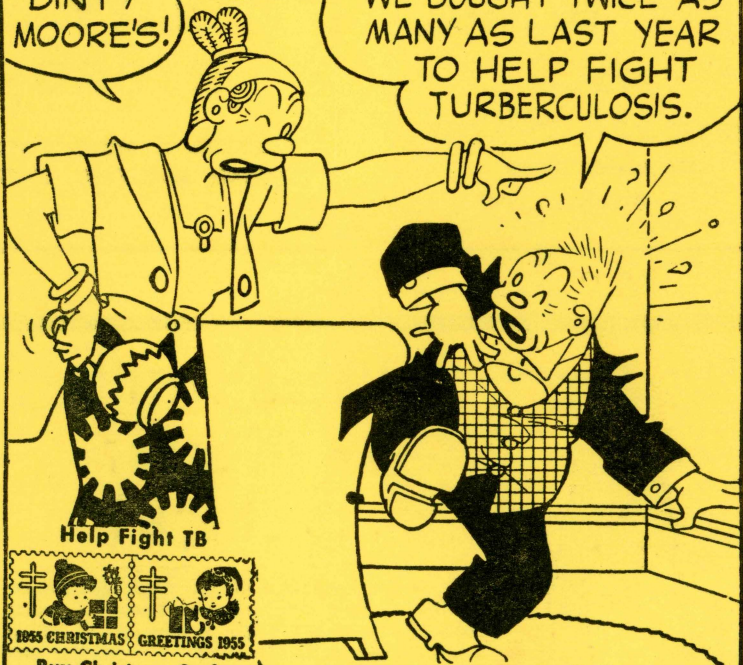


Bringing Up Father

Presented U. S. Patent Office

JIGGS, GO OUT AND BUY **MORE CHRISTMAS SEALS** AND DON'T DARE STOP OFF AT DINTY MOORE'S!

GLADLY, MAGGIE DARLIN' - BUT ON THE WAY HOME KIN I TELL THE BOYS WE BOUGHT TWICE AS MANY AS LAST YEAR TO HELP FIGHT TURBERCULOSIS.



Help Fight TB



Buy Christmas Seals

Copyright 1955, King Features Syndicate, Inc., World rights reserved.

Miss G. Wheatley,
Manitoba Sanatorium,
Ninette, Manitoba.

SANATORIUM BOARD OF MANITOBA
LIBRARY COPY

Messenger

OF HEALTH



VOL. 18, NO. 11 10 CENTS

NOVEMBER - - 1955

WINNIPEG MANITOBA

Enjoy Walking

And you will enjoy walking if you wear quality shoes fitted by experts.

For the finest in foot comfort—and the latest in foot fashion, always visit

Macdonald

SHOE STORE LTD.

492-4 Main Street

"Just South of the City Hall"

Refreshment

THAT'S
ALWAYS GOOD — AND
GOOD FOR YOU!

"DREWRY'S"



- Dry Ginger Ale
- Crystal Soda
- Lime Rickey
- Tom Collins

A Good Neighbor Policy



Co-operation in using the telephone means better service all around.

●
Find the right number in the directory—don't guess.

●
Speak distinctly and into the mouthpiece.

●
Be brief. Long conversations add to the load on existing facilities.

MANITOBA TELEPHONE SYSTEM

THE *Messenger* OF HEALTH

Published monthly to promote better health in Manitoba. Editorial office: 668 Bannatyne Avenue, Winnipeg.

Vol. 18, No. 11 Nov. 1955

CONTENTS

<i>Manitoba Rehabilitation</i>	4
<i>Get Smart</i>	6
<i>Among the Personnel</i>	8
<i>21 Came Back</i>	9
<i>Diabetes as it Seems to me</i>	11
<i>Critics and Criticism</i> ..	14
<i>Welcome to the San</i>	15
<i>Smoking vs Cancer</i>	17
<i>Line-of-Type</i>	18
<i>Brandon Sanatorium</i> ..	20
<i>Manitoba Sanatorium</i>	22
<i>St. Boniface San</i>	29

Editor: T. A. J. CUNNINGHAM
Associate Editor: E. G. METCALFE

REPRESENTATIVES:

Manitoba Sanatorium: MISS SALLY WAGENAAR

St. Boniface Sanatorium: MR. WILLIAM REIMER

Clearwater Sanatorium: MISS DORA LINKLATER

Circulation this issue: 1,350 copies

Single copies, 10 cents

Subscription price, \$1.00 a year

Articles, poems and newsworthy personal items are invited and should be sent direct to the editorial office or given to a representative listed above.

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

How Can You Help Maintain, Or Even Improve, Manitoba's Excellent Health Record?

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

Second: Interest yourself in your local health services, and lend support to every agency tending to improve them.

SUBSCRIBE TO HEALTH—by subscribing to THE MESSENGER TODAY!

For Your Convenience

THE MESSENGER OF HEALTH,
668 Bannatyne Ave., Winnipeg, Man.

cheque

I enclose money order for One Dollar for which please send THE MESSENGER OF HEALTH for one year to:

NAME

Name

Address

Authorized as Second Class Matter by Postmaster General, Ottawa.

The Dead Sea

I looked upon the sea and lo 'twas dead

Although by Hermon snow and Jordan fed.

How come a fate so dire?

The tale's soon told—

All that it got, it kept, and fast did hold.

All tributary streams found here their grave

Because that sea received but never gave.

Oh sea that's dead, teach me to know and feel

That selfish grasp my doom shall seal.

And help me Lord, myself, my best to give,

That I may others bless, and like Thee, live.

