One can scarcely lift his hand to his head without harm, or have a visitor for five minutes without danger, or even whisper without losing some chance of recovery, and needs to be on "typhoid rest." Another can do a day's work, not only without harm, but with positive benefit. In the long gamut of many octaves between these two, what note belongs to any particular patient, just what vibration he will best respond to, it is for judgment and experience, and not inexperience and impulse, to determine. The physician who has the experience and judgment to rightly regulate the energy-expenditures of his patients, to prescribe rest and exercise rightly, can treat tuberculosis. Other phases of treatment, if he does not appreciate what is involved in rest and exercise, he will surely mistreat tuberculosis, and with disastrous results.

A pretty large proportion, then, of all questions about the treatment of tuberculosis can be resolved into this one; how much rest, and how to secure it. There have been, of course, pendulum swings of opinion. Ten years ago critics said that Sanatorium patients went in men, were overfed and over-rested, until they came out cabbages. Patterson taught that auto-inoculation stirred up by work helped to cure disease, so organized pick and shovel gangs among the patients at Frimley. But the difference of views are more apparent than real; the truth is that

(Continued on Page 16)



## Rehabilitation Notes

### Looking on the Brighter Side

**T**WO of the greatest worries of the sanatorium patient have been, and probably always will be, how he is going to fit himself back into the life that he has left and how he is going to earn his living. The more firmly his feet become planted on the road back to health, the more urgent these questions become and the more agitated often, his frame of mind.

It is only natural to have fears for the future when one is out of a job. Everybody suffers the same way, whether they have had tuberculosis or not. Even in the period of easy jobs during the war, sensitive individuals never quite lost the feeling of apprehension which comes when one form of employment folds up and another has yet to be found.

There has been a regrettable tendency in the past to stress the disability caused by tuberculosis and to regard the person who has had the disease as handicapped. This has been done largely as a safeguard against undue activity—as a reminder that, although out of the sanatorium, he still has to be careful not to overdo. The unfortunate result in many instances has been, however, to destroy the patient's morale and to undermine his confidence in his ability to become a self-supporting citizen.

The man or woman about to leave the sanatorium is aware, if he or she is a normal, intelligent individual, that there will be need for care and restraint in the years to come if the health so precariously won is to be conserved, but beyond that, there is no reason to regard themselves as handicapped. There

are very few supermen or superwomen in the world, and everyone is handicapped to a certain extent if they want to look at it that way. The bank president may be a veritable captain of finance, but he would probably have a hard time making his living as a ditch digger, and vice versa. It is doubtful if this fact disturbs either one very much. As long as there is one line of work at which one can be reasonably competent and successful, there is no reason to regard oneself as handicapped.

A great deal of stress has been laid, and rightly so, on the fact that a person with a history of tuberculosis should not embark on a job which involves heavy manual labor or long hours of overtime. Without a proper sense of proportion, these limitations may loom too large in the mind of the ex-patient. Aside from the fact that a great preponderance of the working world shares a distaste for any occupation that is either long or laborious—thereby making the tuberculous person's case by no means unique—one should take into consideration the fact that there are a multitude of jobs that involve neither attribute. Thanks to modern machinery there is little demand for brawn and muscle these days, and now that the war is over there is likely to be much less call for overtime.

Modern sanatoriums being as they are, most patients are aware, long before they come to leave the institution, whether or not they will be able to go back to the job that they left. The doctor will have worked out their Work Tolerance and they will have a fair idea

of what their capacity is likely to be. If it becomes evident that a change of occupation is necessary, the very nature of their illness gives them time to do something about it. Tuberculosis has many disadvantages, none greater than the length of time it takes to effect a cure. Everything, however, has its brighter side, and the time spent in the sanatorium does provide an opportunity for training along new lines. The idle months may be utilized to advantage and the patient who comes out may be a more efficient individual than the one who went in.

A great deal has been said and written about the measure of a man's success in life being determined by his ability to adjust himself to new situations. The flexible individual is undoubtedly the one most likely to turn each opportunity to account. History is full of instances in which men achieved eminence comparatively late in life, often after long periods of obscurity or even failure. Abraham Lincoln blundered along as an unsuccessful lawyer for a good many years before achieving success in the role of president. Somerset Maugham based his well-known novel, "The Moon and Sixpence," on the life story of the famous French artist, Paul Gauguin, a man who did not embark on an artistic career until well in middle life.

The modern success story places too much stress on getting started early at one's chosen profession. Some people start too young, before their character is developed, and find themselves chained to an uncongenial occupation all their lives. The man or woman whose stay in the sanatorium necessitates a change of occupation should not feel too downhearted about it. Life can be pretty dull just following the same old round. There's many a man who would welcome the chance to do something new. One never knows what surprises may

be in store, nor what success awaiting just around the corner.

If one had any advice to offer to the patient about to leave the sanatorium, it would be to cultivate a sense of adventure. People are apt to view the past through rose coloured glasses, to invest it with a perfection that was probably never attained. Why be too insistent on going back exactly to what one used to be? Change is an essential part of life, whether one has had tuberculosis or not. The old life was good, the new one might be even better. Why not give it a chance?—C.T.A. Bulletin.

#### Congratulations to the following students on completion of study courses:

Kenneth Robinson—Public Speaking.  
Ronald Rogerson, Unit 1 Bookkeeping.  
June Trautman, Unit 1 Bookkeeping.  
Norman Spruhs, Unit 2 Bookkeeping.  
Victoria Zdan, Unit 1 Typing.  
Myrtle Munroe, Unit 1 Typing.  
John Taraschuk, Fundamentals of Radio  
Margaret Busch, Unit 2 Shorthand.  
Wesley Kearns, Prac. Mathematics.  
Morris Saltess, Understanding Radio,  
Fundamentals of Radio.

#### SUPERINTENDENT OF NURSES RETIRES

After thirty-three years of service as superintendent of nurses of the Winnipeg Municipal Hospitals, Miss Elsie Robertson has retired.

Born in Banffshire, Scotland, she came to Canada with her brother when in her teens. She graduated from the Calgary General Hospital. On her return from a year's visit in Scotland she started nursing in Winnipeg.

Kindest wishes are extended to Miss Robertson for many happy years ahead.



# Voluntary Health Agencies

An Interpretive Study by Selskar M. Bunn and Philip S. Platt

A book review by DANIEL JOSSELYN, Birmingham, Alabama

"VOLUNTARY Health Agencies" is intended to be a three-year study of voluntary health agencies, and is assumed by the authors to prove the need and wisdom of unifying our many voluntary health agencies. Unfortunately, little of the "study" appears in the book. On the other hand, one feels that the book was written with the preconceived opinion that agencies must be unified. At any rate it comes inexorably to this con-

cludes themselves can find in it a most eloquent defence. Indeed, pages 36 through the middle of page 42 should be widely reprinted and circulated to promote public understanding and support.

This book, as an indictment, is difficult to answer because it gives most of the answers. That is to say, it gives most of the objections which occur to one. Furthermore, it admits the many im-

*A recent article, ostensibly setting forth the views of the authors of "Voluntary Health Agencies," was recently published in an American magazine of wide circulation and reprinted in the Readers Digest for March. We think that none of our readers will make the mistake of accepting without question the statements made in these articles. However, it is interesting to read the review of the book, which we publish here, by an authoritative science writer in the United States.*

clusion in spite of much evidence to the contrary, and in spite of wide opinion to the contrary in the health agencies themselves.

However, this is a good book. If it is widely read in the voluntary health agencies with a view toward improving upon multiple organizational details, it should do much good. But if it is widely assumed that the mere adoption of a "master plan," a "new deal," will in itself correct essentially human problems, it could do a lot of harm. Everybody in health work should know by now that there are no panaceas, particularly in public relations, public health education and fund-raising.

This book apparently intends to be somewhat of an indictment of voluntary health agencies. But, as everything depends upon the point of view, the agen-

ponderables, and avoids strict comparisons. Yet this seeming open-mindedness makes it all the more persuasive and dangerous to the naive and unwary, who may be convinced that it arrives fairly at its apparently preconceived conclusion. Actually the fundamental arguments are more begged than proven.

For example, it is maintained that the public is growing very disinterested with multiple agencies. This view, in the face of the recent rapid growth of multiple agencies in terms of increased public support, cannot be substantiated. In fact, the book states inconsistently elsewhere that agencies which can no longer interest the public will die.

