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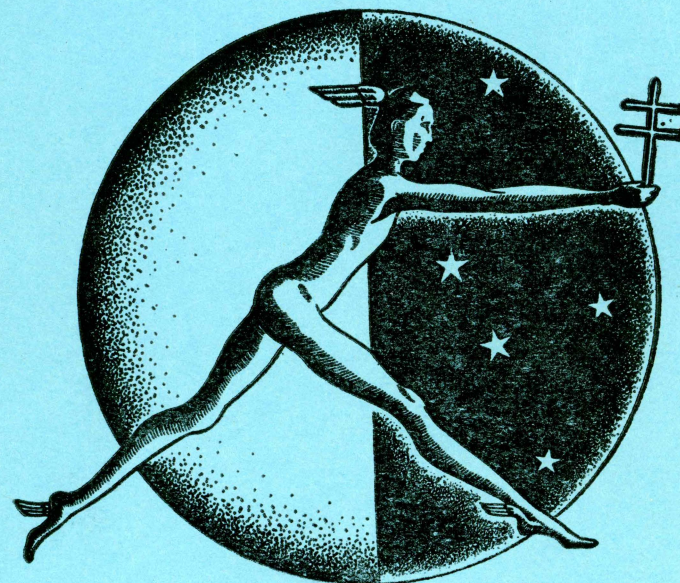
(Inserted by *1958* spirited Winnipeg firm)

Mr. J. Zayshley,
Central Tuberculosis Clinic
Winnipeg, Man.

THE

Messenger

OF HEALTH



VOL. 21, No. 5 TEN CENTS

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THE *Messenger* OF HEALTH

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Editor: T. A. J. CUNNINGS

Associate Editor: MISS M. C. BUSCH

REPRESENTATIVES:

Manitoba Sanatorium: J. BOOTH

St. Boniface Sanatorium: R. ROTH

Clearwater Lake Sanatorium: I. DAIGLE

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"Where there is no vision the people perish"—Proverbs.

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First: Guard your own health; have periodic check-ups and see your doctor at once in case of illness.

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No Danger From X-Rays

Many people are worried when they read in their newspapers sensational accounts of the dangers of radiation from x-ray. Nervous patients who undergo radiography even eye the machine with apprehension.

What are the facts? Danger from radiation following x-ray examination is very small indeed; the amount of radiation is much less than the natural radiation which comes to us out of the air. Professor Manoel de Abreu, the inventor of mass radiography, points out in *Revista Paulista de Tisiologica do Torax* that this natural radiation, which comes originally from the sun itself, is not harmful but necessary; for millions of years it has helped in the evolution of life on this planet.

We are continually exposed to natural radiation from outer space, although protection is given by the gases in the earth's atmosphere. Radiation also comes from uranium and radium in the earth, and even from radioactive elements used in medicine and science.

Nowadays we are also subjected to artificial radiation from a number of sources: the fallout from H-bomb tests, waste matter from atomic plants, and x-rays and other radio-elements used in medicine and science.

Most people are particularly concerned about the possible effects of radiation on the reproductive organs (gonads) and the consequences for future generations. On the basis of tests made by the Brookhaven National Laboratory, USA, Dr. J. E. Perkins, **Managing Director, National Tuberculosis Association**, wrote: "To reach the maximum harmless dose . . . for the gonads it would be necessary for the same individual to be submitted to fluorography 2,000 times in the first thirty years of life."

Professor Manoel de Abreu adds that if we take the high average of three examinations a year, that is ninety in thirty years, only 1/144 part of the minimal dose limit would be reached. This shows a very favourable position for mass radiography examinations, which are not only necessary for early diagnoses — the first condition to treatment and prophylaxis — but are also harmless.

Exposure to radioactivity must certainly be kept to a minimum; it is important that radiographers and others working with radioactive substances should be adequately protected. But the x-ray remains our guardian and friend, detecting disease in time for effective cure and providing treatment by deep ray therapy in cases when all else has failed.—NAPT Bulletin.

The Vote is your Right and Privilege

That this is a provincial election year is no news to any one, regardless of age or voting inclination. Nor shall we be allowed to forget June 16th, 1958, for the combined forces of newspaper, radio, television, and other news services will continue to pour forth information, conjecture, and what have you every day between now and then.

To vote—to have a personal choice in who shall fill these important posts is the right of every Manitoba citizen of voting age. The patient or temporary resident at a Sanatorium need not feel that he or she must sit back and feel apart from this activity. They CAN and SHOULD exercise their right to vote.

Most of us are ordinary people seeking extraordinary destinies.—Balzac.

Bear today what'er today may bring,

'Tis the only way to make tommorrow sing.

TAKE YOUR MOODS IN STRIDE

One day you feel as if you were on top of the world. Your work seems light and you hum a tune as you do it. You have a cheerful word or a bantering joke for everyone you meet. Your thoughts turn to pleasant events and lightly leap on to yet more happy times to come.

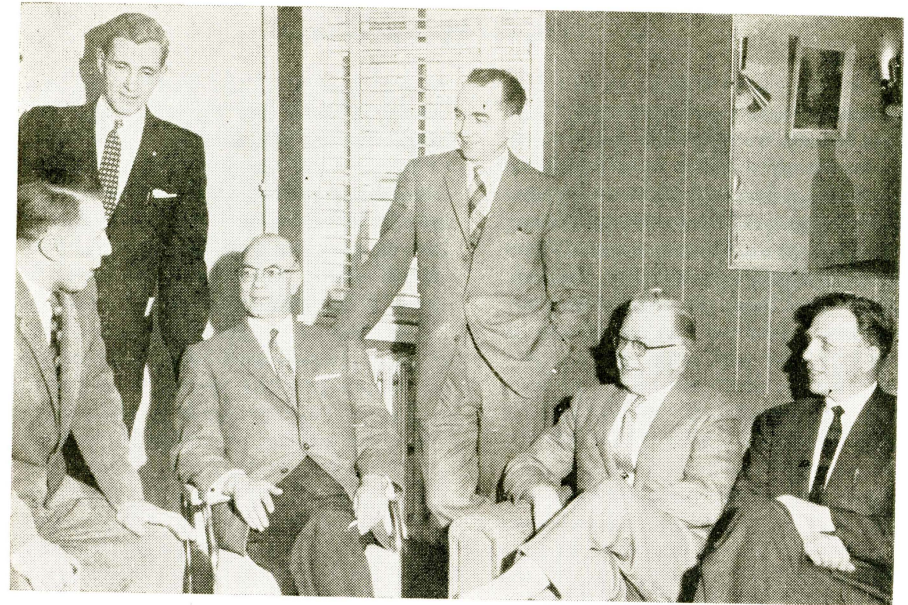
On another day you feel blue. Your mind is depressed it, hurts to smile, and you are curt in your contact with friends. The odd thing about this blue mood is that there is usually no accounting for it. That is, you cannot put your finger on any happening or threat of forboding that warrants this state of gloomy pessimism. This mood is like a damp fog surrounding you. There is no "life" to it and you can't seem to dispel it.

Emotionally-mature persons usually take these moods in their stride and don't allow themselves to succumb to their depressing effects. They take for granted that fogs do lift after a while, and meantime they carry on, stoically perhaps, but without advertising their unhappiness. Life is that way. But the person who is over-sensitive to moods has a harder time. he takes his unhappy moods too seriously. Surrounded by the clammy fog he broods and sulks and in so doing his mind turn, like a magnet toward, the unpleasant. This makes him still more moody— his mind travels in a circle, round and round all the unhappy situations of life. His environment is not at fault but rather his interpretation of his environment. The state of his mind causes him to select thoughts that are gloomy and hence in harmony with his mood. And so he gets bluer and bluer; his depression not only deepens but he thereby prolongs the depression period.

How does one get out of this fog? One way is to face the fact that it is a kind of cloud in which one travels round and round. It isn't the gloomy thoughts because we are in a gloomy fog. The thing to do, we are advised by the psychologist, is to stop going in a circle and make a bee-line break for the sunshine. How?

Well, thought and action are closely bound together. How clearly the physiologists have pointed that out! If, for example, you feel that the world is coming apart at the seams you are likely to act accordingly. You will do your work in a dispirited, hopeless manner, treat your friends as if they were nuisances and drag yourself around like a frightened pup with his tail between his legs. Now the interesting part of this physiological phenomenon is that it is to, a large extent, reversible. True, thought is the trigger that sets off action, but deliberate action in turn can influence thought; can change the frame of mind. So a good trick to do when you are in a blue funk is to act as if you were happy. It may be hard at first and you may feel a little guilty for pretending to be happy when you are not, but have no scruples about that because the blue mood itself is a kind of sham that must be exposed for what it is. Outwit your mood by an unexpected and aggressive action. Let your positive action take the bulldozing mood by the collar and march it out into the open sunlight. Promptly the reactions you get from your friends will be more lively, which in turn changes the directions of your thoughts away from the unhappy. The moment your mind turns again toward gloom, give the rein a sharp yank — you've been over that

(Continued on page 32)



—Brandon Sun Photo

From left to right: W. N. Boyd, provincial co-ordinator of rehabilitation for the department of health and welfare; Raymond Gowing, business administrator of The San; T. A. J. Cunnings, executive director of the Sanatorium board of Manitoba; R. D. Ragan, regional superintendent of Indian affairs; Dr. D. C. Cochlin, assistant medical superintendent of The San; and E. Locke, Indian rehabilitation officer for the Sanatorium board.

Begin Program To Aid Indian Into Society

A rehabilitation centre at the Brandon Tuberculosis Sanatorium, viewed by officials as "a stepping stone" into modern society for aggressive Manitoba Indians was officially opened here April 1.