Author Unknown

Editorial » » » » » » » »

We view with dismay the ever increasing length of the Christmas season. We mention this because, for several days now we have been plagued by one particularly nauseating singing commercial on the radio which extols the virtues of a particular emporium in regard to "Christmas shopping." At this writing we have fully seven weeks to go before St. Nicholas' arrival and we feel it is overdoing it to a very great degree to begin priming the ever-credulous public before even memories of Labor Day have disappeared.

We do not blame the commercial enterprises particularly. They have products to dispose of at a profit and Christmas presents a very lucrative atmosphere in which to unload their goods. It is to their advantage to distend the festive season to as large proportions as possible. And since we are champions at the advantages of a system of free enterprise we must also recognize the justification of a "free advertising" system along with that enterprise.

We are not, on the other hand, decrying the spirit of Christmas that pervades our society during the holiday season. We would be the first to admit that, at no other time during the year is one apt to find such widespread and universal good will among our citizens. The saying "it's too bad the spirit of Christmas can't stay with us the whole year" is a true one. If it were only the "spirit of Christmas" that remained, this editorial would never have been written.

We are afraid, however, that, rather than the "spirit of Christmas" it is "ogre" of Christmas only that is with us this early in the year and it is a situation that is not without its drawbacks and disadvantages.

Those confined to tuberculosis insti-

tutions are caught up in this premature maelstrom as well as everybody else. They cannot help but be drawn into the whirlpool of anticipation and excitement along with the rest of us and they experience many Christmas Eves and Christmas days long before the actual festive periods have arrived.

And when Santa finally does get around to his visit, either we feel we have been through it many times before in the preceding weeks and must now find something extra-special to do or we give sudden vent to all our pent up emotions, and "bust" loose. Whatever the reason, the result is inevitably the same—chaos.

Now, tuberculosis treatment is being provided free in Manitoba for only one reason—to make us well. Over-excitement, over-exertion and excess are not compatible with this treatment. And if disciplinary discharges are a natural sequel to these excesses then they are all the more to be condemned. As reasonable human beings we must recognize the fact that, while participating in the joys of Christmas, we must at the same time, temper them to fit our own particular situation. Christmas may alter feelings, it does not alter the physical world nor those regulations that are set up to control that physical world.

And so we say, let's try and shorten the season and so perhaps destroy the "ogre". Preserve the "spirit" of the season and apply it all year around. The spirit of Christmas is, after all, only the application of two of the most significant Christian tenets — brotherly love and the Golden Rule. Surely we don't need any excuses to practice those!

Tuberculosis is no laughing matter. Let's not then get too hilarious at Christmas—but may it be merry all the same!

Manitoba's Rehabilitation Program in Action

E. G. METCALFE, Director of Rehabilitation, Sanatorium Board of Manitoba

IT IS time again perhaps to give a progress report on the co-ordination of rehabilitation services in Manitoba and, more particularly, how this process of co-ordination is affecting the ex-tuberculosis patient.

Included, of course, is the \$40.00 per month disability pension. Now, despite rumors and whispering campaigns, this pension is being paid to Manitoba residents, some of the ex-tuberculosis patients. The pension is doing its job and, if there are some who doubt it, please remember that "total and permanent disability" is as difficult to find as it is to define. Bear in mind that the pension is not a rehabilitation medium. It is designed for use only when **rehabilitation measures cannot be applied.**

There are cases over which there is no doubt—case is where all modern medical and surgical procedures have failed to affect physical mobility; heart cases where any activity beyond the most moderate is forbidden; tuberculosis cases where, although inactive, and prognosis is poor. Such cases pose no problem.

But just because unemployment and handicap exist simultaneously in one individual is not to say that that individual is "totally and permanently disabled." Perhaps the labor demand in that person's trade is at a low ebb. And perhaps that individual is not trained in any particular trade despite the fact that many trades exist which, if the individual were trained, would be entirely within the bounds of his physical capabilities.

Think, then, as to which situation is more desirable: That where the person exists for the rest of his natural life on \$40.00 per month or that where, after a training period, he can command an

adequate salary for the next ten, twenty, thirty, or forty years. Realize, then, that it is more to the individual's advantage than it is to the Pension Board's or the government's that that pension be granted only after a careful investigation has proved that no other measures or facilities will work as well as the pension.

The pension is being administered by the Old Age and Blind Pension Division of the Manitoba Government. The Rehabilitation Office of the Sanatorium Board does not enter into the picture unless specific and extra-ordinary information is required about the patient.

In the field of vocational training the Provincial Co-ordination Program is operating effectively and smoothly. Applications for training under Schedule "R" (see the Messenger, March, 1955) are received at the office of the Director of Rehabilitation here at the Central Clinic in Winnipeg. All pertinent information is taken, the Director and student arrive at a satisfactory training plan and, on the last Friday of every month, all applications for the previous four weeks are considered at a meeting in the Principal's office at the Manitoba Technical Institute. Present at this meeting are: Mr. Addy, principal of the school, Mr. Boyd, Provincial Co-ordinator, Mr. Turner of the National Employment Service, a representative of the Society for Crippled Children and Adults of Manitoba, and myself.

The particulars of the case are given and it is decided, (1) whether the applicant is eligible, (2) whether the training program suggested is possible and practical and (3) when the applicant can commence classes. Since training is a most effective means of turning disabilities into abilities, the second point—

the suitability of the suggested program—is of the utmost importance.

Mr. Addy is an astute person with many years' experience in the teaching profession. Not only does he know what courses his Institute offers but he also knows the prospective students which apply. If Mr. Addy feels the applicant's academic standing is not adequate to deal with course prescribed, he will generally say so and will rightfully refuse admission to that course. However, he will generally suggest another course of studies which does lie within the student's field of abilities.