Again, it is maintained that unification will automatically abolish many problems which, as anyone may observe, are found in unified official health de-

partments and unified corporations. Human perfection is something to be aimed at but not attained.

It is maintained that "it is out of the question to expect the public in a single state or a single city to support half a dozen, ten or fifteen special organizations." Yet the public does support that many, and often more.

The study further insists, without presenting evidence, that a single unified agency for collecting funds would be able to collect more than multiple agencies working separately. That is, "The present purchaser of a dollar's worth of Christmas Seals might feel impelled to give \$5.00 to attack a whole group of health hazards. . . ." This is contrary to merchandising experience, which finds it easier to get fifteen dollars, a dollar down and a dollar a week, than five dollars in a lump. Furthermore, the book has already stated that a specific idea such as a crippled child has more appeal than a generic health idea—which of course is obvious. With fund-raising an uncertain matter at best, and still the essential problem, amateur experimentation on theoretical bases is dangerous.

A notable oversight of the book was the failure to mention those agencies which had joined the Community Chest in good faith, and later withdrawn for good reasons.

Another notable oversight was the failure to mention that Community Chests often lack highly developed public appeals. This results in raising funds by pressure, such as the boss and a Chest representative approaching workers on the job and asking how much they will give. This sort of thing makes no friends, and kills the charitable impulse. Contrast complaints about this sort of fund-raising with enthusiastic letters received by agencies with educational approaches.

The claim is made that with many different agencies the giver is confused

and unaware of how his gift will be used. But burying specific appeals in the anonymity of a unified campaign further obscures the ultimate use. It is certainly absurd to suppose that unification will give citizens "a real grasp of what these organizations are and what they are doing." The book itself gives a revealing example of a Chest-supported nursing association, highly regarded and in existence for 21 years, which an opinion poll found to be known to only 26 per cent of the residents of the city in which it functioned. Community Chests themselves are frequently mistaken for general relief organizations by the public.

It is stated, quite unnecessarily, that prevailing methods are not accomplishing "the organization of the public for united efforts, for the creation of a public sentiment and for the education of the people. . . ." Do the authors infer that they, after these centuries of abortive efforts in those directions, have found the answers? It might be well to remember the shortcomings of even a medical education—as concerns tuberculosis, for example.

The book laments the "competition" by health agencies for public interest and support. In other fields we accord great respect to this same competition. And this competition puts some kind of health awareness before the public the year around, which neither the press nor the public would tolerate of a single agency.

It is also lamented that funds are not raised in proportion to relative importance of diseases, nor diseases attacked according to relative importance. This is almost equally true of our unified official health departments. We are all dependent upon public reactions. And as for lamenting that some agencies collect too much, in comparison with others, no agency collects too much until its specific disease problem is solved—as none is. Until that ideal is



reached, no effort is too great. Note, for example, the great public health stress on vaccination, even though smallpox is now a most minor threat—but not a threat which cannot grow again.

Rather than comparing the collections of the various agencies, a more apt contrast would be the pittance of even the total collections of all agencies as compared to the seven billion dollars spent annually for alcoholic beverages. Most unfortunate was the repeated inference that tuberculosis associations are rolling in wealth and have little use for it. Overlooked was the fact that tuberculosis still kills more than all other infectious and parasitic diseases combined.

The higher cost (assumed) of making separate collections is also stressed. Our first problem is still to promote health education and awareness, which separate appeals do better than lump-sum collection. Even if the cost of collecting equalled the collection, the educational value might still make it worth while. We might well compare the endless campaigns of ununified agencies with the advertising methods of industry, keeping the articles to be "sold" continually before the public—and worth the expense. Multiple agencies also allow for varied "merchandising" approaches.

The reproach is made that voluntary agencies are often poorly informed of each other's activities. In this complex world it would be difficult to find a group where that did not apply. In the unified health department itself, the bureaus usually know little about each other.

The book is further constructed on many naive statements that are, at best, fitting subjects for high school debates. For example: "The health of a community is, after all, not a group of special interests. It is essentially a single interest with different aspects." And: "The time has passed when a community health program will fill present-day

## T-I-D B-I-T-S

By C.P.R.

Don't judge a chicken by the egg that hangs around her.

\* \* \*

A man's big mistake is to suppose that grass-widows are green.

\* \* \*

"Lady, if you will give us a nickel my little brother will imitate a hen."

"What will he do?" asked the lady, "cackle like a hen?"

"Naw," said the boy in disgust. "He wouldn't do a cheap imitation like that. He'll eat a worm."

\* \* \*

Look out for your tongue; it's in a wet place and might slip.

needs. . . . Nor is it necessary or desirable to . . . do things to workers. . . . The time has come to do things with workers. . . ." Getting things done is still a realistic matter of expediency, with little space for purely rhetorical tricks of getting rabbits out of empty hats.

One of the most curious results of this study is that the successful agencies get the criticism for being successful, while the failures are championed. Of course one can see, all too plainly, why the failures would like to "split the total." However, it might be more practical for the failures to study the reasons why some agencies are successful. The fact that most agencies object to unification is summarily ascribed to various varieties of selfishness.

The book writes its own logical conclusion:

"Practically and realistically considered, unification seems so fraught with uncertainties, unknowns and difficulties that the boards of national associations are not likely to take any steps whatever."

With that we can agree unreservedly.

## Don't You Believe It

By AUGUST A. THOMEN, M.D.

Lecturer in Medicine, College of Medicine, New York University;  
Fellow of the New York Academy of Medicine.

1. *That eating green apples will cause stomach-ache.*

Unripe fruit in general is hard and unpalatable—hence it is likely to be insufficiently chewed. It is this that causes stomach-ache, and not the unripeness of the fruit. I was once called to see a lad of ten who was doubled up with cramps. The boy's relatives were positive he had eaten green apples.

Measures taken to cause the child to vomit brought to light the fact that while he did eat apples they were perfectly ripe ones. The trouble was caused by his having eaten them too hurriedly, as was evidenced by the large chunky pieces he had swallowed.

There is nothing in green apples alone to cause a stomach-ache. If the apple is eaten slowly and sufficiently chewed, the stomach is not able to distinguish between a ripe and an unripe one.

2. *That the heart is situated in the left side of the chest.*

Nine out of ten usually well-informed persons confidently locate the heart by placing a hand on the left breast, about an inch or two above the lower border of the ribs. This misconception arises because the largest of the four chambers, the left ventricle, from which the blood is pumped to the body, is in the left side of the heart, its apex being directed to the left and downward; hence the beating of the heart is more readily felt on the left side.

Yet if the body were sliced exactly in half directly through the centre of the breastbone, only a little more than one-half the heart would be found on the left side.

3. *That a "compound fracture" is one in which a bone is broken in a number of places.*

The terms "simple fracture" and "compound fracture" have nothing to do with the number of times a bone is broken. A "simple fracture" is one in which the skin is unbroken; the bone may be broken in several places. A "compound fracture," on the other hand, is one in which the skin is broken and the injury is exposed to the air.

The reason for this distinction lies in the important possibility of a complicating infection. When the skin is unbroken there is no infection from without. If, however, the skin is broken it may mean a complicating infection of the bone (osteomyelitis) which may continue to discharge pus long after the fractured parts have united.

4. *That beef tea is very nourishing.*

Beef tea contains so little nourishment that six large cupfuls have less food value than one slice of bread. The reason is that the nourishing parts of beef are not soluble in water.

Beef tea is therefore nothing more than colored water flavored with what are termed beef extractives—that is, the meat substances which are soluble in water, but which have very little food value. A much advertised beef tea, "especially designed for infant and invalid feeding," contains only one calorie per ounce!

Beef tea serves its purpose chiefly as a stimulant to the appetite and as an aid to digestion because the gastric juices flow more abundantly when it is taken.



5. *That singeing the hair is beneficial, aiding it to grow more abundantly.*

The average barber or beautician is convinced that singeing the hair is a very effective method of invigorating it; the supposed reason being that singeing closes the ends of the hair, thus preventing the nutritive juices from exuding.

This is the veriest nonsense; for, as Dr. J. E. Lane, professor of diseases of the skin, of Yale, says, "Singeing the hair for the prevention of loss of its juices is of no value for this purpose, for the simple reason that nothing ever oozes from the ends of the hair. What singeing does, and it does nothing else, is to make the ends of the hair affected by the heat more brittle, thereby adding to the hairdresser's income."