Representatives of the Sanatorium Board of Manitoba and the Indian affairs branch of the department of health and welfare, sponsors of the centre, paid a visit to the sanatorium to view newly renovated facilities. One ward of the institution, for many years one of the country's leaders in the fight against TB, has been redecorated for the task of teaching "disabled" Indians the ways of the white man.

Miss Ruth Snuggs, of this city formerly on the staff of the Dauphin residential school, has been appointed supervisor of the local centre, which has been established to operate in connection with the program of rehabilitation underway in Winnipeg for the past year.

Small Beginning

T. A. J. Cunnings, executive director of the sanatorium board of Manitoba, visiting here yesterday, said this small beginning proves without a doubt that the Indian can be absorbed into society.

The Winnipeg program has been very successful E. Locke, Indian rehabilitation officer for the board pointed out.

(Continued on page 10)

The Mystery of Sleep

If an award were offered for the most unpopular modern convenience our guess would be that the alarm clock would win at a walk. As a deduction from this general thesis we add that one of the undeclared dividends of being a patient in sanatorium is that there alarms clocks are strictly for the staff.

Until you came to sanatorium you probably wondered on hundreds of mornings how you could get up. Millions ask themselves this question daily. Then they sass themselves back and say that they have to get up, and how doesn't matter. Just get going!

However, human beings are so contrary that when they a chance to get all the sleep they can take some of them start wondering if eight out of the twenty four are really needed. After all, they think, Napoleon appeared to be pretty bright and wide awake on four hours a night.

It's true Napoleon seems to have slept only about four hours a night — but who says he didn't take naps during the day? A good many people suspected that he did, and that he brought the daily quota up to six hours in this way.

If that is what the Little Corporal did there is a reason why he apparently had more vim, vigor and vitality than those who get their six hours between 1:30 a.m. and 7:30 a.m.

Ever hear of "beauty sleep"? It's supposed to be the sleep you get before midnight. Parents urging children to get to bed have long featured the idea that there was peculiar and special virtue in being fast asleep for as long as possible before the stroke of twelve.

Well, the sleep you get before midnight is the best sleep you get — if you went to bed early. But if you went at four in the morning the first two hours would still be the best. There's an instrument called an encephalograph

which measures the activity of the brain. It does this by registering the small electric currents set up by brain activity. Dr. Gerald Wendt, science consultant to **The Unesco Courier** reports that when the encephalograph is set to work on a person who has just fallen asleep the waves die down to practically nothing for about two hours. Then, though the person is still asleep, activity begins gradually. It increases as the sleeper gets nearer to waking.

The person who sleeps three times in 24 hours gets the advantage of the deep restful sleep three times. The trouble is that only a small number of people can drop off at a moment's notice. Most people, however, can get accustomed to a siesta in short order if the opportunity is given. It helps if they want to get used to it.

Some people feel that those who move around in their sleep aren't getting as much rest as the person who lies still as marble. It's not necessarily so. The person who lies absolutely still may wake with a stiff neck. It's quite natural to change position several times during an eight-hour sleep.

As for dreams, we don't have them all night long, they say. Dreams seem to come along at intervals of about an hour and a half. Nor does a dream come and go in a flash. Dream action is just about the same rate as normal thinking. Generally speaking, we only remember a dream that occurs just before waking.—San Mag. Service

DAD

His name ain't on no tablets, in no park his statue stands. All his life he grubbed for wages—you can tell it by his hands. The things he'll leave behind him wouldn't load a sardine can, but I'd surely like to thank him for just bein' my old man.

Sleuthing For T.B.

When you leave the sanatorium you will discover that many of your friends expect you to be an authority on tuberculosis. While you may not be a walking text book the chances are you do know more than the friend who asks you about it, so you may as well help.

These days, and probably for the next few years, there is going to be great interest in tuberculin testing and it's quite likely someone may ask you about it. So here's what you can say if you're asked.

A tuberculin test is a simple skin test aimed at finding out whether or not a person has absorbed tuberculosis germs. The test is given an inspected or "read" two to four days later. If a person has had tuberculosis germs in his body there will be some swelling and redness at the place where the test was made. If nothing happens then the person has not been infected. It's one way of searching for the germ—a kind of public health sleuthing for a germ.

All those who react to the tuberculin test should have chest X-rays. On an average only about five out of 100 reactors have active disease, but it is important that the five find out and get to the sanatorium post haste.

It is also important that the other 95 positives know they have taken an appreciable amount of germs into their bodies. They are warned that they had better not take unnecessary risks with their health. There isn't a doubt that a great many cases of tuberculosis could have been avoided if the person involved had had good nutrition and a reasonable amount of sleep. Why so many people neglect their meals and think they can short suit themselves on sleep nobody knows, and, we won't go into it now, but thousand do it.

So knowing whether or not he has a positive tuberculin test is useful to a person for at least two reasons. One is that if he actually has disease he knows it's high time for treatment. If he is infested but there is no disease he at least knows that it's time to be sensible. To be sure it's always time to be sensible—but some of us need a slight reminder.

But tuberculin testing, and especially tuberculin testing in schools, offers further benefits to public health.

Let us suppose that tuberculin testing is done in a school of 400 students and ten children react to the tuberculin test.

All the children should have a chest X-ray, to make sure that they haven't active TB.

There is a pretty fair chance that all ten of them may be free of active disease. But the matter doesn't rest there.

The question is where are they getting the germs? The Health Department and their parents want to know before they get any more infection.

If the children are equally distributed all through the school the Health Department may have quite a job on its hands trying to locate the sources of infection. About all they can do is keep on giving tuberculin tests and chest X-raying until they find active cases among the children's contacts.

On the other hand the positives may all be in one or two families, perhaps one or two families living near each other. Then the Health Department's job is not quite so hard. They know approximately where the persons lives who is infectious.

(Continued on page 10)

Manitoba San Library Notes

New additions to our library are the following donated books:

The Heritage of The Desert by Zane Grey. The characters in this lively story of life on the Arizona desert in the early days of the settlement of the Southwest are cowboys, Mormons and Indians.

Arizona Ames by Zane Grey. A typical Zane Grey story filled with action and excitement.

Greater Love Has No Man by Frank L. Packard. The hero in this story is a man who takes the guilt of a man he hates.

Hidden Gold by Wilder Anthony. A Western story crammed full of action crime and adventure.

The Patient's Guide by Edward F. Garesche. This little book is a message

of cheer, consolation, encouragement, counsel and information to the patient in a hospital.

The Great Chief by Kerry Wood. This is the story of Maskepetoon, warrior of the Crees who made peace among the warring tribes, the Blackfoot, Pegans, Bloods, Sarces and his own Crees.

The Ladies Auxiliary of the A.C.T. presented:

Peace River Country by Ralph Allen. This is not a story of the Peace River country. It is the heartsome story of a family on the road to it.

The Master of Man by Hall Caine. This is a story of sin, suffering and redemption. The scene is the Isle of Man, but the subject is universal.

LIKE A CINDER IN THE EYE

If you never thought of comparing tuberculosis infection to a cinder in the eye then you and this writer are starting together. The comparison never occurred to us until we read what Dr. C. A. Wicks, medical superintendent of the sanatorium at Weston, said to a meeting of tuberculosis workers at Peterborough. The line of his argument went like this and we're dead certain he won't mind others using his illustration.

People aren't born with cinders in their eyes, said Dr. Wicks. They aren't born with tuberculosis either. They may go along for years without running into either.

But on the law of averages there is more chance of getting a cinder in your eye or tubercle bacilli into the body in ten years than in one year, and more chance of encountering either in 40 years than in ten.

Other things than time may affect the picture. If you live near railway

tracks, or half a block from some plant billowing smoke, the chances of getting a cinder in the eye are many times greater than if you live miles from tracks and industry. The underlying principle is the same for tuberculosis. The person who is living in the same house with an open, but perhaps undiscovered case of TB, has perhaps a hundred times greater chance of contracting the disease than one who does not encounter a case more than once in six months.

The tuberculin test, said Dr. Wicks, shows a community where the railway tracks are as far as tuberculosis is concerned. Where there are a lot of positive reactions it means there are sources of infection.

There are to be thousands of tuberculin tests given in Canada this year. It will be interesting to find where, from the standpoint of tuberculosis workers, the railway tracks are located.—San Mag. Service.

AMONG THE PERSONNEL



Mr. E. V. Olson has been appointed Business Manager at Clearwater Lake Sanatorium. His education was taken in Saskatchewan and in North Dakota. For the past few years Mr. Olson has been employed by the Britannia Mining Company at Snow Lake, Manitoba, as Purchasing Agent and Cafeteria Manager. He is married and has three children.

Mr. C. Christianson who has been Business Manager at Clearwater Lake Sanatorium since 1945 has been transferred to Brandon Sanatorium in the same capacity. He replaces Mr. G. R. Gowing who resigned to take the position as Administrative Officer of Blood Indian Hospital, Cardston, Alberta. Mr. Gowing joined the staff in 1949 and has contributed in outstanding measure to the development and good management of Brandon Sanatorium during his service there. All good wishes are extended to him in his new position.

Mr. John P. Prendiville is the new Physiotherapist at Manitoba Sanatorium. He is a graduate of the School of Physiotherapy, Royal Southern Hospital, Liverpool, and is a member of the Chartered Society of Physiotherapy. Prior to this appointment he was employed by the Canadian Arthritis and Rheumatism Society as their field worker in the Brandon area. Although based at Ninette he will also do the physiotherapy at Brandon Sanatorium.