This, however, throws the question back to your Director and to Mr. Boyd—does this second course correspond with the student's interests and abilities as shown by psychological tests and other data? If not, then still other avenues have to be explored.

Now this points to the importance of the Enrollment Committee as set up under the Co-ordination Program. Generally, all questions which arise at the meeting can be answered at the meeting. The Society for Crippled Children and Adults may have done the psychological testing and so can immediately advise as to the student's other interests. The National Employment Service can advise as to employment opportunities in the alternate field suggested by Mr. Addy. The whole thing is accomplished quickly thus serving the applicant as efficiently as possible.

Still another activity of the Co-ordinator's office which will tend to further streamline rehabilitation activity in this province are the pilot clinics recently instituted at the Winnipeg General Hospital and which will be extended to cover the St. Boniface Hospital as well. These clinics will serve two purposes. First, they will eliminate random examinations at the out-patient departments and second, they will provide a means whereby medical, social

and vocational evaluations can be done at one and the same time.

Patients are scheduled for these clinics by the Society for Crippled Children and Adults of Manitoba at a specified time and the Society then arranges for psychologists, social workers, rehabilitation officers or any other personnel that might be required to be present also. A complete evaluation is then done on the basis of information received and a rehabilitation program is then laid down for that particular individual.

These clinics will not affect ex-tuberculosis patients to any great degree since, with them, one of the most important parts of any evaluation has already been indicated by our sanatorium doctors—that of the patient's physical condition and the extent of his disability. However, where there may be a financial problem and where an ex-tuberculosis patient has been attending the out-patient department for treatment other than for tuberculosis, then that patient very likely will benefit from these pilot clinics.

Nevertheless, the clinics are another step toward complete integration of all rehabilitation services in Manitoba. The strengthening of one link in the chain means a strengthening of the total services and where one person benefits directly, all persons benefit indirectly. Gaps and slight deficiencies in the program must be noticed but not emphasized. Rather, we should look to the strengths of the program and build on them.

Unfortunately mistakes will be made and delays encountered. The program is yet new. But the Co-ordinator and your Director of Rehabilitation and all others concerned learn through experience and in the near future you as residents of Manitoba will, I am sure, possess a co-ordinated Rehabilitation Program second to none.

GET SMART . . .

By W. LEONARD, M.D.

WHEN a person gets tuberculosis he too often is inclined to act according to his wishes and emotions rather than to do what he really knows is right. He too often listens to the advice of friends and relatives and especially to those who tell him what he wants to hear rather than to those who try to help him face up to the real problem. Too often he even learns many things about tuberculosis which are not true and which he needs to "unlearn" if he is to make the best progress in overcoming his tuberculosis. Too often he is not smart.

If your automobile were out of order you would want the service of a good mechanic. If your watch did not keep time you would seek the service of a good jeweler. The human body is the most intricate, highly developed mechanism in existence, yet people are often inclined to follow their own judgment in matters of health instead of consulting a good doctor. It seems that many people are inclined to give machinery, jewelry and also livestock and pets more consideration than they give themselves.

The average person's mental picture of tuberculosis is the picture of far advanced tuberculosis. The early case of tuberculosis does not give the same kind of picture and so is difficult for the average person to believe that this friend or relative, who seems quite well, is suffering from a serious disease. In this regard they are not smart.

A diagnosis of tuberculosis is a very serious matter. The problems associated with the diagnosis of tuberculosis are different in each person who becomes infected. Each case is made up of different factors, such as race, age, sex, ambition, family, financial conditions, work, future plans and individual

responsibilities. So for each person who has been told that he has tuberculosis there is a different set of problems which he must face.

The first and most important of these problems is that of accepting the diagnosis and deciding to make the changes in his life which this situation makes necessary. The job of accepting the diagnosis of tuberculosis is shared by the person, his relatives and friends and his physician. Ignorance, fear, stubbornness, and probably the gambling spirit may influence the person in his tendency to accept the whole situation which goes with the diagnosis of tuberculosis. The person's physician has a definite responsibility in the person accepting his diagnosis but at the time the physician tells the patient in a direct manner and in simple language, preferably in the presence of a responsible member of the person's family, that he has tuberculosis, that he needs treatment and that he should go to a sanatorium, the responsibility shifts from the physician to the person. At this time the physician, the members of the family, relatives and friends and those who may not be friends or even close associates may continue to influence the person in his decision. The person who accepts the diagnosis of tuberculosis as a fact and who decides to follow the recommendations of his physician and who accepts the responsibilities or work out his own problems is already on the way to recovery. He is smart.

After taking this first step in the right direction the patient should do many other things which will permit him to recover his health more rapidly, more completely, and more permanently. He should go to the sanatorium and place himself under the care and

follow the directions of his doctors and nurse. Tuberculosis is no respecter of persons and one who does not respect tuberculosis as a dangerous disease is making a serious mistake. The treatment program is advocated by his sanatorium physician and consultant because this course of treatment has been planned with one thing in mind only and that is to get that patient well from tuberculosis. Quite certainly nobody, especially the patient himself or his friends, relatives and neighbors, knows better what treatment should be given. Thirdly he should learn his own individual limitations which have been determined by his tuberculosis and he should find out how he can live with them.