6. *That reading light should come over the left shoulder.*

It has been determined by experimentation that it matters not from where the light comes, provided there are no shadows cast upon the page, and provided the rays of light do not enter the eye. The light should be at least 26 degrees away from the direct line of sight, and should be so placed to avoid direct reflections from the page. The best reading light is termed "indirect," in which the source of light is hidden, and the rays thrown from the ceiling. This is similar in effect to daylight.

The amount of light is very important. The Council of British Ophthalmologists has determined by experiment that the weakest light suitable for reading or other close work is three-footcandles.

This means the amount of light that would fall upon a page one foot away from three standard candles closely grouped. This is equivalent to the amount of light obtained from an 80-watt unshaded electric light, placed six feet from the page.

Somewhat more light would not be injurious, but less light invariably re-

sults in eyestrain. Yet many persons habitually read with insufficient light.

7. *That it is more dangerous to prick oneself with a pin than with a needle.*

The basis of this common belief probably lies in the fact that needles are made of steel and pins usually of brass.

But a wound made by a pin is no more injurious in itself than one made by a needle. The important question is what contaminating germs are introduced into the wound, not what causes it.

8. *That pressing the upper lip or placing a key or piece of ice at the back of the neck will stop a nosebleed.*

Fully 99 per cent. of all nosebleeds stop themselves whether anything is done for them or not. Hence, any form of treatment will receive wholly undue credit. The only way that pressing the upper lip could possibly help would be by stopping the flow of blood to the nose, thereby permitting a clot to form more readily.

The treatment is illogical, however, because the blood vessels which supply the nose are deep within the face (quite removed from the upper lip) and beyond being influenced by pressure from without. The key and the ice likewise receive credit because the bleeding stops voluntarily.

9. *That baldness is due to the too frequent wearing of hats, or too tight hatbands.*

There are only two known remedies for most baldness: (1) choosing the proper ancestors; (2) enduring it. Baldness in most instances is inherited, and is wholly uninfluenced by styles of headgear, or any habits of living. One might ask, "If baldness is inherited, why are not women equally affected?" Intensive research has answered this by revealing that baldness is what is called a purely hereditary trait, that it is "dominant" in men and "recessive" in women.

The mother can transmit baldness, but is not herself subject to it unless she has a double dose of it, coming from both her parents. As this is rare, baldness in women is also rare. Baldness is also associated with minor insufficiencies of the thyroid and pituitary glands. In these cases proper treatment almost invariably brings about complete restoration. Loss of hair caused by glandular disturbances, however, is rare.

10. *That thunder sometimes causes milk to sour.*

Milk sometimes does sour after thunderstorm, but the thunder has nothing to do with the souring. There are certain germs, the lactic acid bacilli, normally present in milk, which feed on the milk sugar, thereby producing lactic acid, which, when a certain concentration is reached, sours the milk.

The air is usually warmed preceding a thunderstorm, and these germs multiply much more rapidly in warm temperatures. It is the rapid increase in germ growth which causes the milk to sour, not the thunder or the lightning.

11. *That individuals with high color or florid complexions are especially healthy.*

Strange as it may seem, what is often considered an exoposit complexion by the laity is recognized as a definite sign of illness by the doctor. For example, a certain type of heart disease often produces, in girls especially, a remarkably beautiful complexion.

This pleasing florid color is caused by the improper functioning of one of the valves of the heart. In grout, and in the early stages of kidney and liver disease, the complexion is quite pleasingly florid. One of the most artistically beautiful complexions the writer ever saw was possessed by a young woman who was seriously ill with a severe anemia associated with an enlarged spleen. Evidently, pleasing florid complexions do not always indicate good health.

—Reprinted from *Your Health*.

## "LEST WE FORGET"

Shut-Ins' Day comes around again on the First Sunday of June—this year June 2nd. Let us earmark that day for some very special visits—call on some friend, or friends, whom you have not called on for some time. If you can't visit them, then flowers are always in order; and a cheery letter or card helps far more than you might think. In any case, let those shut-in friends know they are not forgotten, even if they do have to watch life from a hospital cot or a wheel-chair.

If your shut-in friends can go out a bit—with your kind help—then see if they can go for a drive; that is a rare treat for so many. Or, if you can, take them to the morning service—most of the churches are having something special for the sick folk on the first Sunday of June.

Make Shut-Ins' Day a very happy day for two friends, and it will be one of the happiest days in **your** experience, too. You will not wait till next June to repeat the experience, but you will help to fulfil the **real** purpose of Shut-Ins' Day—to make life happier for the sick and the disabled, both veteran and civilian, every day of the year.

B. H. STINSON

Girl: "Its awful for them to charge you five dollars for towing your car only three miles."

Boy: "I know. But I'm making them earn their money honey—I've got the brakes on."

## GOING HOME?

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

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**REST**

(Continued from Page 7)

there is the widest diversity among patients. Patterson's work-cure cases were hand-picked out of large numbers as at a stage suitable for work. And when any of them got into trouble by over-inoculation he was promptly put on a most rigid routine of "typhoid rest."

Today we have, perhaps, a fuller appreciation of the usefulness of rest, the absolute need of rest, and the dangers of over-exertion in the treatment of tuberculosis than ever before. The infirmary where the patients can be put most completely at rest is the essential part of the Sanatorium, and some of us would elect to make the Sanatorium all infirmary. "For the man with pulmonary tuberculosis," Lawrason Brown has well said, "there is no danger as great as is inherent in exercise."

**Spending**

Yet exercise has also its place and time. It restores function, gets muscles into condition, keeps down fat, breaks the monotony of the rest routine, and actually helps toward the happy end result called, by the patient at any rate, "cure." It has its time and its place, but woe to him who gives it the wrong time and the wrong place.

What a house on fire needs is the fire-fighter, not the carpenter. But when the fire is dead out, and the house must be repaired and made habitable, the carpenter is the man. At the first stage of tuberculosis rest is the only treatment; at the repair stage, exercise comes in. To keep on fire-fighting too long is much less dangerous than to quit too soon.

The medicine called "Rest" can be dispensed to patients freely and taken almost ad libitum without great harm. The medicine called "Exercise" must be prescribed in exact doses and marked with a "poison" label, for too large

doses will certainly poison and may even kill.

Everybody who knows anything about tuberculosis knows how symptoms sometimes melt away, when a routine of rest in bed becomes well established in cases anything like favorable. Cough gives less and less trouble and finally clears up. Expectoration, as in the well-known advertisement, is first "Going!" then "Going!" then "Gone!" Temperature drops from fever height to normal. The pulse becomes slow and steady. Weight increases. A look of health comes back. Considering only the outward appearance one might well suppose that everything had been done, the cure accomplished, and that all is over but the shouting.

But outward appearances are notoriously deceiving and nowhere more than among tuberculous people. Inside information is more reliable. The face and frame and figure respond to treatment sooner and easier than the focus of disease that counts. To be fairly free from symptoms, and look "better than ever in your life before," and even to feel about that way, may very likely mean, not victory won, and the enemy dispersed and disorganized, but only that the preliminary skirmish has gone well, and the main set-to has begun. This is no time for slackness or for change of tactics. Most emphatically it is not the time to weaken on the rest cure, but the time when rest will accomplish most. If three months, or six months, in bed has pretty well cleared up symptoms, the next three months, or six months, or year, still in bed, should do something to clear up diseased tissues. Begin rest to clear up symptoms; continue rest to clear up disease.

X-ray plates and the stethoscope do not tell the whole story, but they do tell part of it, and a series of plates certainly shows that in many cases the time when disease shadows disappear

is the time when, after symptoms have been cleared up, rest in bed is still patiently continued. To put a tuberculosis patient to bed and then forget about him—for a long time—is a good mode of treatment.

**Investments**

All very easy for the doctors who prescribe, you say (though most of them have been patients in their day), but how about the patients who suffer? ("Patient", by the way, means literally "sufferer.") You don't like this programme. Not many do; not many should. But neither do you like tuberculosis, especially active or advanced or advancing tuberculosis. If it comes to a choice you will choose even monotonous rest.

But will you? Doctors know many sick people who sigh, and say—in words—that they would give anything they possess for health, but who say—in acts—that they will throw away health for the merest trifles, for anything, or for nothing. Among tuberculous patients, even, there are such.