Miss Ruth Snuggs has been appointed Supervisor of the newly organized Rehabilitation Unit for Indians at Brandon Sanatorium. She is from Brandon and is a graduate of Wycliffe College, Toronto. Miss Snuggs has had a wide experience working with Indians and Eskimos in the north for a number of years. Her most recent appointment was as Matron of McKay School at Dauphin.

Assistant Supervisor is Mrs. Sandra Kent, a B.A. graduate of Queen's University. For the past three years Mrs. Kent has held teaching appointments in Ontario.

Mrs. Marion McRae, R.N., commenced duties as Charge Nurse at the Central Tuberculosis Clinic in April. She had previously been employed at the Clinic a number of years ago in the same capacity.

Mrs. Edith Wisinger commenced duties as Clerk Typist at Clearwater Lake Sanatorium early in April.

The latest class of Practical Nurses in training arrived at Brandon Sanatorium at the end of April. The group includes: Misses Marlene Limb, Victoria Michayluk, Gladys Kram, Lorna Gates, Beverley Loewen, and Merle Oswald.

Mr. Wilton E. Jamieson began work at the beginning of April at Manitoba

Sanatorium as a Stationary Engineer apprentice.

Nurses Assistants who commenced employment at Manitoba Sanatorium in April were Miss Phyllis Collins, Miss Sonia Wennurland, and Miss Alice Chapman.

Mr. Philip R. Clark started work early in April as an apprentice stationary engineer at Brandon Sanatorium.

A recent addition to the Nurses Assistant staff at Clearwater Lake Sanatorium was Miss Elsie Urbanowski.

Mr. L. A. Longbottom began work as Truck Driver at Clearwater Lake Sanatorium in April.

Miss Rose Lamontagne and Miss Christie McGillivray are new members of the Commissariat department at Clearwater Lake Sanatorium while Miss Stella Smith started in the Housekeeping Department.

Mrs. Gizela Fujs and Mrs. Violet Ramsden are new members of the Commissariat department at Brandon Sanatorium.

New members of the staff at Manitoba Sanatorium are Miss Mary Smith in the Commissariat department and Miss Ann Everett in the Housekeeping department.

SLEUTHING FOR TB

(Continued from page 7)

Perhaps the reactors are all in one room of the school. That happened in one school. But then when the reactors were given chest X-rays one of them had moderately advanced and another minimal disease.

Then there was another school where the proportion of high school children who reacted to the test had the parents and Health Department officials tearing their hair. It turned out that the source of infection was an active case who kept a confectionary where the high school students gathered. The sleuthing wasn't so hard that time.

When children react to a tuberculin test it is generally possible to find the contact, because they haven't as many contacts as adults. When a person of 35 or 40 has a positive reaction there is no knowing whether he picked up the infection five weeks or twenty-five years ago. With children it's different. The detective hunting the spreader has a lot better chance of finding him.

So if you're asked about the tuberculin test you can say it does at least three things. It finds some cases of active disease. It warns some persons that they better take particularly good care of their health and have regular check ups. It gives the Health Department a lead on where infectious cases are to be found. San. Mag. Service

BEGIN PROGRAM TO AID INDIAN INTO SOCIETY

(Continued from page 5)

In the initial year 21 young men have been placed in employment.

The local unit is termed an "assessment course" centre where some 10 boys and girls will be confronted with evaluations, social adjustments and a certain amount of academic studies.

The hospital ward has been renovated into living quarters, an attractive lounge, a classroom and will be operated under conditions "of an average environment". The course here is expected to be of three months duration, after which students will move to Winnipeg for advanced study with some of the cultural barriers eliminated.

Others shown through the new quarters by Dr. D. G. Coghlin, assistant medical superintendent and G. R. Gowing, business manager, were: W. N. Boyd, provincial co-ordinator of rehabilitation for the department of health and welfare and R. D. Ragan, regional superintendent of Indian affairs for Manitoba.

X-RAY SURVEY SCHEDULE

UNIT 1

JUNE 3	Tuesday—L.G.D. Mountain South	.....	Sclater, Cowan
JUNE 4	Wednesday—L.G.D. Mountain North	.....	Mafoeking
JUNE 5	Thursday—L.G.D. Mountain North	.....	Bellsite, Pasadena
JUNE 6	Friday—L.G.D. Mountain North	.....	Birch River
JUNE 7	Saturday—L.G.D. Mountain North	.....	Birch River
JUNE 10	Tuesday—R.M. Swan River	.....	Durban
JUNE 11	Wednesday—R.M. Swan River	.....	Benito
JUNE 12	Thursday—R.M. Swan River	.....	Benito
JUNE 13	Friday—R.M. Swan River	.....	Kenville
JUNE 14	Saturday—R.M. Swan River	.....	Bowsman
JUNE 17	Tuesday—R.M. Swan River	.....	Bowsman
JUNE 18	Wednesday—R.M. Swan River	.....	Swan River
JUNE 19	Thursday—R.M. Swan River	.....	Swan River
JUNE 20	Friday—R.M. Swan River	.....	Swan River
JUNE 21	Saturday—R.M. Swan River	.....	Swan River
JUNE 24	Tuesday—R.M. Minitonas	.....	Renwer, Ravensworth
JUNE 26	Thursday—R.M. Minitonas	.....	Minitonas
JUNE 27	Friday—Spare day		
JUNE 28	Saturday—Travel to Brandon Fair.		

UNIT 3

JUNE 3	Tuesday—L.G.D. Alonsa	.....	Crane River
JUNE 4	Wednesday—L.G.D. Alonsa	.....	Cayer
JUNE 5	Thursday—L.G.D. Alonsa	.....	Eddystone
JUNE 6	Friday—L.G.D. Alonsa	.....	Kinosota
JUNE 7	Saturday—L.G.D. Alonsa	.....	Alonsa
JUNE 10	Tuesday—L.G.D. Alonsa	.....	Amaranth
JUNE 11	Wednesday—R.M. Westbourne	.....	Plumas
JUNE 12	Thursday—R.M. Westbourne	.....	Plumas
JUNE 13	Friday—R.M. Westbourne	.....	Westbourne, Muir
JUNE 14	Saturday—R.M. Westbourne	.....	Gladstone
JUNE 17	Tuesday—R.M. Westbourne	.....	Gladstone
JUNE 18	Wednesday—R.M. Westbourne	.....	Gladstone
JUNE 19	Thursday—R.M. Westbourne	.....	Blumfield Hutterite Colony, Bear Creek School
JUNE 20	Friday—R.M. North Norfolk	.....	Bagot
JUNE 21	Saturday—R.M. North Norfolk	.....	MacGregor
JUNE 24	Tuesday—R.M. North Norfolk	.....	MacGregor
JUNE 25	Wednesday—R.M. North Norfolk	.....	Rosendale
JUNE 26	Thursday—R.M. North Norfolk	.....	Sidney
JUNE 27	Friday—R.M. North Norfolk	.....	Austin
JUNE 28	Saturday—R.M. Norfolk	.....	Austin

"REJOICE GREATLY"

Psalm 118-24: "This is the day which the Lord made, we will rejoice and be glad in it."

It isn't always easy to rejoice, especially if one has endured or is at present enduring a long and exacting illness. However, to those who find this "Grace" there comes soul-satisfying satisfaction and inward peace.

Past, present and future are all part of eternity. NOW is the accepted hour—NOW is the everlasting moment which can open for us new channels of opportunity and joy if we have the faith to BELIEVE.

Jesus had a lot to say about joy. He said it was his joy to do his Father's will. He also tells us that our joy can be full and complete in Him.

Let us take the day as it is and as we are and be thankful and find joy therein.

REV. J. ROLPH MORDEN, Augustine United Church, Winnipeg, Man.

A Touch Of Grease Paint

Friday nights the CBC carries two programs for which we want conversation stopped—*Now I Ask You* and *A Touch of Grease Paint*. Barbara Moon tells us that Barry Morse, one of the two actors who are the mainstay of the show, had tuberculosis during the war years. It was while he was in sanatorium in 1939 that he launched himself on a career of study of which *A Touch of Grease Paint* might be considered one delayed dividend.

Acting isn't a profession which off-hand we would have thought it would be easy to do something about in sanatorium. There would be time it is true, to memorize all the parts in Shakespeare that one had any prospect of ever playing. However, ward mates might not care for rehearsals to see how the memory lessons was progressing. What's more, some actors and actresses never will play Shakespeare. The parts in which they hope to star are probably in plays that haven't been written yet.

Barry Morse wasn't confining himself to narrow limits. Not he. What he was after was a career in the theatre, which he was smart enough to see involved more than success as an actor. He had some handicaps when he started out. One was a Cockney accent—though you would never guess it now. Another was that he had left school at the age of 15.

Being a man with ambition he saw the period in sanatorium as a time of opportunity, a time to fill in blanks in a sketchy education. With the greatest enthusiasm he embarked on study of the theatre. He delved into the history of plays and playwrights, of great actors and their companies and the trials and triumphs they had on tour. He de-

voured collections of the letters they wrote and received. Anything that had to do with the theatre interested him.

It's not likely he did it because he thought some day he would be on the production end of a series of scripts called *A Touch of Grease Paint*. He was just going on the general assumption that if you use available time to learn something extra about your job, particularly something that everyone else hasn't bothered about, there will come a time when the extra knowledge will be useful. And he's so right!

There's nothing to stop the rest of us being as right. Brains can work while bodies rally to fight the tubercle bacillus. And there is no time better to start than today.

San. Mag. Service.

EVERYTHING FOR NOTHING

I asked God for strength that I might achieve — I was made weak, that I might learn humbly to obey.

I asked for help that I might do greater things—I was given infirmity, that I might do greater things.

I asked for riches, that I might be happy — I was given poverty, that, might be wise.

I asked for power, that I might have the praise of men — I was given weakness, that I might feel the need of God.