He will best come to understand these limitations by taking advantage of all the opportunities to learn about tuberculosis in general and about his case in particular which are provided in the sanatorium. What a patient learns while he is being treated for tuberculosis is just as important as the improvement in health that he gets while there. It is important because **keeping** well is more important than just **being** well at any one time. Fourthly to give tuberculosis is one way to kill. Therefore, the patient should learn and put into constant practice the precautions which he will be taught for the protection of his relatives, his friends, and any and all others with whom he may come in contact while in the sanatorium and afterwards. Fifth, unselfishness is one of the most important qualifications of a patient in taking the cure; it has a great deal to do with his success in recovery. Selfish patients oftentimes obstruct and delay their own recovery. They all too often use up their energy in fault finding, excuse making, and worrying and in so doing deprive themselves of the usual benefits of treatment. There is probably no better

test of a patient's intelligence, character and determination than for him to find it necessary to give up his usual activities, to go to bed in a sanatorium, to accept the recommended treatment and sanatorium routines and to wait patiently for the anticipated improvement. But when he does this he is smart.

If he is a "little" person, if he is a whiner, a quitter, a faultfinder; if he is one whom the world never appreciated, who has never been understood, and who is entitled to the best, he will probably continue to live in a tiny circle in his own little world and will not gain very much from taking the cure.

Sometimes it may seem that a patient has the right to feel sorry for himself, sometimes it seems that all the breaks are bad breaks and that the world is all wrong, sometimes the patient may feel disappointed when he sees the other fellow evidently improving faster and maybe discharged from the sanatorium. When these things happen it is time for that patient to remember that each case of tuberculosis is an individual case and is different from all other cases. He should remember also that he has had much to do with the success of his fight against tuberculosis and that maybe he himself is responsible for his slow progress or his prolonged stay in the sanatorium. Should that be the case it is still not too late to take a long look at himself in a mirror and to determine for himself whether he has expected the world to adjust to his problems and shortcomings or whether he has made an earnest attempt to adjust himself to his world. It is a foolish patient who permits his own lack of understanding or his own unwillingness to change either to delay the time of his discharge from the sanatorium or to rob him of the chance to get well. He should GET SMART, get well and live a long and useful life.

AMONG THE PERSONNEL

The Fourth Annual Manitoba Nursing and Hospital Conference held at the Royal Alexandra Hotel October 18-20th, was well represented by Sanatorium Board staff. Business Managers, Superintendents of Nurses, Laboratory Technicians, Registered and Practical Nurses took in sessions of special interest in their field.

* * *

Miss Doreen Moggey, R.N., of Manitoba Sanatorium is on a year's leave of absence and is enrolled at the University of Manitoba in Nursing Education under the Federal Health Grant Hospital Training Program.

* * *

Dr. J. Hasset of Clearwater Lake Sanatorium is attending the University of Illinois where he is taking a short course in Bronchoscopy. He will also spend four weeks at Clinics at St. Luke's Hospital and the Children's Memorial Hospital, Chicago.

* * *

Wedding bells rang for a number of Brandon Sanatorium staff in October. Margaret Styrvoky became Mrs. Donald Howell; Clara Babyak became Mrs. Arthur Lovegrove, and Muriel Rohlfis is now Mrs. S. Willson. Also, a bride-elect of early November is Miss Madeline McKenzie.

Congratulations and best wishes are extended to all these happy persons.

* * *

Miss Beryl Simons, R.N., and Miss Nanette Roberts, R.N., arrived at Clearwater Lake Sanatorium via Canadian Pacific Airlines on October 21st to assume duties as Charge Nurses. Both nurses are from Australia, having had considerable experience in that country as well as in Canada. Their most

recent appointment was at the Winnipeg General Hospital.

* * *

Miss Doreen McFayden joined the Nursing Assistant staff at Clearwater Lake Sanatorium in October. She transferred from Brandon Sanatorium where she was employed in the same capacity. Other nurses' assistants to start in October were the Misses Cecelia Spence and Rose Young.

* * *

Miss Elizabeth Fehr, Miss Evelyn Luchinski, Miss Harriet Mink and Miss Martha Marion began work in October in the Commissariat Department at Clearwater Lake Sanatorium.

* * *

Mrs. Jessie McKenzie, a former staff member of Clearwater Lake Sanatorium, has rejoined the staff in the House-keeping Department.

* * *

Miss Ann Laxdal of Swan River commenced work in October as seamstress at Clearwater Lake Sanatorium.

* * *

Mrs. Marion MacLennan and Mrs. Terry Gibson, student nurses, arrived at Manitoba Sanatorium late in October to take their Infectious Diseases Training.

* * *

Nurses' Assistants who commenced work in October at Manitoba Sanatorium were the Misses Hazel McKay, Mary Yakubowsky, Marion Hines and Delores Yaseniuk.

* * *

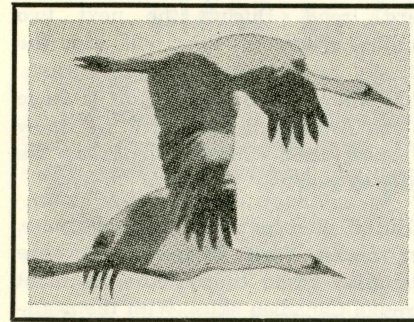
Mrs. Nora K. Reid of Whitewood, Saskatchewan, has been appointed Food Supervisor at Manitoba Sanatorium. Mrs. Reid was previously employed at

(Continued on page 10)

21

CAME BACK

By FRANCIS DICKIE



FOR many years now conservationists have been keeping an apprehensive eye on the whooping crane, a bird which is, with its seven-foot wingspan, the largest on our continent—and ironically, the smallest in numbers.

Until the summer of 1954, the summer nest grounds of the "whooper" were a mystery. None had been found since 1922. But the flight route of the huge bird remained constant, taking it southeasterly across Saskatchewan, through the Dakotas, Nebraska, Kansas and central Oklahoma to the Aransas Wildlife Refuge in Texas.