You are saving up strength and energy, minute by minute, by act after act of self-control, little by little, in order to buy with it all a great treasure, Health. But if you waste energy, instead, squander it, lavish it, fritter it away on needless movements, restless fussing, unnecessary talk (that means ninety-five per cent of talk), fancy work, walking about, various excitements—if you waste your daily income of energy on these things, the treasure slips farther and farther from your grasp. How deep is your desire for this great treasure, anyway?

Keep an account for a few days—on paper—of energy saving and energy expenditure. Make out a balance sheet. Then do some cutting down.

The time of danger is the time when restrictions have been removed: when the bankrupt-spendthrift under sur-

veillance is allowed a trifle of pocket money, and feels like a millionaire: when the bland diet of rest can be spiced, and made, perhaps, more palatable by a sprinkling of exercise. Remember always that the spice is not the diet, only the seasoning, and that a spice appetite may spoil the whole digestive process. Little interests and recreations have a way of growing into main purposes and laborious occupations. I am constantly finding model infirmary patients who lag or even slump when they get more "on their own" as ambulant cottage patients. They are trying to live on the spice rather than the diet of the cure. If every day is a holiday, there are no holidays.

Any fool can "take the cure" when the symptoms are very bad, and the fear of death is on him, but it takes a man of wisdom and self-control to persevere when symptoms are disappearing and everything tempts him off the job.

Be patient. Go slow. When you get that little exercise to spend count it carefully and get into your head just how much it is—and how little it is. Don't run into debt again. "The cure" is a school, and if you have learned nothing while you were in bed you are hopeless. Be not wary in well-doing, for in due season ye shall reap if ye faint not. Let not him that girdeth on his armor boast as him that putteth it off.

I believe twice as much in rest and in twice as much rest for tuberculous patients as I did ten years ago.

"I just can't marry him, Mother," beamed the young girl in the throes of love. "Last night he told me that he was an atheist and didn't believe in hell."

"You just go right ahead and marry him," said her mother, "and between us we'll convince him he's wrong."



## A Doctor's Advice on Colds

A good many questions that doctors are asked go by seasons. "Doc, what can I do to keep from getting colds?" That's one we always get fired at us this time of year. They'd like to have an answer in "a few simple, well chosen words." Well, if anybody knows an adequate answer in a few words, I'd appreciate hearing it.

Anybody who gets around much is almost certain to come in contact with the virus that causes colds, a virus assisted by various germs. Recently I was looking at a picture—a high-power, super-spaced photograph of a sneeze—an "unstifled" sneeze, they called it. It showed a cloud of fine droplets that looked like a smoke screen. Some of 'em may go as far as twelve feet but the majority travel two or three. That's the principal way colds are spread—people sneezing and coughing their infected secretions into the air around 'em.

If we've got to mix with people that have colds it's a good idea to keep as far away as we can until we see whether they cover up their coughs and sneezes.

If they consider their own safety and other people's, people in the early, sneezy stage of a cold will stay home if they can and keep quiet.

People whose physical resistance is up to par usually won't catch colds unless they get a heavy dose of infection. Of course, a good many folks, if they get chilled or sit with wet feet or clothes lower their resistance temporarily. The answer is for them to wear enough clothes to keep them from getting chilled and, if they won't wear rubbers (the men) to wear woolen socks.

Exercise in the open air, eating enough but not too much and so on—everyone knows these things. Vitamins? Well, too many claims have been made for vitamins as "cure-alls." But vitamins A and B, and possibly C, they might have some effect. Anyway, I take 'em.

All these rules for avoiding colds and not spreading 'em—don't overlook the Golden Rule. If it's good, share it with others; if it's a cold keep it to yourself.

N.T.A. Clip Sheet

## ACCIDENTS WILL HAPPEN!

The following freak accidents are vouched for by one of America's largest insurance companies:—

1. Two men were lunching together—one lean; one fat. The lean one told the fat one a funny story. The corpulent gentleman laughed so hard that a button popped off his vest—landing right in the thin man's eye.

2. With the same care as though he were really injured, the "victim" in a first aid demonstration was carefully stretched out on the ground—in a comfortable little patch of poison ivy.

3. A perfectly sober gentleman drove his car into a service station for a grease

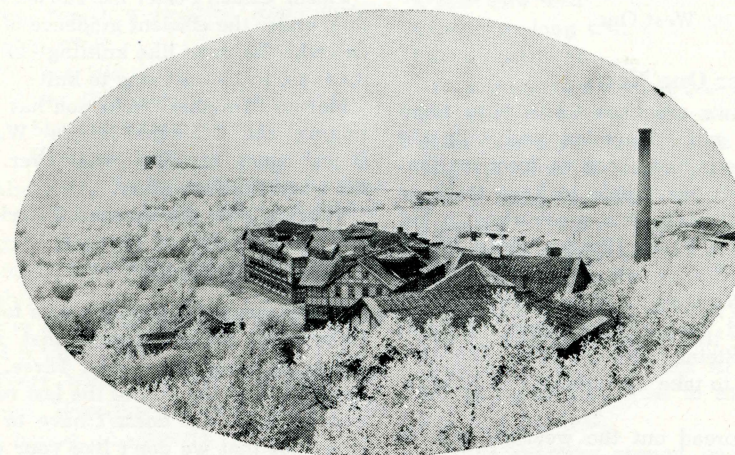
job. He was busying himself trying to locate something in the glove department when the machine was lifted. When he had found what he wanted, he stepped out—into mid air.

4. A safety engineer was deftly demonstrating a safety guard before an interested audience. In his enthusiasm, he concentrated on his right hand and unintentionally demonstrated that the guard was not foolproof by catching his left hand in the machine.

Now, do you want to buy an accident insurance policy—or do you?

—Ediphone-Voice Writing

## Manitoba Sanatorium



### West One

When our very capable reporter, Helen Speirs, left us for greener pastures (Women's Obs.), Mr. Sharowski bullied and beat us into trying our hand at journalism(?). It was the big wards that got us and here we are.

There have been quite a number on their way to greener pastures. Mrs. Johnson and Mrs. Atamanchuk to the Women's Obs.; Connie Gaddie to Fort Qu'Appelle San, and Mrs. Penner, who stayed only a few weeks, then moved to West Three. That famous West Three view, no doubt!

To those unfortunates (what am I saying!) who moved in with us. Welcome! Doreen Wicklund from Obs.; Mrs. Jackson from Mowbray, Man.; Mrs. Watson from Obs., and Kathleen Purdy from Winnipeg.

Now let me tell you about my operation—Mrs. Gibney and Connie Gaddie had a date with Dr. Paine to have adhesions cut. Doreen Wicklund, Roberta Cooper, and Mrs. Cook were satisfied with a phrenic.

And speaking of Mrs. Gibney: Some excitement around these parts when she got word her husband was coming home from overseas. She has been eyeing all our exits to find the shortest route to Manitou.

Our "virtuoso" on the guitar that you hear these days is Julie Flett; songstress and pupil guitarist is Mrs. Cook.

Room IV is the one where everyone drops in for a visit. It is just an ordinary San ward, but Mrs. Larn is the happy-go-lucky hostess. She's a recent graduate from West Two.

Mrs. Hannah enjoyed her leave to attend her daughter's wedding at Waskada. I'm sure Lorna doesn't realize she has so many unknown well-wishers here at Ninette.

Every few days Mrs. Fleury comes up with another lovely sweater completed. Speed is her middle name! Speedy, too, was her competitor who has just finished a lovely housecoat in no time flat.

Dropping into Room 7 we find Mrs. Rondeau and Mary Haney deep in the mysteries of arithmetic (ugh!). We also hear echoes of the Three R's from Room



Three, where Roberta Cooper and her "helper in chief," Kay Purdy, hang out.

Easter will have come and gone; but it may not be too late for greetings from the gals on West One.

### Number One News

Here we are back again with some gift of gab. Incoming and outgoing movements have been so frequent that we barely were able to keep track of them. We take this opportunity to bid farewell to Frank Hickson, Eddie Fields and Jim Mundy, who left for the "Wheat City," Winnipeg, and to Bonnie Bonnie Scotland respectively. Best of luck, fellas. Steine "Heavyweight" Thordarson left to take up residence in Number Three.

We spread out the welcome mat to Messrs. Fleury, Giddoni, H. Johnson, M. Brown, from the infirmary. We also welcome Aleck Rospad who hails from Waboden. May your stay to short and pleasant.