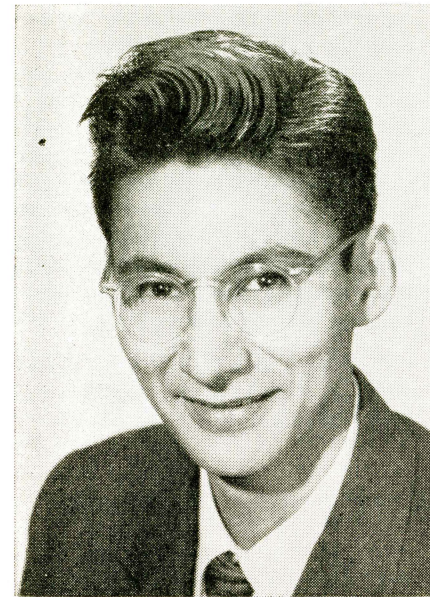
I asked for all things, that I might enjoy life — I was given life, that I might enjoy all things.

I got nothing that I asked for — but everything I had hoped for.

Almost despite myself, my unspoken prayers were answered, I am, among all men, most richly blessed.

Written by an anonymous soldier of the Confederacy; almost a century ago.

Rehabilitation Notes . . . Our Alumni



The first part of Jack Chubb's story might be the story of any average Indian boy from the northern part of the province. Jack was born January 4, 1929, at God's Lake Manitoba. He is one of nine children in the family of Mr. and Mrs. Zacharias Chubb, of Gods Lake.

Like so many other young people in the north, Jack was late in starting to school and when the opportunity did present itself it meant leaving home. Jack attended the Indian Residential School at Cross Lake, but being young and healthy, and anxious to earn his own living, he left school when he was 15, having completed only five grades. He was not to realize, for a year or two, the importance of higher education, Jack lost no time in finding employment and was soon at work in the mines at Favourable, Ontario.

Returning to Gods Lake for a visit in 1946, he found that somewhere along

the line he had contacted Tuberculosis. He was first admitted to Fort Alex. Hospital in July of 1946, but transferred to Dynevor Hospital at Selkirk, Aug. 24, 1946 where he spent the next 11 months. He was then transferred to Brandon Sanatorium where he remained until the spring of 1952 at which time he was transferred back to Dynevor to await break-up, and the long-awaited trip home.

Jack had spent nearly six years of his life in Sanatorium but being an intelligent young man, these were not wasted years. As soon as he was able to do so, Jack started making up for the years when he had been unable to attend school, and while in Sanatorium he completed grades 6, 7 and 8.

In September following his discharge, Jack again left home, this time to attend Residential School at Pine Falls, where he completed his grade 9. The following fall he was off to school again, this time to Labrette Residential School, where he completed his Grade 10.

The following summer Jack was employed by the Sanatorium Board of Manitoba and travelled with the Survey Unit. Starting at Norway House he visited Oford House, God's Lake and Island Lake, returning to Norway House.

In 1956 Jack was again back in school, but this time it was a little different type of school, for Jack had decided that if he were to earn a steady income, he must learn a trade. After careful consideration he decided that the trade to which he would be best suited was that of Watch Repair man, and in the spring of 1956 he enrolled at the Manitoba Technical Institute. Jack did not find the course easy but he worked hard and steady and in the spring of 1957 he graduated.

Although Jack had decided he was no longer capable of earning a living in the mines, the bush camps or on the lakes, he had not lost his love for the north, and upon graduating he chose to accept employment in the north. The first opportunity which presented itself was in northern Alberta, and although this meant he would be even farther away from his home at Gods Lake, Jack was quick to accept the employment offered by J. Hook & Son of Grande Prairie, Alberta. That was in May of 1957, and Jack still holds the same job.

Jack informs me that his ambition is to one day own his own jewellery store but states that he is in no rush

THE ESKIMO KNOWS HIS WAY HOME

It was winter, and Heather McDonald, Eastern Region supervisor of nursing for the Indian and Northern Health Services of the Department of National Health and Welfare, was escorting 36 Eskimos patients from the Hamilton Sanatorium to Hudson's Bay settlements. The D.C.3 that was their aircraft made the first two stops at Great Whale River and Port Harrison without incident. Povungnituk on Hudson's Bay was the third and last stop for the remaining 12 Eskimos.

As the length of time it usually took to fly from Port Harrison to Povungnituk elapsed and still the plane remained aloft, it became gradually apparent that the plane was circling with no evidence of loss of height to indicate a landing. The Eskimo men were watching out the window and there was excited conversation among them. Even the women began to show signs of agitation. Finally, one of the plane crew came back and told the nurse they

and feels he still has much to learn before opening his own business.

Asked what he found to be the most difficult problem to overcome in rehabilitating himself, Jack replied, "Impatience. You have to be willing to work hard but you have to realize that if you are going to earn anything worthwhile, it is going to take time." It took Jack nearly seven years from the time he was first admitted to Sanatorium until he was well established in a job and could afford to take a holiday.

I am sure that Jack's many friends will join with us in wishing Jack good luck and continued success.

were not able to find the camp. She suggested that the map might be in error and thought the only recourse was to ask one of the Eskimo which lake the campsite was on.

The pilot called one of the Eskimo men into the cockpit. He showed him the map. "We are here", he said, pointing to a spot on the map. "Where is your camp?"

Without hesitation, the Eskimo looked at the map, then out the window at the vast snow-covered land and pointed, "That way!"

It was in a northeasterly direction. Within two minutes the plane was over the camp. People popped out of the apparently barren snow terrain and outlined the river where the plane would land.

The Eskimo who had been able to direct an aircraft pilot to his campsite had been in sanatorium for more than two years!—Canada's Health and Welfare.

Three Hurdles To Health

THERE are three difficult hurdles in the tuberculosis patient's path to health: worry, rebellion, and boredom.

The first the patient usually faces is worry — from the moment he receives the news that he has tuberculosis. There are worries about finances, family affairs, personal problems, the outcome of his disease — everything seems to be something else to worry about. Very often he worries about "worrying".

There is really little that anyone can do to help a patient throw off this handicap. Counseling and welfare can erase some worries, but others seem to spring up in their place. It is up to the patient to school himself into putting these worries aside. The cure of tuberculosis is truly under way when the patient can relax and accept the inevitable: That if a problem has a solution, it is useless to worry about it; and if nothing can be done it is useless to worry for that reason. To some this may seem a shirking of responsibilities, but it is better done until physical health be gained to enable the patient to shoulder these burdens once more.

Rebellion can loom at any time and for any, or no reason. It may be the result of a brush with official welfare personnel, the unintentionally brusque word of a busy physician or nurse. It might be a conscious attempt to resist, physically, the tragedy which has disrupted life; or an unconscious manifestation of the internal conflict set up by this buffeting by fate. Whatever the cause, the rebellion of a patient causes a lot of trouble for both himself and for those who must take care of him. It may take any one of countless forms —there may be a bitterness toward

life in general and a refusal to get along with those around him, or a willful breaking of rules — either of the sanatorium or of normal conduct — and a misplaced pride in such behavior. Or it can take the form of unreasonable criticism of the sanatorium staff, treatment, routine — anything to relieve pent-up feelings, or place the blame for his illness on some thing or person.

Usually the rebellion hurdle is conquered by time itself. As a patient becomes more accustomed to hospital routine, and more resigned to his lot, his normal sense of values is restored and he begins to conform to normal or logical standards.

Boredom has been called a weariness of the dullness of things. An English bishop called it a "symptom of hardening of the mind." In everyday life it can cause both physical and mental ills. In tuberculosis it can become a blight which slowly saps all effort and desire to get well or live.

When one is condemned to months of bed-living; of spending twenty hours a day in a four by seven foot space, with almost every moment and every act planned for him, how does one avoid boredom? Well, one can, of course, nurse his worries and boredom until they demand all the energy which go into fighting tuberculosis. Or one can become a "rebel" and make himself and everyone around him miserable. But this is the hard way of curing.

If boredom is a weariness toward dullness, then brighten things. Think bright thoughts. Scribble them on paper —prose or poetry—and read them over. Laugh at them. Or if you are artistically

inclined use sketches instead of words. Write song lyrics and invent melodies for them — better do that silently if you treasure the opinion of your ward-mates. Vary your mental activities. Learn to pick out the humorous touches in everyday happenings. For instance when the attendant drops a bedpan, instead of moaning about the noise listen to her spontaneous comment or watch the effort it takes her to pick it up; when the carpenter is doing repair work, a concentration of the way he does the job can make one forget the noise of his hammering. If a ward-mate snores, setting his wheezes to a crazy little rhythm will amuse you and aid you to sleep much better than clinching your fists and muttering imprecations. There are any number of interesting things going on around you which will take your mind off of you and your troubles — if you ignore your aches and pains and lumpy mattress and that stain on the ceiling long enough to look around.

Later, when you are permitted "tolerance" — a period of activity which will not interfere with your cure — the doctor will tell you how much exercise, both physically and mentally is yours. Then you can begin the trip back in earnest.

In the average sanatorium there are many forms of occupational therapy — leathercraft, woodworking, carving, clay modeling, ceramics, are in all its forms, and educational facilities whose possibilities are limitless. Here is not only an escape from boredom, but an opportunity to improve education, financial condition, social standing — almost any aim can be reached because time, that element so rare in outside living, is most plentiful.