Hunter in the flyway area were reminded by Canadian and United States wildlife services of the small number of whooping cranes remaining, and were asked to turn their guns away when they heard the birds' characteristic whooping sound. In flight, the crane's long neck and spindly outstretched legs make its identification easy. Yet from time to time, the crane population showed sharp decreases which indicated that careless gunners had been at work.

Solving a Mystery

Now, what has been called "the greatest bird mystery in modern times" has been at least partially solved. Don Landells, a helicopter bush pilot working out of northern Alberta, recently made a discovery in Wood Buffalo National Park, which spans the lake-and-muskeg border between Alberta and

the North West Territories. This discovery prompted him to take the photos two of which are reproduced for the time on these pages. Here is how pilot Landells tells the story:

The Crane Discovered

"I was on a supply trip in a helicopter to a bush fire in Wood Buffalo Park with George Wilson, the forest engineer. He drew my attention to two large white birds feeding in a shallow lake. They were so unusual in this region that I circled the helicopter back and went down low over the birds.

"We recognized them as the rare whooping crane. We hovered over them long enough to discover there was a young one, reddish in colour. After making a careful note of the site, we proceeded on to the bush fire, then flew back to Fort Smith.

"W. A. Fuller, mammalogist for the North West Territories Administration, immediately wanted to see the birds. It was to him a moment of great importance. Armed with camera equipment, I flew the helicopter back. I again located the pair and proceeded to take pictures.

"However, on several other trips, I never saw the young one again. I did discover another pair some 15 miles distant from the first nest site and the original pair; another single bird a similar distance from the first nest site. This makes five mature birds definitely in the area.

"It was particularly noticeable that on all my trips, I always saw the first-discovered pair close to the same site where they had been with the young one."

An Ideal Sanctuary

Wood Buffalo National Park, with its 17,000 square miles, is an ideal summer sanctuary for the crane. As the ornithologist F. S. Baird wrote in 1922, "for the whooping crane there is no freedom but the unbounded wilderness . . . this is a bird that cannot compromise or adjust its way of life to ours. As the human population goes up, the whooping cranes' goes down."

It was during the 1920's and 30's that public interest was aroused by the plight of the whooping crane. A survey showed that three-fifths of the known birds wintered near Austwell, Texas. The U.S. Fish and Wildlife Service selected a 47,000-acre area and created from it the Aransas National Wildlife Refuge.

Since then, a careful study and count have been made each year. The number has risen and dropped without definite cycles, but last winter only 21 of the 24 birds who had flown north the previous spring returned to Aransas Refuge. This was a bleak day for the conservation-minded.

Grus Americana, as the whooper is known to ornithologists, never did flourish in great numbers. But ever since it was first sighted on this continent, in 1589, certain features have excited observers. One of these is the elaborate mating dance, said to be of great beauty and distinction; another is the bulging noise which the crane makes while in flight.

Hope for an Increase

Now, with Landells' discovery near the Alberta-North West Territories border, there is hope that the number of whooping cranes will begin an up-

ward trend. During the next two months, observers' eyes will scan the fall sky as the great crane flies south. Only when the roundup count is made in the Aransas Refuge shall we know if conservation efforts are enabling the birds to survive.

But if the count shows a decrease, our hopes must disappear for the whooping crane to continue its flight through Canadian skies. With the negligence of only a dozen hunters, Grus Americana could become just a picture in a book of birds—CIL "Oval".

AMONG THE PERSONNEL

(Continued from page 8)

St. Michael's Hospital, Broadview, Saskatchewan.

* * *

Miss Blanche Perreault recently joined the Housekeeping Staff of Manitoba Sanatorium.

* * *

The latest class of Practical Nurses in Training arrived at Brandon Sanatorium October 18th. The group includes the Misses Eileen Miller, Doreen Heinrichs, Connie Moir, Mrs. Adele Buchanan and Mrs. Margaret Bingham.

* * *

Mr. Wililam Mills of Brandon commenced duties at the beginning of October as a Shift Engineer at Brandon Sanatorium. He was previously employed at Souris General Hospital in the same capacity and for a short while was Commisisonaire at Brandon Sanatorium.

* * *

Mrs. Leona Shiels has joined the staff of Dynevior Indian Hospital as a Nurses' Assistant.

Hattie: "I don't whether to go to a palmist or a mind reader."

Cattie: "Go to a palmist, dear—you know you have a palm."

DIABETES AS IT SEEMS TO ME

By RUSS RYCKMAN

HAVING had very little knowledge of diabetes upon entering Maybury, I have nevertheless been asked many questions concerning this illness. After asking many questions of the doctors and nurses, and doing some research, I shall attempt to convey to you a comprehensive understanding of diabetes, its complications, and treatment as understood by the medical profession.

Diabetes is a disease which can cause serious illness, even death, if not properly controlled.

Diabetes is due to something wrong with the pancreas gland. This gland has a double action. It forms a digestive juice which, as a matter of fact, is the most important digestive juice in the body and this it discharges into the bowel just beyond the stomach; and secondly it produces insulin which is discharged into the blood, and this regulates the use of the sugar formed from the food. In animals the pancreas is known as the sweetbread and lies behind the stomach and near the liver.

Sugar is formed in the body from the food we eat, such as sugar, starch (carbohydrate), but some can be formed out of meat, fish, eggs, and cheese (protein), and a little from pure fat. Healthy persons, because of a normal supply of insulin given off by the pancreas are able to store the sugar in the body either as animal starch (glycogen), or change it into body fat, or use it for energy as fast as it is formed.

Persons are afflicted with diabetes because of an insufficient supply of insulin from the pancreas to convert and store this sugar. Instead of being stored in the tissues as energy and fat, is allowed to seep from the kidneys into the urine.