Our genial hosts, Sam Pateman and Jim Wilmont, paid the O.R. a visit, Sam for a wax pack and Jim for a phrenic. Hurry back, Sam; we miss you.

The lucky ones to go on leave were M. Anderson, G. Anderson, A. Kristenson, J. Skog, A. Fleury, Oscar Carlson, and Bob Gilarski.

## John Yellowlees & Sons

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The Friendly UNITED Store

### MEN'S WEAR

A complete assortment of  
COSMETICS & TOILET ARTICLES  
ORIENT HOSIERY IN SILK,  
AND SILK AND WOOL

GROCERIES — HARDWARE

We invite the patronage of  
Sanatorium residents.

Ever since the boys have been calling Vine Johnson "Van" he has been getting up to wash before breakfast.

Flash! Chuck Foster has started knitting, under the efficient guidance of Bob Gilarski. He must like knitting—he gets up at six in the morning to knit.

Marvin "Toughie" Anderson has been singing the "Googie Boogie Woogie Blues" since his first meal over. It's not a bad number, Marv.

That's all for this month. Cheerio.

### Observation News

Three cheers for Brandon or a former Haligonian, Lillian (catch that mosquito) Bateman from West Three. She dropped in at the end of the last month and we hope she doesn't have to stay long—not that we don't like your company, Lil. Helen Speirs and Mrs. Atamanchuk (Chucky) arrived from West One and Mrs. Spalding from West Three. Welcome, girls!

Doreen Wicklund and Mrs. Gerty Watson returned to the infirmary. How does it feel to be wakened at the crack of dawn, Doreen?

Florence Hayden might well be proud of the smart jumper her nimble fingers whipped up.

Never a dull moment when Moyra Armstrong with the sparkling personality is around—and in the mood.

What has "THE" Blonde on the west side downstairs got that we haven't got? We wonder!

Debit, credit, profit, and loss are heard out "Fredrickson Trautman" way. Both parties are going great guns on bank balances and insurance policies.

Mrs. Aitkens is sporting new dentures and Moyra Armstrong, who is contemplating likewise, asks, "Could I try them on for size?"

No brother in the Smithard family and Helen is doing a swell job on a pair of size ten diamond socks. Hmm!

With all her new finery Gracie Rogers

has no escort for the Easter parade. Reason? A special friend home on holidays.

Yes, there were two home-goers, namely, well:

Link has gone,  
Oh! Gee whiz,  
She will know  
What we mean.

Also Betty Rink went home to good old Gladstone. How goes everything, Betty? Hope to be joining you there soon. Will we paint the town red? (Oh yeah!)

Inez Blair was over for a phrenic. She said it wasn't bad.

There will be a new reporter next month. Hope the last three haven't been too boring; so, cheerio.

### West Three

"Spring is here, the grass is riz,  
Wonder where the flowers is?"

In search of an answer to that question several of us have been fortunate enough to go riding around the country—for an hour.

An outing of this kind only adds fuel to your reporter's going-home talk. Really and truly she is planning on leaving in June, on the first, says she with her fingers crossed. No wonder such a mundane thing as writing a column for your edification can't compare with dreams of her future habitation in Brandon.

Now you know the reason for any errors or omissions. Shall we go on from there?

What with Easter you can imagine the new clothes that were on the flat. Jean Traquair heads the bed jacket class with a glamorous green creation; Mrs. Radalinsky is sporting a new blue slack suit, Lucille Jarem and Elsa Nelson have made themselves skirts, and Mrs. Melnick ends this list with a too small blouse, only a size 18! The rest

of us look at the parade with tongues hanging out.

We are even greeting the season with a few new beds. Amelia Julius says hers is so long that it makes her feel like a daschund.

One of our new doctors has a fine gift for phrases which he used to advantage when describing Mrs. Dubois dripping with joy over a lovely photo of her young daughter. She was "weeping copiously". If he stays around long enough we may yet develop an extensive vocabulary.

Our Mrs. Patrick is such an ambitious woman that she finished half of a small sweater in only 6 months! At this rate her youngest should be in college before it is finished.

While roaming around one day we overheard this snatch of conversation, "I should do some work tonight, my lungs needs to come up."

Rejoinder—"Well, don't let it up on me!"

Nina Pruden joined the "Keep a Plant Alive" group with what was a lovely specimen of planthood which has turned into a sadly faded one with time. Think you'll ever part with it, Nina?

Our best birthday greetings go to Mrs. Monty and Mrs. Pritchard. May the grass always be green under your feet.

The welcome mat was rolled out for the aforementioned Mrs. Pritchard from Treherne, Mrs. Penner who came to us via the Central Clinic, and Mrs. Johnson from West 2 (this made R 3 Johnson and Jonson, Inc.) Those who left us to taste

**LALLEMAND'S**  
*Yeast*



the heady delights of the outside buildings were Mrs. Spalding and Mrs. Bate-man who went to the W. Obs., and Mary Friesen who is now in No. 2. May the fates be kind to all of you.

Frances Vaski remarked on her way bet that she keeps away from The Mes-senger. She hasn't—but we are right now.

'Bye till we meet again.

### Thoraco Themes

Gossip mongers here we are again. The excitement on the flat has kept your reporter on the alert. The arrival of one Angie Ghidoni at 10 p.m. caused some commotion and interrupted the girls' beauty sleep. However, she's forgiven and we hope her stay is short and pleasant.

Sophie Soltys from No. 2 is with us after having her adhesions cut. Sam Pateman and Jim Dumbleton both suc-ceeded in getting wax-packs and we hope they enjoyed their stay on the West. Of course Vic Pauls and Bill Kelly just can't make up their minds which flat they like the best, they keep moving back and forth. How about it boys. Not mentioning any names, but several girls on the flat find the Doc-tor's visits quite disconcerting—loss of

thermometers and extra stitches appear on knitting needles.

After celebrating Olga's birthday the girls in the big ward have been chasing the cure. Nary a peep out of them. (Good kids, eh!)

Others having birthdays were Bea Smith—did you say April 1st Angie. Lucky people to have visitors were: Tommy who had her daughter Marlene, Mrs. McCallum had her four lovely children to visit her. Bea Smith also had visitors including a very special one we presume. How about it Bea?

Before we leave for this month we wish to compliment Dr. Paine and the doctors assisting on their wonderful accomplishment of a lobectomy per-formed on Sunday April 14th. Heartiest greetings go to the patient Miss Goddard for a speedy recovery. Needless to say there was a great deal of excitement on the flat during the op.

Cheerio for now.

### East Two Notes

This month we hang out the old wel-come sign to Chris Gates, George Sewell, and Dick Foulds. We wish the boys a speedy and "uncomplicated" re-covery.

Don McLellan has now graduated to

the Gordon Cottage. He says it's really a good place to chase the cure. Val Melnick left for home, but stopped off at the Gordon Cottage for a week or so, while on his way.

Tony Beaufoy was fortunate enough to have a visit from the members of his family. Mr. Taylor had a visit from his wife and family. Wally Macmorran and Dave Gair had a visit from their wives.

Same Pateman is back on the flat after having a wax pack. He is eagerly looking forward to the day when he will be back with Miss Cassidy.

### King Edward Korn

If anything will inspire me to write a poem, the lovely weather we are having should, so read on, folks; you never know what will happen before I say "Cheerio!"

We have so much to report this month, I hadn't better waste time throwing the korn around, so here goes—

Keith MacMillan, Francis Downey, Garth Johnson and Bud Kuryk were in for their bi-annual visits and it is with a very happy heart I can report all re-ceived grand news. Congratulations! Arthur Carlson from Minnedosa is in for a check-up, so good luck to you, Arthur.

We said goodbye to quite a few of our "korn planters," from upstairs. We miss Ken Wilde, Herb Wyman and Mike Furey, who left for their homes in Bran-don, Winnipeg and Sydney respectively. Our very best wishes go with you. Joe Switzer is away on a holiday, which leaves Claude Ground, Charlie Tisdale, Bob Brown and Arthur upstairs and by all accounts we will be saying goodbye to Bob anytime.

We had a big month downstairs too. Ardith Lamb decided she would like a holiday so she left to visit her sister near Edmonton.

I'll have to report on her visit next month because she isn't back yet, but I can say we sure miss her around.