There are three hurdles on the road to health, and they can be cleared. True, it takes will, patience, courage, and a development of a sense of values which will aid in balancing the energy expended against the amount of cure expected. It takes a confidence in your physician, a tolerance toward the vagaries and vapors of others, and the ability to accept the blame or put it in its rightful place and then forget it—rather than cuddle it and feed it on bitterness until it becomes a master rather than a pet. It takes a spiritual faith to lean on when the way grows rough and a sense of humor to light the darker hours. But when the last hurdle is behind you, the future can be brighter and more secure because of the knowledge, skill and strength gathered in the face of adversity born of tuberculosis.—The Fluoroscope.

AS A MAN THINKETH

Note that it is as a man thinks—not what he thinks—that determines what kind of person he is. It is his mental attitude—his habitual way of reacting to people and things and events—that tells the story. Whether he will be forceful or timid, selfish or kind, cheerful or glomy, suspicious or trustful will be determined by the day after day pattern of thinking. Not only his personality, but his very character is tailored from this pattern. Perhaps no two patterns were ever alike. God trusts every man with the shears.—Selected.



ANOTHER WINNER

Congratulations to Mr. Roy Willet of St. Boniface Sanatorium who was the \$100 first prize winner in a recent Jumble Contest run in the Winnipeg Free Press. Mr. Willet says that winning this prize has been a real morale booster as there are so few things he can do by hand. He is a victim of muscular dystrophy and his perseverance in doing the puzzles has brought the admiration of other patients and staff.

Other Sanatorium Jumble winners within the past year have been Miss Gertrude Manchester, Supervisor of Rehabilitation at Manitoba Sanatorium; Miss Jeannette Pelletier, and Mr. Claude Flockton, both of St. Boniface Sanatorium; and Mr. Wallie Shibata of Manitoba Sanatorium.

Why?

What means this silent discipline of pain That wracks the body, darkens life's alloy,

And wakens strong, impatient questionings?
The incandescent fever of the stars
Burns round about a world of strange unrest,
Where age-old hills pay daily tribute still
To forces that disrupt and mold again—
Where earth-shocks rend the rocks on which men build;
Where forests cloak ensanguined fang and claw;
Where life is born from quickened earth, and then
Grows, suffers, dies — and bears new life amain.
Mysterious still our human problems stand!
Yet part of God's planned universe are we,
Shaping, in peace or pain, the life to be.
—T. A. Payne.

Don't Let Handicaps Stop You!

In the office of a Howell business man is framed a quotation from Andrew Carnegie. "I congratulate poor young men being born to that ancient and honorable degree which renders it necessary that they should devote themselves to hard work."

Many a youth or even an older person has excused his lack of headway toward worthy objects on circumstances of his birth, property, ill health, not knowing people of influence, insufficient education, and an assortment of similar reasons.

But there are no insurmountable bars to at least some measures of success. Genius often comes from the most unexpected places, as persons cited in this article will indicate. Genius, leadership, ability may come from anyone, anywhere, anytime — when the aspirant realizes he or she has a chance.

OLDSTERS CAN BE SPREADERS

AT THE close of the last war there was a certain amount of what was termed mopping up, that is, a very thorough search to find any of the enemy who might be hiding in what was presumed to be conquered territory. Not all of the enemy that were hiding in this newly taken-over territory were a danger, for some were hiding because of fear, and had already thrown down their arms and ceased to be dangerous forever. On the other hand, there were some who just would not give in and would be a danger and might even cause death.

It is clear that this example fits the present tuberculosis situation in Saskatchewan and in many other places which are much like this province in its gaining control of the disease.

These words are being penned because today the parents of a seven-year-old boy, now a sanatorium patient, have visited the boy and have asked a lot of questions about his condition, his outlook for recovery, length of treatment, and, finally, where did he get his disease. In this instance, the father, although infected (reacting to the tuberculin test), has a clear x-ray film and appears to be quite strong and healthy. The mother and a younger child have been negative to tuberculin both this year and last. The six-months-old baby has not yet been patch tested. Asked about grandparents and others who might have visited in the home, such as uncles, aunts, nothing of suspicion comes to light. In other words, the family has been investigated, and the contacts have been investigated, and this is the way things go along in so many cases of new tuberculosis; the ordinary questioning and the routine investigations

very often fail in bringing to light the probable or even the possible sources of infection.

Physicians who are interested in the eradication of tuberculosis, that is, who see and think beyond the patient in the office, know quite well that histories and information given when patients are first discovered is often quite inadequate. People have forgotten what eventually turns out to be important information. Or it may be they have important information but are afraid to speak it because it involves themselves and their failure to have observed proper precautions. In any case, just like that this morning, the ordinary investigations and inquiries are insufficient. We can now liken the picture to the police and detective work which spreads out to find the man who has committed manslaughter or even murder. The ground must be covered again and more carefully. Clues formerly thought unlikely must be followed to the dead end. It may be that nothing will be found but sooner or later suspects are taken in for "examination for discovery", and some may be detained pending still further investigation.

The same procedure must be carried out if we are to find the spreaders of tuberculosis. Upon pressing the questions this morning, we find that a neighbor, although three miles away, often came to the home of this little boy. He was very fond of the little boy — naturally, for he was an older man, a grandfather. There was some marriage relationship between these two families, although the old gentleman was not the grandfather of the little boy. This old gentleman died in the sanatorium last year. Not only did

he have cancer of the stomach, but he also had tuberculosis of his lungs with many germs in his sputum. From the appearance of his disease, as seen in the x-ray film, it is likely that he was producing germs for a long time, possibly throughout the lifetime of the little boy who causes this writing. It is also likely that he had cough and sputum—likely, in spite of his statements to the contrary. Being an oldish man, it might have been thought there was nothing unusual about him having a cough; but all coughs have a cause and the cause should be discovered. It would be foolish to say that most old people's coughs are due to tuberculosis, but some are, and all through at least the English speaking world, tuberculosis is shifting to the older age groups and consequently the possibility of tuberculosis demands attention. There are many causes for coughs in old people such as tuberculosis, bronchiectasis, cancer of the bronchus or lung, heart diseases, excessive smoking, "septic lung" from disease in the upper air passages and mouth, but of all that can be emunerated, tuberculosis is the only one which can concern people other than the patient, the only one which can cause disease in a second person.

In case the lessons be lost in the details, of the story, one feels obliged to mention the morals, which are two. First, the search for contacts must go far beyond the immediate family and should be a repeated process so that further spread of infection will be curtailed, and the second moral is that all coughs in older people is increasingly important as a definite contribution to the eradication of tuberculosis.

—Sun Valley Echo

Via SoCaSan Piper.

A PRAYER

Each day I pray, God give me strength
anew,
To do the task I do not want to do.
To yield obedience, not asking why,
To love the truth and scorn the lie,
To look a cold world bravely in the
face,
To cheer for those who pass me in the
race,
To bear my burden gaily, unafraid,
To lend a hand to those who need my
aid,
To measure what I am by what I give,
God give me strength that I may
rightly live.

—Contributed by Mrs. W. Powell.

WORLD COMMUNITY

"The world community is no longer a dream. It is a reality brought about by geography and by the common interest of all the peoples of the world. And whether we like it or not whether we resent other people of other colours being equals, whether we like the attitudes of their governments, the fact is they are there — that they are each day exercising a great influence on the destinies of the world and they are as much human beings worthy of respect as we are ourselves."

—Benjamin Cohen

—Voltaire

Of 88,702 tuberculin tests embracing all ages done in Saskatchewan in 1956 only 22.36 percent reacted to the tuberculin test — these being the only ones in which tuberculosis could have been found by X-raying. At 14 years of age there were 6.07 percent reacting; at 19 years of age 11.72 percent; and at 24 years of age, only 15.46 percent.

Comment And Criticism

What is An Educated man?

By Clarence B. Randall
Retired Chairman of the Board
Inland Steel Company.

HE may or may not have a certificate of knowledge, but certainly he will have a will to fulfill the obligations which privilege entail.

But what is an educated man? He is not simply one who holds an academic degree. Many who possess that honour, I regret to say, do not exhibit the characteristics of an educated man. And others who never studied in college classrooms are in fullest sense educated.

Certainly he possesses more than knowledge, for that in itself is not education. The electronic brain masters facts as no human mind has ever done, and yet it is not educated. Education deals with the whole man. It is not only a condition of the mind, it is an attitude toward life.

First, we can say that the educated man must have the capacity to master a particular subject—to concentrate upon it and get completely inside it.

But he does not permit the subject to master him. He breaks through its boundaries and goes on to master subjects for which he was not initially trained. The educated man, therefore, is one who can walk with confidence upon unfamiliar ground.

This involves the necessity for thinking not only in the concrete but in the abstract. A man must be able to shut his eyes and think about things he cannot see or feel or touch.

Our friends from the scientific world have pushed back the frontiers of knowledge of matter beyond our wildest dreams—and they have given us, thereby, a complicated world. The

problems of today arise less from our ignorance of matter than from our ignorance of the human heart, of social behaviour. The educated man must study mankind. He does this first by studying himself. He learns his own strength and limitations, and then he develops an awareness, a sensitivity, to the impact which he has upon the lives of others.

Thrust into contact with persons for whom he has little sympathy, he learns to look through their limitations, as he hopes they look through his, to see the strength underneath. He then builds his human relations upon the good aspects of those about him.

The educated man must also deal with matters of the spirit. He must ask himself why he was born into this world, and try to shape his life so that he will be in tune with the infinite.

The educated man must also deal to speak and write his native tongue. Many possess the capacity to speak who lack the capacity to think. It is a great pity that there be fine minds unable to communicate their thoughts to others.

Yet a man may possess all these qualities and still not in my judgment be educated. Education is dynamic and is tested by what the educated man does in the world. It was the tragedy of the Middle Ages that the scholar, the man with the cultivated mind, found the world intolerable and withdrew from it.