The object of the treatment of diabetes is to prevent the loss of sugar in

the urine. This is accomplished: (1) by altering the diet so that the patient will take less than usual of sugar and starch and in general by eating only moderate quantities of all foods; (2) by exercise which favors the burning up of sugar in the muscles; (3) by insulin which favors the burning hormone (chemical substance) made out of cells of the pancreas of any animal passing into the blood stream, excites the cells in the body to activity. This manufactured insulin replaces the insulin which the diabetic's pancreas has ceased to produce in sufficient quantity. Treatment with diet alone was formerly unsatisfactory because the diet was often too strict for comfort or occasionally for life. The patients were sometimes too weak even to benefit from exercise. The discovery of insulin was a great boon, because with its help the patient could eat all he needed to enable him to work or play and to become a useful member of society.

Diabetes is a common disease in middle age, but unusual in the young and rare in children. According to figures based on a survey made by United States Public Health Service there are a million and a half known diabetics in the United States and another million unknown. The majority of these lead useful and normal lives.

Diabetes is hereditary. Consequently, a known diabetic should avoid marrying into a diabetic family and above all two known diabetics should not marry. Those who are overweight after forty are the ones most likely to contact diabetes. Among 2,500 children one finds but one diabetic, but above the age of sixty-five years, one man in seventy will have it, and one woman in 45. Nearly four times as many die above the age of sixty years

as under the age of forty years. For every individual who develops diabetes under forty, there are two who acquire it above forty years. However, diabetes seldom occurs in persons over forty years of age unless they are fat. In young or old there must be hereditary element, although one cannot always find it. The influence of heredity alone may not be strong enough to make the disease develop unless the individual helps to bring it on by over-eating or his tolerance for carbohydrate is lowered by infections or complicating disease of the thyroid, pituitary or adrenal gland.

It is true that diabetes is a chronic disease, but unlike rheumatism and cancer, it is painless; unlike tuberculosis, it is clean and not contagious, and in contrast to many diseases of the skin, it is not unsightly. Moreover, it is susceptible to treatment, and the downward course of a patient can be promptly checked. Treatment, however rests in the hands of the patient. It is by diet and exercise as well as by insulin, and the patients with the will to win and those who know the most about the disease conditions being equal, that can live the longest. But knowledge alone will not save the diabetic. This is a disease which tests the character of the patient, and for success in withstanding it, in addition to wisdom, he must possess common sense, honesty, self-control and courage. These qualities are as essential along with insulin as without insulin.

Gangrene, a disease associated with hardening of the arteries, is one of the more serious complications of diabetes. However, gangrene is not confined solely to diabetics, but is much more common in diabetics than non-diabetics. Gangrene is common in the old, rare in the young. It comes because the circulation in the legs is poor. Very rarely has gangrene ever been noted in

the upper limbs. The legs are far from the heart, and the blood must return uphill; the legs are used much and gangrene occurs particularly in those who have been fat.

Once, diabetic coma was responsible for 64% of our death rate, likewise, gangrene was once responsible for 9% of our deaths, but since 1921 and the discovery of insulin by Doctors Banting and Best of Toronto, Canada, the number of deaths due to diabetic coma and gangrene have dropped to the amazing low of 1%. As was previously explained, insulin is a hormone (chemical substance) made out of cells of the pancreas of any animal. After the discovery of insulin by Banting and Best, Dr. H. C. Hagendorn of Copenhagen, devised a protamine insulin in 1936. Two years later it was improved by Dr. Scott and Dr. Fisher of Toronto by the inclusion of zinc, again improved by Dr. Hagendorn as NPH insulin, so that one dose replaces three or four doses of the first insulin. The discovery of insulin has been one of the greatest in medicine and it has altered the entire outlook for diabetics.

Tuberculosis at one time caused the death of one-half of all those with diabetes. It is probably no exaggeration to say that this statement held true for the hospital diabetic population in some crowded European hospitals even up to the discovery of insulin. Tuberculosis is a deadly foe of the diabetic, particularly those who are under-privileged. Of the diabetics who had diabetic coma, it was found only a few years ago, that more than one in five contracted tuberculosis within five years. Control of diabetes day in and day out and a routine detection x-ray of the chest yearly are the two best safeguards against tuberculosis.

Diabetic coma is due to acid poisoning, is serious, and if untreated, leads to death. Coma implies too little in-

LETTER TO THE EDITOR

The Editor,
Messenger of Health,
Winnipeg, Manitoba.

Dear Sir:

I wish to thank the doctors and nurses of the Manitoba Sanatorium and also the personnel of the General Hospital for making it possible for me to earn a good living.

In 1927 I left the Manitoba Sanatorium after having chased the cure for 15 months. I had no home and was in need of a job so I went to work as a labourer. Labouring proved too strenuous for me and the fall of that same year found me chasing the cure again. I remained in the San until 1933.

After my second discharge I went to work on a farm, making \$15.00 a month. Again I worked too hard and in the fall of 1933 I returned to the San and underwent surgery. In 1934 I was well enough to work so I stayed on at the San and worked there until 1938, until I had saved enough money to live on.

On June 20, 1940, I came to Winnipeg and was employed by the General Hospital. I have been working now for over 15 years. I have a fine wife, a lovely home and am enjoying good health. I hope to work for many years to come.

Yours sincerely,

BILL BEAUCHAMP,
195 Pacific Ave., Winnipeg

sulin or lack of insulin, due to over-eating, often by breaking the diet, especially by omitting the insulin which has made eating of regular meals safe. Coma is preventable and curable.