Myrtle Munro went into Brandon for a week-end. All she came back with was a permanent, which looks very nice, Myrt, and I'm glad you had a nice trip.

On April we said Happy Birthday and goodbye to Betty Venus. She left us for Winnipeg where pretty soon she will be taking up permanent residence. Our very best wishes to you, Betty, and to you too, Jack.

We also said farewell to Margaret Bis-hop, who went home to Altamont. It will be nice seeing you when you come back for your pneumo, Marg. We hope you have a happy summer.

Marjorie Burch went home for a week's holiday. We hope you are having a nice time, Marj. Eileen, Ada, Myrt, Jean, Eleanor and yours truly will all be here when you return.

And now a word to the wise—hold your noses!

"Down by the shores of Pelican Lake,  
When spring comes in with a rush,  
There's many a fish gets caught on a hook

So— don't be a fish!"  
Okay! Okay! I know when I'm beat;  
I'll fade, really I will. Pip pip.

### East Three Laments

Here I am roped into reporting after so many years of peace and tranquility. Our regular reporter is holidaying around Warren district overseeing seed-ing operations. Any wild oats coming up, Rae?

The newcomers are: Messers Thomas, Stapleton, Marten, Hatherly, McEntee and Olenic, who left us already in a rush. These car rides do get a person, don't they? To those remaining, we extend our wish for good cure chasing and may it be short and pleasant.

Cecil Sanderson left for St. Vital for some more rest and his brother Reg. left for home, while Brown took up residence in No. 1 Pavilion.



The two gentlemen in the above picture are left, Allen Soher and right, Archie McDonnell. Both are ex-service personnel and both have since recently returned to their homes.



Our "trumpeter" Alfie is mostly on the down beat these days. Cheer up, Ole Boy! Better days are coming. Deloraine was not built in a day. Down beat is only a prelude to the up beat and it is sure to come.

The lucky ones to have visitors over the Easter weekend were: Webster, Kwasnicki and Wallis.

Did anybody hear of a fluid-drive on a person? Bartlett says he has it and it drives him down stairs as often as doctors want him.

## Number Two News

I fully expected to be away this month and give you nice people a new reporter, namely one Ruth Pico, but since I'm still here we are both contributing to this column.



● Thirst flies ... spirits brighten ... when you "fresh up" with 7-Up. There's a smile in every sip.

YOU LIKE IT - IT LIKES YOU

First welcome our newcomers: Mary Friesen from West Three, Gladys Louis from Neepawa, Margaret Crate via Clearwater Lake San, The Pas.

This month we bid farewell to Mrs. Dobson, Harriet McLean, Myrtle Pratt, Kay Hiebert, who left for their prospective homes. How about the letters you promised, girls!

No sooner had we welcomed Nancy back from the West where she had her adhesions cut, when Sophia Soltys left us for the West to undergo the same operation. She's back again and up to her old tricks.

Also to visit the O.R. were — Vara Yakaboitch and Anne Sloan for phrenics. Both are up and around again.

Lucky people to have visitors this month were Florence McKeown, Mrs. Stewart, Mrs. Carpenter, Joan Thick, Sophia Soltys, Ina and yours truly.

When Florence McKeown and Ruth Pico discovered Number One was their territory to sell violets for Easter, right after rest hour one day Florence was heard to remark, "Do you think the men will be awake yet? I always wanted to know what a MAN looks like when he has just awakened."

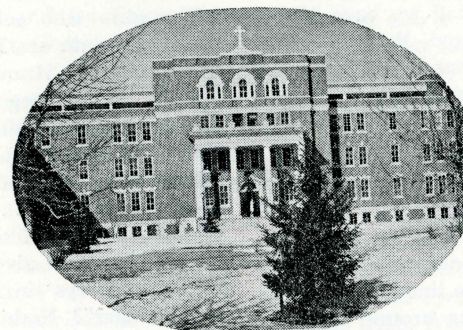
Lucky girls to visit the city on leave this past month were Florence McKeown, Ray Gorenstein and getting ready to leave is Daisy Jones and, as Daisy says, "Winnipeg, here I come."

Congratulations to Bea Hall on her negative culture and here's hoping she can soon join the lucky ones going home.

A birthday was also celebrated by Faye Allen and Oh! the beautiful yellow roses she received. I hear tell, Fay was up half the night making certain the room wasn't too hot and then again not too cold. My! the loving care those roses received. Isn't love grand, Faye? Reminds me, are you lonesome these days?

Until next month (I hope I'm not here) 'bye everyone.

## St. Boniface Sanatorium



### Ici St. Jean

During the past month two of our company went their separate ways, namely, Messrs. Przybylski and Morrison. To these lucky fellows go our best wishes for a bright and healthy future.

We welcome to the flat two newcomers, F/O Boddiss and Mr. Copping. May your stay be pleasant.

Lou Berard is looking for a roommate, having lost his by way of Arborg a short time ago. It has been rumoured that he has recently been seen talking to the wall. Could this be the first sign?

Ken Porter is back once again after a brief trip to the O.R. No sooner was he back than he received a bouquet of flowers. Could be that the way to a man's heart is not through his stomach.

Tom Borrer and Dick Galbraith (sigh) are on outdoor exercise, together with Jack Gales, Tom Mackie and Joe McFarlane.

Frank Rollick has made an addition to his room. He is now the possessor of a fine combination radio and phonograph. So now, through the courtesy of R.C.A. Victor, Rollick and Anderson have music when they want it.

The recent Memorial Cup games have caused quite a stir. Lemay and Rawlings were all for St. Mike's, while Gal-

braith and Porter stuck to the Monarchs. This corner can be quoted as saying, "Monarchs, in seven games." Bobby O'Halloran runs hot and cold on the pools. He always has the threat of a boycott hanging over his head.

Bill Weidner lost his roommate, Chas. Morrison. When Charlie left, his three turtles also left, leaving Bill with only two goldfish.

"Ears" Milne and Mr. "Cribbage" Russell for short, still follow each other around the crib board a few times per week, while Derrien supplies incidental music and songs on his one-string "geetar."

The fellows in 111, headed by Bill Pfeifer and including Messrs. Cochrane, Heath and Lacouette, are real cure-chasers.

That fine, good-natured, jovial, amiable and all-around good fellow, Maurice Rosko (nothing wrong with that, is there, Maurice?) has outdoor exercise now. Every day at eleven, Mike Demchuk has the whole room to himself. He has one hour of O.T. and is in the leather business.

In writing this, we have completely overlooked Mr. Carson, who joined our merry mob last month. Welcome to you, sir, and may your stay be a pleasant one.



Once again we doff our well worn chapeaux and give sincere thanks to the Red Cross for the pictures shown here last month.

On the nursing staff we have Misses Bailey, Anderson and Brown. "Doc" Neilson and Mr. Svenson are the orderlies. On nights, Miss Knelman handles the flat.

See you next month.

### Youville Yodellings

Hi there, guys and gals! Let's see what we have in the line of news. The surest sign of spring around the San. these days is the sound of such remarks as: "Are you going home also?" and "Yes, I also expect to be called up any day now." So far, Mary Dircks is the only one who departed for home. Our best wishes go out to you, Mary; as for the others, shall we say they are waiting very patiently.

We extend a hearty welcome to Mrs. Hasiuk of Gardenton, Marjorie Wiebe of Plum Coulee, and Margaret Denet of Grand Marais, Man. Hope your stay be a short and pleasant one.

Routine increases were given to the following: Miss Busch and Miss Neault, R. 10; Mrs. Hill, Misses Johnston, Hartnell and Nicholson, R. 8; Mrs. Pinesoneault and Miss Wickdall, R. 6; Mrs. Mitt, Mrs. Lemaire and Mrs. Pyziak, R. 5; and finally Misses France and

Hrankowski with R. 4. It has also been reported that Miss Morrow is gradually coming out of her cast. Nice going there, Mildred!

The girls who celebrated birthdays this past month are Mrs. Zommer, Miss Yarema, Miss Hrankowski and Miss France. So that accounts for the beautiful red roses, eh, Millie! As for yours truly, she ain't talking. Talking about flowers, Miss Johnston got some *beauties* also. (Censored) . . . .

*Things we would like to know:*

—Why Miss (I'll give you a dollar for it) Soltiss keeps singing "Put that ring on my finger"? Nothing like being persistent, eh, Salty!