The obligation of the educated man is quite the contrary. The characteristic of a free society is that there is no privilege that is not to be

counterbalanced by an appropriate responsibility. Unhappily there are men who all their lives plow the fields and take the crops from the soil of freedom and make no effort to restore the fertility.

How, then does the young man fulfill his own obligation to perpetuate the way of life that has made his education possible?

The young man starts his career of service quite simply. He goes to work in his community, in his church, or in the schools, and through this

he expresses to those about him his humility and gratitude for the privileges that have come to him. Later, I believe that he should enter political life in preparation for the day when he may be called to serve his Government in some major capacity.

In short, education is a privilege, but it involves the responsibility of leadership. And this is true for all those who are fortunate enough to be described as educated men, whether or not they ever receive a college diploma.

FLORENCE NIGHTINGALE DAY

When students graduate in medicine they take the Oath of Hippocrates, and a very solemn declaration it is, named for the father of scientific medicine who lived more than 2,000 years ago. When nurses graduate they take the Florence Nightingale Pledge, and it too is an inspiring dedication, named for the brave and intelligent woman whose work, only about a century ago, established the nursing profession as we know it.

Florence Nightingale was born May 13th and, it is acknowledgement of the immeasurable service she performed for hospitals that thousands of them hold Hospital Day on May 13th, or as near it as they can manage. At that time the public is invited to come and learn for themselves what is done in community institutions for the care of the sick. We could wish that the visitors had some idea of the appalling conditions which existed in Miss Nightingale's time. It would help them to appreciate the marvel of the well-staffed, well-equipped centres which we now have for those who are ill.

No one has more reason to be thankful for the revolution Miss Nightingale

brought about both in nursing and hospital management than sanatorium patients. Sanatorium treatment, to which millions undoubtedly owe their lives, would have been quite impossible had it not been for an army of women in white going on duty daily and nightly.

The first sanatorium for the treatment of tuberculosis to open and stay open was in the Black Forest in Germany. It opened in 1859—five years after the start of the Crimean War in which Miss Nightingale and her staff had astonished the world by demonstrating what the nursing profession could do to relieve suffering. We wonder if it would have stayed open had not nursing changed, or if other sanatoria would have managed to get started.

For a variety of reasons all hospitals can't observe Hospital Day. But there's not a thing to stop a patient holding a personal celebration of May 13th. If you never appreciated the nurse's work before, or never told her you appreciated it, there couldn't be a better time for it.

San. Mag. Service.

A SOLUTION TO EARLY DIAGNOSIS

J. E. HILTZ, M.D.

From a symposium, "Looking at the Tuberculosis Problem", at the June, 1957, Annual Meeting of the Canadian Tuberculosis Association. From the Canadian Journal of Public Health.

The future brightens for the Tuberculin test and dims for the mass X-ray survey as diagnostic procedures. In many regions of Canada, our high school leavers and college students show a tuberculin reaction rate of under 10% and even, in some areas, under 5%. In a few more years, this tuberculin experience will extend to our 30-year-olds and then later to our 40-year-olds. Is it sensible to X-ray 50,000 persons when a tuberculin test would indicate that only 2,500 of these could possibly have tuberculosis? Forty-seven thousand five hundred unnecessary X-rays, large or small, represent a great deal of money — not alone for the X-ray films and X-ray equipment but more especially in terms of staff required to man the mobile units, de-

velop the films, interpret them and finally round up those persons who need clinical appraisal.

On the other hand, one nurse can carry in her little satchel all that is needed to tuberculin test one hundred, yes, one thousand, persons a day. Theoretically, the replacement of mobile X-ray units by tuberculin testing teams is absolutely sound. Administratively, it is not so simple, but it will be worked out. The need is for a good but accurate single test procedure whether it be a modification of the Heaf Test or the Mantoux Test. This must be coupled with a good educational approach, not to sell the idea that an X-ray is unnecessary but rather that the tuberculin test may be just as or even more important.

Those over 40, as they are entering the cancer-prone age-groups, probably should be X-rayed in any case. In addition, one need not worry too much about repeated X-rays interfering with race fertility at these ages.

Why A Man Plays Golf But Once With His Wife

First Hole: "I don't see why you should act so mad. Other men play golf with their wives."

Second Hole: "But why should I use that club? What's the difference? You didn't use that club when you shot."

Third Hole: "No, I won't drop another one. That was a new ball and it costs a dollar. I don't care if there are people waiting. Let them wait."

Fourth Hole: "Oh, and I saw the cutest little sports dress this morning, and they only wanted thirty dollars for it, so I told them to send it out."

Fifth Hole: "Oh, dear, did you see that? Right in the water. Have you got another ball? Thanks."

Sixth Hole: "Eleven, twelve, thirteen, fourteen. That isn't bad for this hole, is it dear? What's bogey, four or something?"

Seventh Hole: "Oh, dear, I've lost my ball again. Give me another and have you got some more tees?"

Eighth Hole; "Oh, oh, the club broke! Oh, dear, and it was a brand new one, too."

Ninth Hole; "Fore! Fore! Ooooh! I'm sorry dear, does it hurt?"—Ben Cassel, Springfield Rotary Review.

MANITOBA SANATORIUM

East Three News

Once again it is time for the "Wheeze Gazette" to give the news concerning those afflicted with the "Arizona Laughter"—better known as T.B. I would like, however, to dedicate this column to the staff. By the staff I mean the Medics down to the maintenance. If anyone should be left out, it is not a slight but an oversight.

Firstly come Dr. Paine and his immediate workers. They are most helpful and understanding. Boy, oh boy, do they have to be understanding! In short, they go all out for the patient in order to cure the patient's malady.

The nursing staff is second to none. They do everything in their power to make us comfortable and at ease. They are a fine dedicated lot who have our best interests at heart. We are richly blessed to have them care for us.

The maintenance staff is a happy cheerful group. We often leave a lot of unnecessary dirt around—I am one of the worst offenders—but there is not even a grumble or sourly look.

The teaching staff is a very efficient and co-operative group headed by Miss Manchester. I am fortunate, indeed, to be one of the pupils.

The laundry staff do a wonderful job also. You couldn't get better work done if you sent it to a commercial laundry.

Office and Social workers are doing a very commendable job too. We couldn't do without them.

Taking the patients as a whole, I would like to say this: they are a cheerful congenial bunch, considering their sometimes long confinement. The happy frame of mind they have is wonderful. This goes a long way toward helping their fellow patients achieve a

speedy recovery. Who wants to go around with a long face or grouchy manner anyway? It only retards that person's recovery at best.

I cannot leave out those aspiring graduate nurses who put all the patients at ease and are very efficient in their chosen profession. Alas and alack, I was privileged to have only three of them. To the ones I did have the good fortune to minister to me—professionally only—I am unable to express my feelings adequately.

We will all miss Doctor Simon. He is leaving here to take up other duties at Grace Hospital, Winnipeg. I for one think him a wonderful doctor and a very good-natured fellow. Good luck in your new assignment.

I would like to give an honourable mention to Mrs. Drader, nee Alice Paine, who not only supplies our diet requests, if possible, but is also a very charming and personable young lady.

I will close now with this plea: please forgive this befuddled addlepat if I have left anyone out.

"Long-winded" Monty

P.S.—And I do mean long-winded!

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Matt Ormiston	R. G. Ormiston

West Two News

Here I am again with a little more news from West Two.

Room 1: Louisa Mayhem sure likes that song "Teenage Queen". Lillian Dick is sleeping out on the balcony now, is it nice out there, Lillian?

Copelia Redhead is always busy with her "record player".

Room 2: Theresa Guiboche expects to go home soon, hope you do, but we'll miss you very much. Ann Horvath sure likes the "Little Blue Man" song. Dorothy Traverse is always talking about her "Jessie James".

Room 3: Mrs. Bernard seems to be doing fine these days. Mrs. Clark is also doing fine, she seems to be happy all the time.

Room 4: Louis Thompson is doing good after his recent trip to the O.R.

Room 5—Koopak is resting nicely after her trip to the O.R. also.

Room : Lizzie Nanertak is very busy with her sewing.

Room 7: Theresa Eskimo is doing good after her trip to the O.R.

Big Ward: Susan Hart is always talking about her boy friends, Mary Hudson says she was happy to see Bob Hope again in a Picture Show, she must have a crush on him. Ruth Beardy, sew, sew, sew, always sewing. Evelyn Wood has moved in from No. 2 to stay with us again for a few days.

Verna Pranteau is always in a day dream. Vivian Moore is really doing good after her trip to the O.R.

Marian Menow our little "ahem" girl.

That's all for this month, so I'll leave you with this thought in mind to all patients; "take good care of yourselves, and, most of all' keep smiling."

Number Two Ramblings

A cheery hello from the gals on the hill!

There have been a number of changes since we last visited with you, so if I slip up on some of the comings and goings, please bear with me. I'm just a new hand at this.

Our faithful reporter, Ina Sutherland, has left us for home. We miss you Ina, but are hoppy for you that you are able to be home again.

We also said good-bye to Naome Teranishi, Jessie Lajeunesse, Mrs. Highway, Mrs. Radford, Kay Wood and Mrs. Stewart. To you gals, all the very best.

On again, off again, gone again Finnigan! ! That's our Bernie Decosse. If you haven't been introduced to her yet, the above explains why.

That pleasant new voice you hear on the switchboard, belong to none other than Mrs. Sutch. Congrats on your new job, Frances.

Milly, do drop by to see your "relatives" oftener. They do miss you!

We must not forget to welcome in from West One "a new wee bairn, from the land of the heather, Jessie Hill. Remember Jessie—therre'll be nae carryin' on when the lights are out! !