An insulin reaction is the opposite and often results from too much insulin having been injected, or less needed because of exercise or little food. Although insulin reactions almost never cause death, they can do so and can be serious, because they may occur in places where they are embarrassing or dangerous to the patient. The first symptoms of reaction is profuse sweating. These reactions can be prevented by taking a little carbohydrate such as: orange juice, ginger ale, or a piece of candy when the first warning signal appears. The response is quick—in a matter of minutes.

The use of alcohol by diabetics is not advised, because of the danger of an insulin reaction being unrecognized if the breath has an alcoholic odor. Diabetic coma and insulin reaction are often times very similar to conditions of drunkenness, therefore it is heartily recommended that diabetics carry an identification card in their pocket with name and address inscribed, stating I AM A DIABETIC. This simple precaution may save them much embarrassment and possibly serious complications.

In summation it may be stated that the commonest symptoms of diabetes are excessive hunger, thirst and urination, loss of weight, strength and energy, and excessive itching, local or general. If you or any members of your family should experience any of these symptoms do not experiment with self diagnosis or so called advice of well meaning friends. Instead, go immediately to your doctor, because if you have diabetes your doctor will be your best friend.

CRITICS AND CRITICISM

By DONALD BURNS, Roseway Hospital

ONE time a fellow by the name of—something or other—described a critic as a “legless man who teaches running,” and it probably could be argued, in a logical or illogical manner, that Mr. Something-or-Other is right.

Let's take the literary critic and his criticisms on literature for an example. A young man will write an article, possibly his first, and get it published in one of our Canadian magazines. To the general public it will appear to be a very good article. Everybody who can read, reads it, and heaps congratulations on our famous author. Next thing you know, he gets the foolish idea that's he going to become a writer. If people like his first one so well, what would they think of his work four or five years from now. With this experience he may surpass Dickens, Thackeray, or Shakespeare himself.

That is, until some unknown character from the far reaches of some distant region sets his eyes on it. He reads it, settles back in his easy chair, lights up a twenty-cent cigar, and laughs! Yes, laughs!

Then he starts going over the article word by word and tears it to shreds. By the time he gets through with it, one could hardly tell an article was ever written. Then our cigar smoking individual writes to the magazine, voicing his “valuable” opinion of our young writer's article. What happens? The author reads the criticism. He can hardly believe it at first. “Why no, this can't be about my article! Everyone enjoyed it so much! No, there must be some mistake!” So our wretched author checks, re-checks and double checks, and pretty soon he comes to the sad conclusion that it is his article that has been torn to pieces.

Well now you can just imagine what

our writer must have felt like. He had a weak feeling in his stomach, and he broke out in a fever. A cold surge of frustration crept into him, through his liver, into his pancreas, and up through his lungs, tightening the pectoral muscles across his chest. He took his temperature and decided to lie down on the sofa.

Now can you guess what our young literary artist did after the shock wore off? No, he didn't sit down in an easy chair and light up a twenty-five cent cigar; nor did he sit back and laugh! He didn't do any of these things. He just packed up his four handkerchiefs and took off for Siberia, where he became famous selling refrigerators to the Russian occupation troops to keep their food from freezing. Cold place, Siberia!

But what happens to our friend, the critic? Well, he gets a copy of the magazine and greedily leafs through it in search of his own article. He reads it and gloats. Yes, actually gloats! Then he puts the paper aside, sinks down in an easy chair, lights up another cigar, (this time a twenty cent one) and thinks, “Cold place, Siberia.”

Now I'm not giving my opinion on critics or their criticism, because I believe a few sarcastic digs here and there are good for a writer. It helps to point out his mistakes, so that he may correct them another time.

I believe criticism is like tuberculosis; a lot can do you harm, and a little will teach you a lesson.—Health Rays.

TRAVELLING CLINIC SCHEDULE

Portage	Dec. 7	1 to 4 p.m.
Dauphin	Dec. 14	1 to 4 p.m.

Brandon Sanatorium Out-Patient Clinic
held every Wednesday afternoon
between 1:00 and 3:00 p.m.

Welcome To The San

By H. JENNER, Medical Superintendent, Fort Qu'Appelle Sanatorium

YOU have tuberculosis. That is why you are here. Somehow, unbelievably, you have been singled out as a bearer of that once dread disease, tuberculosis. Now you find yourself travelling a road not of your own choosing. Emotionally and mentally you are confused. You may be sick and afraid or you may feel perfectly well and wonder, in a bitter sort of way, if all this dislocation of your life is really necessary. May I try to say a few things which may prove helpful?

Why are you here? You are here because at some time tuberculosis germs have entered your body, coming from someone else who had the same disease. These germs have grown and multiplied until now you have tuberculosis. In one way or another the diagnosis has been made and you have come to us to be cured. This now becomes the most important thing in your life and everything else must take second place for a considerable time.

What is tuberculosis like? The commonest form affects the lungs, but kidneys, bones, lymph glands and other parts of the body may also be diseased and become the main source of trouble. Because tuberculosis can involve so many parts of the body, it can be very different from one case to another. Your disease is different in some ways to every other case here and we will treat you and your particular tuberculosis in an individual way. Tuberculosis is what we call a chronic disease or one which usually develops slowly and lasts for some time. The parts of the lung, kidney or bone which are badly diseased do not return to normal, but are lost to us for life. That is why it is so important to cure tuberculosis early before much damage is done. The X-ray shows us how much of the lung is diseased and gives us a

fairly accurate idea of what to expect in your case. We examine your sputum, the stuff you spit up when you cough, to see if we find tubercle bacilli in it. If we do, then you are an infectious case and can give your tuberculosis to others.