—Which "two lips" Miss Sabovitch likes best of all. Those she got from the K.E. from a certain Johnnie. Very nice indeed, and thanks to you J.S.

—Who the certain girl is who wants as a companion a tall respectable gentleman, Ukrainian preferred, anywhere from the age of 16-45, with a car and rolling in dough. Object matrimony. Call V.M. (so what) anytime from 7-12 p.m.

Those visiting the O.R. are Mrs. Elliot and Mrs. Chimiuk, who had their adhesions cut; Mrs. Knoll and Mrs. Zommer, for a second stage; and Miss Donalchuk, first stage. We are glad to report that all are doing very well.

A great big hello to Ollie Pastiak who has taken temporary residence on St. Joseph's. We miss you very much, Ollie.

Those fortunate enough to get Easter leaves and otherwise are Mrs. Ledger, Mrs. Hill, Miss Johnson, Miss Zdan, Miss Wickdall and Miss Sabovitch.

A hearty "Thank You" to Rev. Father S. Sloboda who came out to the Sanatorium on April 14th with his yearly concert sponsored by the Youth of St. Nicholas School; also for making it possible for us Ukrainians to assist at Mass in our native language. Your concerts and Mass have always been looked for-

ward to and we would really like to see more of you all in the near future. Thanks again.

And so until it is time to pick up pen and paper again and jot down some more of the doings, Cheerio all.

### Ste. Therese Tattlings

Hubba! Hubba! Hubba! "April Showers Bring May Flowers." This month we bid farewell to Mrs. Mae Barter who did a splendid job of reporting each month. Best of luck, Mae. Rhoda Sutherland was another fortunate person to make her way home. Hope the word "Luck" describes all we wish you.

On the balcony, we have Miss Barkman with R. 4; Mrs. V. Ellis, R. 5; and Mrs. Holm hoping for routine. Mrs. Romond is still roaming around, hoping to go home soon.

Nora Christensen, Frankie Horning and Alice Marcus have had so many requests played for them from station CJOB—wonder if they know the boys? *The things we'd like to know:*

Why Alice takes a tonic?

Why Nora's heart misses a beat when certain footsteps near our door?

Flowers and mail keep Mrs. Sennella very happy. "Gee," said Jean, "no routine and a new pair of shoes." (Plug for you, Jean.)

In room 164 we have Mrs. Seaticki and Lewicki who so silently chase the cure. Honey Walker just glowing with joy to spend a few hours out on a pass to see mother and young kid brother. Marg Krupa wonders if the scales are right. Figures don't lie.

Room 161 is now inhabited by Mrs. Ratner from St. Joe's. That's what all the laughing is about as Mrs. Challon joins in with merriment in bed one.

Hope to see you up and around again soon, Bjorg. Ruth Lyne says it's funny to be able to get out of bed in the afternoon. Congratulations, Ruth, on your routine 6. Doreen Hoeppner gets all

the fan mail. Helen chases the cure with good reading material on hand; especially Life Magazine.

Welcome to our happy throng, Miss Brousseau; also to the exclusive pneumo club. Miss King looks so happy after all those nice visitors from the "North".

Miss Mondor is sporting a new housecoat. Mrs. Chykowski is doing well with R. 6. Mrs. Kitchen and Mrs. Reimer lend a hand at eventide to serenade us.

The nursing staff consist of Miss "Diamond Sock" Kirby, Mrs. Grant, Miss "Bobby Sock" Reti, Miss ("Where did you get those eyes") Canton, and Miss Bouden (Ship Ahoy! Sailor Boy). At night we have Miss Arbour, the Songbird of the South.

Spring brings heartfelt hopes along, To make each day a happy one,

And fill your life with song.  
Cheerio till next month.

### St. Boniface Clinic

Just in case the ardent readers of this column hadn't noticed, it has been three months since we had a news column—the reason? Well, certain parties intimated if I never wrote the column it would not be missed. I tried it and darned if they weren't right, so just to spite them here's your column again in all its glory.

Many of us have said at one time or another, that we look up to no man, but I imagine quite a few of us look up to our Dr. Johnson and I don't mean by bending our necks.

You all remember Mrs. Glendall, just as I forecasted several months ago she got her man. From now on it's Mrs. Barnett—has been in fact for the last two months. Poor fella. Seriously, Mr. and Mrs. Barnett, we extend our sincere wishes for happiness.

Who's the nifty new grad at the desk? The name—Miss Loewen, not bad, not bad at all, "huh".

Then how about the other nifty one?

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I have a little disappointment there—the name, Miss Currie, but she is just with us until graduation. Keep hoping though, you never know.

To Miss Depope and her family, we offer sincere sympathy on the bereavement of her father.

Now about us on the receiving end. As always we have with us our good Father Shulist.

About that "hunk of man" who goes by the handle of Freddie Devlin—don't get ideas gals, he is not for "free" now. May be you'll believe me when I say the best ones are always married.

The old wolf who looks like he has more than his share of corpuscles these days is still carrying that brief case about. I'm curious to know what's in it.

Father and son Raden respond wonderfully to medical treatment, but not so well to our treatment. If they don't let us in on their numbers racket, operated right in and about the desk—well! do we or don't we?

The new gal you guys are shyly peeking at out of the corner of your eye is our new pneumo patient.

Oh, so many very nice girls and yours truly doesn't even know your names, just wait until next month.

Mr. Fawcett, is a patient at Deer Lodge Hospital. How about it Mr. Fawcett, give us just one more chance while your thinking it over. We send you luck and good wishes by the carload.

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I'll need more than pneumo if I don't sign off and go to bed, so until next month, be good.

### ANNEX ECHOES

There are so many changes to report this month that your hard working reporter scarcely knows where to begin.

*First Floor*—Lucky people to return to their homes this month were: Mr. Frank Chartrand, Johnnie Moar, Chuck Sinclair. The best of luck, boys. Charlie Queskepow left us for Deer Lodge Hospital and Albert Richards is now residing on St. Luc's. Why the sudden change, boys?

Mr. Park had a date in the O.R. and we hear he's doing fine. Leslie Monkman is enjoying R. 10 and hopes for an increase soon. Mr. Ducharme is rooming alone and wouldn't mind having a roommate.

*Second Floor*—Let's peep into the kiddies' corner and see what they're doing! Pauline Opasky, Marie Vandall and Eva Catcheway are all enjoying R. 5. Everyone seems to be avoiding Brucy and Dennis' room; the reason being they want more and more comics. The little pet, Marcel, stretches his neck to see who is coming up the stairway.

*Third Floor*—Our best wishes go to Kay Richards who departed for her home. Next door we find the "Happy Go Lucky" gals, Florence Ouellette and Doris Lavallee. They are longing for the bright lights and a little bit of hubba, hubba.

Henriette Ranville doesn't know whether to be glad or sad over the fact that she has lost weight. She keeps on telling us that she's not worried, but we can see it in her eyes.

Mrs. Fourre and Mrs. Starr are taking good cure by resting quietly. Whenever you hear someone saying "What do you think this is, a bakery?" you will know that it's none other than Mabel Chartrand.

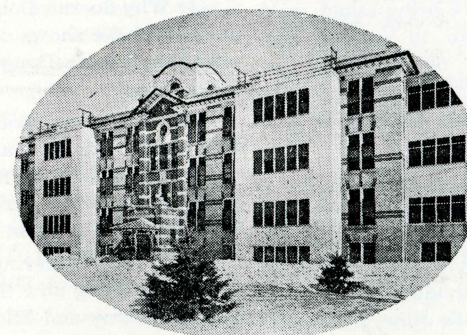
Agnes Lucier tries to tell us that she is knitting herself a sweater. You can't kid us, Agnes. Her roommate, Mrs. Olson, takes the best cure of all.

Beatrice Schmidt sports a new perm. and sings more cheerfully than ever, "I love a soldier and he loves me too." Who is the soldier, Bea? Mary Boyer and Florence Balfour are on their best behaviour.

Looking after all these good people are: Mrs. Nichols as head nurse, Misses Zukiwisky and Korzinski on first floor; Mrs. Cranston, Misses Brien and Norman on second floor; and on third floor Misses Kulba, Kelly, Mowatt and Mrs. Teevens. Captain Perron and Pte. Garry are the night staff.

Be sure to watch the next issue for further developments.