News is very scarce this month. Most of the girls are kept quite busy—studying (Lynne, Oh, You Don't Have To Know the Language!) making hats—that's a head covering worn by a woman in the theatre, sewing—any one for a new sack?

To those who are waiting for their discharges, patience, my loves, patience.

And now for some parting nonsense:

A case was being heard in court in which a farmer was claiming damages for a cow killed on the railroad track. Counsel for the defence put many boring and unnecessary questions, and finally asked the trains engineer: "Was the cow on the track?" The engineer had had about enough. He answered smoothly: "No, of course not. She was in a field half a mile away, but when the engine saw her it left the rails, jumped the fence, and chased her across the field and up a tree. Then it climbed the tree and strangled her to death."

Laugh and the world laughs with you, tell a joke and you laugh alone! And so I leave you, chuckling to myself. Adios!

Number Four Pavilion

Here we are once again with a brief glance of the News from No. IV. Our Eskimo friends (Jar, Shoo, Nakalook, Eetook and Paneloo) have been discharged and, have left for their homes. The best of luck, boys.

Mr. F. Weeks has also been given that good word and left since our last report, no more jokes, etc.; however, we wish him all the best.

The rush is on again. The boys from the "Gordon Cottage" have decided to move in with the men, and have once again taken up residence in our fair abode.

Well folks, that's about it for now. We leave you with this little thought in mind, "He who would walk sanely amid the opposing perils in the path of life, needs a little optimism; he also needs a little pessimism.

West Three News

Time changes, and we with time, but someone has still to write the report, so here goes:

Room 1: We find Mrs. Emily Beardy resting comfortably after a visit to the O.R., and Georgina Scatch counting her money.

Room 2: Maria Redhead, the quiet girl. Nancy Spence is very fond of sausages. Isabelle Cook, "I may be little, but I'm loud".

Room 3: Mrs. Frogg is doing some lovely bead work, while Mrs. Halcrow enjoys a game of solitaire.

Room 4: Angie Rey the lady of the house.

Room 5: Mrs. Scott is very busy writing letters.

Room 6: Ann Ellerington is enjoying this lovely Spring weather.

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Room 7: Mrs. Jamieson is often seen strolling up and down the corridor.

Room 8: Rosie Mathewson is sunning herself.

Room 9—Mrs. McDonald was home for Easter. Joyce Dyke is really chasing the cure, but we think the cure is chasing Yvonne Bighetty. Mrs. Mary Redhead, Theres Merasty and Wee Hilda pass time by playing Chinese Checkers, while Gr. ny Dann sits by looking on.

Room 10: Mrs. Larson is busy with her studies and Ida Thomas is just getting acquainted.

That's all for this time, till next month, Cherrio.

Number One News

Well, once again it is time for the monthly news from No. 1.

Those that have gone out for surgery from No. 1 are: Messers. Keith Barkwell, Joe Kutchera and the old card sharp, himself, Louis Thompson.

Transferred from the East Infirmary are Messrs. Tweed, Linklater, Potter, Okermow and McCullough. Hope your stay at No. 1 is as short and enjoyable as possible, boys.

Transferred from No. 1 to No. IV was Mr. Horvath. To No. 3, Messrs McLeod, Head and Phillips.

Now that the nice weather is coming, I guess more people will be taking advantage of the lovely scenery and green grass instead of going indoors every night.

That's all for this time.

West One News

We pause now for station identification. This station F.L.O.P. Flop. The weather forecast for Turtle Mountain, Pelican Lake and all surrounding Bushing areas, is as follows: High winds, followed by high skirts, followed by whistles.

And here is the news, brought to you by DROOP, the breakfast food of failures. DROOP offers no prizes, no coupons and no premiums in the box. In fact, there is no box, the grocer just pours it into your pocket. DROOP does not SNAP? CRACKLE OR POP, it just lies there in the bowl and looks repulsive. If you want extra Get Up and Go, and Sparkle that lasts all day, do not eat DROOP, now the news:

Room 1: A hearty HI to our newcomers from the Clinic. Mrs. Nora Muir, Mrs. Betty Massey and Mrs. Betty La Point. Though they've only been here a few days in addition to being probed, prodded and pilled, they've also been visited by a face in the window. Pepping Tom, Dick or Harry? They also have a request. Could the wall facing the stairs be sound proofed.

Room 2: In this corner—wearing

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striped pyjamas, Betty Kinread, who thinks she's feeling better. Whaddaya mean, you Think? Kate "just a minute" Johnston is still waiting for the answer, T.B. or not T.B. Also here's me, Maria "Randi" Villiers late of Winnipeg. No comments.

No. 3: Here we have Marianne Ouellette back from her leave looking all bright eyed and bushy tailed. In regard to the request for that second trip, all movements of the patients is to be reported to the medical superintendent. Mrs. Magill sentenced to two years is, wondering if there's any time off for good behavior.

Room 4: Mae Kristjanson is getting regular visits from the dentist, Mmmm. Extractions anyone? Guaranteed painless.

Room 5—Now hear this! Now hear this! Mrs. Nelson who sees all, hears all and knows all, is ready to tell all. Coming in loud and clear. What would we do without you, Gurine?

Room 6: Mrs. Flett looking real chipper strolling up and down the corridor.

Room 7: Mrs. Hammett quiet as a mouse, keeping busy reading. Could it be a Whodunit?

Room 8: Here we have our own Edie, in the pink and all perky, who has her hands full looking after ———.

Room 9: Stand aside! That little bundle of energy that just whipped by, is our pet Kookee. On top of, underneath, into and onto everything. Another new face from the Clinic is Yvonne Gladue. Welcome Yvonne. Here, too, we have Emilik, whose stock answer to everything is, "I lub you." Victoria Bignell is patiently waiting for B day. Margaret Cook doesn't say much. Sort of a female Gary Cooper. Yup!

Room 10: From Elgin we have Mrs. O'Rielly. Hope you're not too bewildered by us all. Last but by no means

the least, Gertie Mines who by the time you read this will be back home in the land of ice and snow. To quote you Gertie, "Keep it up," but beware of frost bite.

And now this your announcer Randi, signing off, and remember, "Don't make love in a buggy, 'cause horses carry tails."

Remember, Don't buy DROOP.

From the Grad's Residence

Our male nurses seem to be taking more frequent trips to Brandon since the students left. While the bus was off, Miss Barnes missed her weekly visits to the big City, but Miss Blatz was not deterred, she just bought herself a car. We think that Miss Nolan and Miss Lyons have been hitting the social high spots, although going in opposite directions. Miss Lewis and Miss Wilson have eye-strain from watching Perry Como too closely, and Miss Smith seems to be going on some very secret errands. Where does Miss Willoughby go at night? We never see her. Mrs. Hvaal and Miss Middleton still think they are playing cricket in England, when they get on the bowling alley. Gee, their average! We've said goodbye to Mrs. Ferguson and Miss Dowd, and wish them all the best in their new surroundings.

Cheerio till next month.

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ST. BONIFACE SANATORIUM

Youville

Hello everyone, everywhere. Yes, it's time once again, to report the news here. Brrr! It really is cold out just now. However we'll soon get the spring weather back. Welcome Mrs. Newman, our only newcomer, Mrs. J. Fillion and Mrs. R. Slater were transferred from St. Mary's. Hope your stay will be short and pleasant. The lucky patients to get discharges were: Mrs. C. Moscall, Mrs. D. Gervais and Mrs. G. Gregoire. Best of luck gals.

272: Schmoo has now got routine 5, won't be long now and we'll see more of Presley's jigs. Lorraine was out on leave, and enjoyed herself. Welcome, ose and Jean. These two gals are consoling one another not to be too lonely for St. Mary's. Hear Sophie singing — especially in the morning "No Help Wanted, I Can Handle This Job All by Myself". Zelda just came back from her leave. Hope you had a lovely time.

266: Thelma is debating whether she should start eating a lot so as to burn up her energy to reduce, or just quit eating. Fran's version of the television program "Have Gun Will Travel" is "Have Lips Will Kiss." Down boys, down!

265: Home of two busy beavers. Loretta likes trying all the newest inventions from fashions to hobbies. Sometimes Jean forgets and is seen knitting in her sleep.

264: Mrs. Bailey has routine 5 and is still busy at her puzzles. Mrs. Fabris must have magnets in her room. She wins most of the raffle prizes.

263: Florence "is" our best cure cheser on the flat. Miss Carriere entices her to keep her rules.

261: Anyone want to challenge Shirley our shark canasta player and cartoonist. Mrs. Wiebe has a big order for foam slippers. I hope all around size 6½-7.

260: Here stays Mrs. LeBlanc back to the old grind again. Mrs. Townsend is busy making beautiful carnations.

259: These ladies enjoy playing cards, especially "HOLA". Mrs. Grabowski had a very nice week, as she had the TV in her room.

258: Rene is practising how to wrestle in bed, so she'll be in tip top shape when she'll be able to walk around. Helen is out on leave, and Muriel is at present in the O.R. Hope you come out with flying colors. Kay, I hope the verdict is good.

257: Carriere, McRoberts, Common, Main.

These are all the ladies surnames.

Are you all trying to play a game By being so busy, bashful, and all the same?

256: Viola, our happy gal is all excited about her date in the O.R. Her roommate, Eva is patiently waiting.

252: What is that reflection that blinds me as I go past Rose's room? No, it's not sun.

250: Our sole occupant, Mrs. Linklater is getting along nicely.

241: Mrs. Courcelle and Mrs. Newman are very quiet, so it seems, while Edna enjoys her walks now that she has routine 5.

239: Mrs. Sweeney, we all hope you are getting better and on the road to recovery.

Well, this about covers it all for this month. Hope to have more news for you next time.

All for now — cheerio!