## King Edward Memorial Hospital



Now that spring has definitely set in, we're finding it rather difficult to stick to chasing the cure, but it seems that the only way to get out of here is to do just that, so we'll settle back and let you in on the various cases of "Spring Fever" that pervade the Edward at present.

Many of the patients were lucky enough to receive beautiful bouquets of flowers for Easter, besides numerous other goodies. Visitors were plentiful, and it proved to be a big day for everyone.

We've been quite fortunate in having the Legion bring us a picture every Wednesday night. Some of the more recent ones were "Pot of Gold", "Road Show," and "Pride of the Yankees", the

last one drawing tears from many an eye. Most of the "weaker sex" grabbed wildly for hankies—oops, I mean "Kleenex", and tried to repair the damage before the lights came on. Anyway, we all felt better after a good cry and we felt indignant that some of these hard-hearted males could find nothing better to do than laugh at our tears. They just ain't got no heart, that's all! But, laughter or tears, as the case may be, the pictures were enjoyed by everyone and all we can say is, "thanks very much, fellows!"

While most of us are confined to gazing out of windows and pestering the doctors for leave, it seems that Cy Stewart was quite content to just sit back and watch the current heart-in-



terest go about her every day duties. All well and good until one day, his little dream was shattered and he awoke to find that she had been transferred to second floor. We think it was a dirty trick, especially after the "initiating treatment" he and Haddock underwent at the hands of Aime Paul. Never mind, boys, you can expect anything from Aime!

It seems that there's an interest as to what Mel Frieze will do with the money he made on the sale of his car. Ever think of going in the chicken business, Mel, or do you figure that the bad eggs you're in with are enough?

While questions are being asked, we'd like Johnny Shestko to answer one. Are you planning on charging an amusement tax for a look at those ribs that you're preserving, Johnny, or is it just a case of showing them off?

Although Ron Rogerson may be a very nice fellow in his own way, we only hope we never have to sit in front of him at another show. He's almost as bad as a certain individual who sits in church muttering, "It's June, it's June". He must be trying to rush the season because we all know it's only May . . . . Or could it be that very attractive female who sings with the choir that he's referring to?

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### Things We'd Like to Know

(1) What (or who) was it that caught Ken Robinson's eye and caused him to do a quick flip, landing him in bed with a broken foot? Glad to hear you're able to be up with the aid of crutches now, Ken!

(2) Has anyone any idea who the curly-headed "bell-bottom-trousers" is, who periodically sends Sheila a dozen beautiful red roses?

(3) Who was the very excited fellow who was given leave to go and meet his Scottish bride who arrived in Canada a few short weeks ago?—Could it be Harry Brochie?

(4) Why doesn't Doug Buck ever come to any of the shows or concerts? Chasing the "cure", Doug, or are you just anti-social?

(5) And what about Stan Ackabee? We never see him any more, but we guess he is kept pretty busy with that Persian rug he's making. How about letting us see it when it is finished?

(6) We're wondering how Roy Froon is getting along now that his two room-mates, Jimmy and Mitch, have left. Bet he's getting a lot more rest!

Speaking of the George, we hear that our old friend, Tommy Dunne, was feeling a little under the weather a short while ago and we hope everything is fine now. After all, we expect a visit from you in the not-too-distant future, Tommy!

Second floor has been receiving a lot of attention lately, what with new routines and all! Some of the lucky ones were, Hilda Campbell, Peggy Komodoski, and Mary Martinec (just in time for her Spring Dance). Freda Bousquet has started pneumo, so we expect it will not be long before she's up too.

We hear that Eulie Foran experienced quite a fright on Easter Sunday when she was handed a Picardy box and

it started to move on it's own power. She found the cause when she opened it up. Two adorable fluffy, yellow chicks! Wish we could have seen them!

Wonder why Kay is always singing "Onesy Twosy, I Love Yousey." We hear that there's quite a story connected with it. Guess I'll have to ask Doris R. and "Nippy" what it's all about!

Jean Grozen received such a huge Easter card from her husband that the girls say it had to be delivered in a truck. Isn't that a little far-fetched, girls?

Speaking of husbands, Tibby O'Regan thinks there's nobody quite like her Pat, and we're inclined to agree with her. He showed where his thoughts were at Easter by sending Tibby a beautiful bouquet of roses, iris, daffodils and snapdragons. Anyway, we think Pat's a pretty luck fellow, too!

Before signing off for this month, we would like to congratulate Mrs. Wildgoose on her grand job of substituting for Miss Zawadke while the latter was on her vacation. It's pretty much of a job to keep everything running smoothly,

and Mrs. Wildgoose came through with flying colours.

A big "hello", and a hope that their stay may be a short one, goes out to Misses Joy Maxwell, Peggy Komadoski, Mrs. Harvey and to the Messrs. Ronald Ward, Walter Imlah, Joseph Cummerford, Stuart Somers, Clarence Stewart, Johnas Sigurdson, Stanley Halleck, Kermit Moore, George Ebert, William Jeffry, Norman Willoughby, Lawrence Pascal.

Discharges include Jimmy Allen, Mitchell Hanna, Les Houde, Wm. Dick, Eugene Millani, George Lichter, Mike Zadowich, Andrew Anaka.

We all regret to see our favorite nurse, Miss LaBel leave, but we hope she'll be very happy in her new role of Mrs. Charlie Curran. Gertie made many friends while she was at the Edward and her kindness will be long remembered.

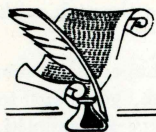
Mary N. had a nifty dress,  
'Twas short, sweet, and airy,  
It didn't show the dirt at all,  
But gee how it showed Mary.

### Frustration . . .

When the world seems but an incident,  
And decision seldom seemeth right,  
When tomorrow's dawn is never meant  
To permeate the vagueness that was night,  
It is then that human values change.  
No longer, quest for material gain—  
Rather for affection out of range  
Of those knowing not the drudge of pain.  
Today becomes our Future and our Hope.  
With its end, all aspirations die,  
But in the darkness we blindly grope  
For the love that Fate would us deny.

DR. STUART CAREY





## LETTERS

To the Editor:

Attached is cheque for \$1.00 for subscription to *The Messenger*. I saw a copy in Mr. Hillyer's office and I think it is exceptionally well prepared.

Yours very truly,

G. C. BRINK,  
Director,  
Division of Tuberculosis  
Prevention.  
Ontario Dept. of Health.

To the Editor:

Congratulations on your splendid pictures and story of the new Indian Hospital at Clearwater Lake. It is also of much interest to us in Saskatchewan. For that reason I would very much appreciate borrowing some of the same pictures if you can spare them for publication in *The Valley Echo*. We are always glad to publish news of T.B. work in other provinces and yours certainly is a good record.

Good luck to you and thanks very much.—Sincerely,

JOAN STEPHENS,  
Editor,  
*The Valley Echo*.

To the Editor:

I would like to take this opportunity to thank the doctors, nurses and staff of the Manitoba Sanatorium for their kindness and care during my stay there. To the patients I send my best wishes.

Sincerely,

CONNIE GADDIE.

Fort Qu'Appelle, Sask.,  
May 3rd, 1946.

To the Editor:

Through the medium of *The Messenger* I would like to express my sincerest thanks to the patients of the King Edward Hospital for the beautiful gifts which I received when I left the hospital.

The men and women of the King Edward have imprinted a spot of warmth and affection in my heart that I will value forever. Each and everyone of you will be among my most treasured souvenirs.

Wishing you all the best of luck and a very speedy recovery.

Sincerely yours,

GERTRUDE LeBEL.

CHEWING GUM RAISES  
TEMPERATURE

I had forgotten that muscular effort produced a local rise in temperature until last summer when after tests for undulant fever, typhoid, malaria, etc., on a child, I discovered that on discontinuing the use of chewing gum the temperature became normal. A whole family troubled with fever became normal when the chewing gum habit was discontinued.

In September each of 10 nurses was given a piece of chewing gum and requested at the beginning of the hour and for every five minutes thereafter. For 30 minutes she was to chew the gum, then to discard the gum but continue the record. The thermometer interfered with the chewing of the gum one minute out of every five.

Chewing produces a physiologic elevation of oral temperature. The amount of elevation depends on the amount of muscular efforts used in the chewing. Chewing gum can produce a false fever that may confuse a diagnosis.—H. B. Searcy—*So. Medicine and Surgery*.

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—HAZLETT.

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