St. John's

Well, another month has passed and time for news. It's pretty hard to grasp at something not there, so it is with the news. However I'll try and fill in space. With the fine weather the boys are getting restless with the wanderlust, who can blame them!

We were all skeptical of Fred Kuchera's physical prowess but he certainly had us fooled. If he lacked anything it wasn't vim, vigor and vitality.

Rene DeRosier is getting ready for his coming operation. The best of luck boy! Two of our Chinese fellow patients have been discharged and we all wish them "no return".

Art Crawford is still in bed but hopes to be crawling around soon. Old Pop is getting pretty sharp at the croquinole board and has taken the measure of one of our best players, namely Rene D. One never knows, eh Rennie?

The boys in the balcony are a happy lot, enjoying their TV. Mr. Kiesman, Mr. Blain and Bouise have been our last three winners in the hockey pool. Didn't notice any outbreak of splurging on the part of the winners.

All is quiet on the Oriental front again with the exception of one. The one being Sam who wins on all the TV card games, and croquinole. What you'd call a journeyman.

Sandy MacDonald is in A1 shape and raring to go. Our reliable "Old Alex" has stopped looking for his horses. So watch for the next move.

Just hit the deadline with Art winning our final hockey pool. Lucky Art can use it too. Incidentally, everyone in Art's ward won a pool. What gives in that ward?

Well! that finishes the month, let's hope there's better news next time.

Be seeing you.

St. Mary's

First of all we would like to welcome two new patients, Mrs. Einarsson and her daughter Bernice. We lost two of our best gals. Hope they like their new atmosphere downstairs.

Now, let's roll out our quick touring car and see what goes. First we visit

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our boys in 343, No. 1—Clarence is writing letters (homework). Bed 2—zero. Bed 3—Melvin doing well, chasing the cure. Bed 4—Fred is doing well after his op. Bed 5—is doing a cure standing on his head. Anyhow he says that's the only way of chasing a cure.

356: Empty. "Room to Rent"—cheap!

357: Here we find Mrs. Thompson who is doing much better. Was really sick for awhile. Best of luck!

358: Mrs. Bujokas is always cold and sleepy. Doctors better hurry and send her home. Mrs. Kawahla is tired of the cast and wishes she could send it up to "Sputnick".

359: Mary lost her roommate Rose and really misses her. Now she has a real gogetter by the name of Verna. Did you have a nice time out on leave with your children, Verna?

360: We find one of the new patients here, Mrs. Einarsson who with her roommate Miss Moore is chasing the cure.

361: Mrs. Snow's favorite pastime is eating. Grace do you think we'll have a farewell party for you soon? Only Dr. Sinclair knows.

362: Mrs. Houle and Irene are busy watching TV, always lots of company when they have TV.

363: Mrs. Tarty our square dance caller was out when this was written. Mrs. Lacquette is having quite a visit with

her husband Bob. Lucky gal!

364: Lynda had a nice birthday. Received lots of lovely gifts. Elsie is looking well, also, our new girl Bernice who is getting acquainted.

365: Here are our two Grannies, who seem to be doing well.

367: Mrs. Lewechuck is still complaining about her aches and pains. Hope you had a nice time on your leave, Rebecca.

368: Angie, Brenda and Bonine all want to go home on the same day. Good luck girls!

369: Mrs. Hodgson is busy making apple blossoms. Always busy — a good way to be.

370: Jean is getting around well. Mary and Melva are out watching TV.

371: Hope you're feeling better Mrs. Roberts.

Bye folks, we'll be around next month with more news.

Written by McGraw and Detective Friday.

St. Therese's

Hi again everybody! First we'd like to wish all mothers, grandmothers, and mother-in-laws a very happy "Mother's Day."

In Room 161 we find Mrs. Friesen still busy as a bee working with foam. Mrs. Kyle had a review and is quite pleased with the results.

159 had a pretty busy month with Mrs. Furlan and Mrs. Beaupre having their ops. Glad to hear that you are doing so well girls. Hope you do just as well with the next one Gert. Mrs. Medd is out enjoying a nice long leave before her op in June. Martha Schmidt is really busy spending her hard earned money.

158 is as quiet as ever. Chris Mazurek is recovering from her leave. Terry Feuer is wide eyed watching the calendar and counting the days before her next review when she expects to be discharged. Best of luck, Terry! Mrs. Guay is enjoying routine 5 already. Where do you get all the drag, Pauline?

156 has lost another roommate. Mrs. Doupe has been discharged. We'll miss you Audrey, but the best of everything to you. Mrs. Ryan is a bit lost now since Audrey left but enjoys her evening tea supplied by 157. Sally Serkin surprised us all with an op this month. She's been getting quite a few lovely gifts including perfume — no aspirins supplied though!

157 here we find the three stooges. How was your leave Zeeke. Did you enjoy sitting in the green grass for a wee while. Our "I wanna go home" is counting the strep shots until June and watching for the camels. Keep smiling kid, they have a long way to come. I hear Mrs. Lasko now sports the name of "Dennis the Menace". That gal pulls off more tricks on her roommates. They'll fix you yet "Topsy".

That's all for this month, see you again next month and keep those chins up!

St. Joseph's

Hi everyone! Well here it is spring again with all its mixed up weather and every one is suffering from spring fever —so they say. At any rate here we are again with the latest news.

300: Carl is getting ready to leave so we'll wish him the best of luck. Mike

Tomchuk is brushing up on his violin technique. Tony and Lacquette are really quiet as Porky does all the talking.

301: Chicago—the art critic—card shark—eater— etc., etc., etc.

302: Mr. Marcelle and Mr. Kawchuk are two quiet gentlemen. In fact they are the only two "gentlemen" on the flat.

304: Patchy is on the production line with his fishing tackle. His partner Bill Johnson is the artist and philosopher of the flat.

307: Alex makes himself scarce most of the time, but Bert King is a progressive critic of Bill's art.

305: Brother Delauney a new patient is heartily welcomed.

308: Mr. Graan winds his watch while watching TV and Paul punches cushions.

310: Mr. Wilke and Mr. Driver are rather quiet these days.

311: Mr. Dypka swings his cane at his favorite nurse, but Harry is very shy with the girls. C'mon Harry, get with it.

312: Mr. McLean and Mr. Luczyk are another pair of quiet roommates.

313: John just won't take his eyes off that TV.

315: Peter is a popular guy on this flat. His roommate Dzuba is checker champ for the time being!

327: Rennie is making rapid progress after his op. Stretch is back in the groove again. Kenny is really giving the nurses a hard time—so we hear. John is resting up, as he plans to take off this summer.

322: Fred is an avid "Flash" reader. Richard reads anything. Lorne Dumas has the "St. Boniface Blues" because he is miles away from his former pals. Alex Soloway another new patient is heartily welcomed.

334: Johnson is doing fine after his op and Mitch does a lot of reading. Last

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month, we predicted that Mr. Willet would win the Jumble contest shortly. Sure enough, he raked in \$100 a couple of weeks ago. Thanks for the coffee, Willet.

Well! that's it for this month. See you next, everyone!

St. Luke's

A big hello from St. Luke's.

A password which did not change all during April was "lovely morning". It seemed that just "good morning" was not enough. On St. Luke, among the boys the main topic has been the weather and the hockey series. So much so that an afternoon "pink tea" where the ladies usually elaborate on their operations would be no comparison. The boys, of course, agree that a few rainy days would be a blessing, not only to the farmers, but it is rather nice to be inside on a miserable wet day.

Needless to say, many of the boys have mentioned different happy thoughts in regards to their summer holidays. Mentioned have been provincial summer resorts—Florida, and one fellow even ventured to suggest Switzerland.

It is really wonderful in the sanatorium, because when one does not sleep, eat or read, there is so much time left over for "scheming". Complaints are at a minimum. As anyone, regardless how low he may feel at the time, "How do you feel," and the answer is always "oh fine", and a big smile to go with it. The medical staff of course contributes a lot in this respect.

We are of the opinion that—doctors, nurses, medicine, good food, pleasant surroundings, and (very important) good patients, are the ingredients, when well mixed together, will cure any ailments. On St. Luke we are fortunate to have all these characteristic requirements. Consequently, we are all living in high hopes. Everybody is pleased with the improvement of the communi-

cation system with the outside world. The supervisory staff realized the necessity of a more convenient telephone system, so now telephones are installed on all floors and, we the patients wish to express our thanks.

Newcomers this month: A. Gilchrist, M. Semuch, A. Sabourin, F. Spence, and S. Francis. You boys are all invited to make yourselves at home while at the sanatorium. Nobody received the "clear signal" this month. Joe McKay is doing fine after the op. A big job well done, Joe. Of course the routine 8 boys are enjoying the lovely weather and are sporting a nice tan and high hopes that good health will be their fortune.

A grand old lady, Supervisor Sister Patry has left us for a journey East. Bon voyage. Sister Forester has taken over as Supervisor on the flat, and we all hope that the boys won't be too troublesome.

We have nothing to report on any individual patient this month, so we'll see what the April showers do for us. There are two big flower pots under cultivation in 229.

Take Moods in Stride—From page 4 territory over and over again and there's no sense in exploring it further.

Pollyanna philosophy, you say? No—Polly blithely denied reality and lived in a world of make-believe. Dispel unwarranted gloom by positive action is sound philosophy and, it works. But, say the amateur psychologist, isn't this a form of repression? Of forcing unpleasantness into the unconscious where it will fester and later break out in a more aggravated form? No, says an eminent psychiatrist, there is no danger of that. The blue mood is not driven inward; it is rather cast off, rejected, renounced. It is like a fog-cloud that is dissolved, dried up, by the more powerful sunlight of optimism.

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