How much real danger is there? We can truly say that very few of you now coming here for the first time will have any serious trouble. Nearly all who have pain, cough, fever or other symptoms will feel a great deal better before the end of the first month. From here on, there will usually be relatively little in the way of aches or pains, cough or tiredness, to remind you that you need further treatment, but actually you are only starting on the long road toward cure of your tuberculosis. While your symptoms may disappear very quickly, healing of the damaged parts of your lung goes on very slowly. Here we come to one of the real dangers. It is very natural to believe that you are as well as you feel, and sometimes the temptation to stop treatment early is very strong. I can only tell you that those who yield to this temptation have a bad record and we see them coming back for the second or third time in a sad procession. Do not join them. See it through now. We promise you individual attention and up-to-the-minute treatment. We will speed your cure as fast as we can. We will give you exercise, send you home and put you back to work just as quickly as we feel it is safe. Please trust us to know what is best for you. That is our business.

What can you do to help yourself? A very, very great deal. First of all, I would say the most important thing is to accept this misfortune and determine to make the best of it. Don't try to think who is to blame. It really

does not matter now, does it? Tuberculosis is not a disgrace. Hold up your head and make no secret of it. Accept as your friend the other patients, your charge nurse with her helpers, and your doctor. Start in right now to learn all you can about tuberculosis. You are going to recover your health and go back to work but tuberculosis germs will live in your body for the rest of your life. It is important, therefore, that you know as much as you can about your No. 1 enemy. Read your sanatorium magazine regularly. Talk to your fellow patients, but cautiously. There are always a few practical jokers among them and others who are not well informed. Check everything as you go with your charge nurse or your doctor. We like answering good questions.

Next, I would say you should plan a programme for yourself and again talk it over with your doctor. A stay in sanatorium need not be boring and certainly should not be wasted. It can be the opportunity of your lifetime to do something you would never otherwise have done. Your mind need not take a complete rest although you should mentally relax. Fairly early in your course of treatment, study privileges may be granted by your doctor and more basic education remains the best thing that any patient can acquire. You are never too old to learn. A good course of reading can change your whole outlook on life. There are many other things to do. Be alert and, like many another before you, you will look back upon your sanatorium days as



one of the happy milestones in your life.

How can you endure the long separation from your family? This is probably one of the keenest of all questions in the mind of the new patient. I have no easy answer. I simply know that many others before you have gone through this same trial that you go through now and most of them have kept smiling. Gradually we see our patients relax in the friendly sanatorium atmosphere and the sharpness of their feeling of separation becomes dulled with time. Here I have a word for relatives. Come as often as you can for short and cheerful visits, but never suggest to the patient the possibility of home leave unless you know that the doctor approves. It is extremely upsetting to the patient who has obtained a measure of emotional relaxation to be again needlessly thrown into a state of confusion. My own observation is that the most contented patient is the one whose relatives come regularly or write regularly and who stays at the sanatorium continuously until the time of discharge. It seems hard but it works.

So now again, "Welcome to the sanatorium." You start now on a new way of life that leads to good health, many new friends, a return to normal life and, for most of those who learn the simple rules, a ripe old age.—The Valley Echo.

I'd like to be a could-be
If I could not be an are:
For a could-be is a may-be
With a chance of reaching far.

I'd rather be a has-been
Than a might-have-been, by far,
For a might-have-been has never been.
But a has-been was an are.

Smoking versus Cancer

BURNING beside the glowing tips of some billion cigarettes today is the hotly debated question, "Does cigarette smoking cause lung cancer?" "Science Newsletter", the weekly summary of current science, has this to say: "In the present state of knowledge, no one can guarantee that a person who quits smoking, or who has never smoked, will not get lung cancer. It can be said, however, that a person who has his chest x-rayed regularly has a good chance for early discovery of lung cancer if he develops one, and that an operation, especially in the early stages, to remove the cancer and the lung if necessary, has a good chance for success."

The main argument linking cigarettes with lung cancer comes from statistics showing that an increase in lung cancer has appeared during the same period that cigarette consumption has increased markedly. Then, too, some statistics show that there is almost always a history of excessive smoking for at least twenty years, in cases of cancer of the lung, and that it is rare to find lung cancer in a non-smoker.

However, E. Cuyler Hammond, a Yale professor and director of statistical research for the American Cancer society, feels there is still no reliable statistical evidence to prove that cigarette smoking causes cancer. He is directing a study of the smoking habits of 204,000 men for the Cancer society. This research is designed to learn the smoking habits of men while alive and comparing these with the causes of their deaths when they die. In the past, comparison has been of smoking habits of patients with lung cancer and those without it. The weakness in this method is that until a person develops lung cancer or until he dies, no one can say he isn't a lung cancer patient or won't become one.

Laboratory experiments with mice

have been the source of several arguments linking cigarette smoking to lung cancer. Cigarette smoke tar painted on the skin of mice over a period of a year produce cancer. However, cigarette smoke tar is not the only cancer-causing product of combustion to which people have been increasingly exposed in the last 25 years. Some scientists feel that fumes and gases which pollute city air on a smoggy day can take a good share of the blame for increase in lung cancer. Chemicals from these fumes when painted on mouse skin, also produce cancer.

One of the experiments that simulates condition endured by the human smoker, is this one: mice were housed in a cage with a specially designed automatic smoking machine. Although the animals did not actually smoke cigarettes, they breathed cigarette smoke from cigarettes smoked by the machine at the rate of one an hour for a twelve-hour day. Half a lifetime of this increased the chances of getting lung cancer by about one-third for those mice with a hereditary tendency to lung cancer. Similar experiments run in 1943, but for a shorter time in mouse life, showed no difference in lung cancers between mice who "smoked" and those that did not. "Science Newsletter" interprets this as the possibility that smokers who quit have a better chance of escaping lung cancer than those who continue the habit.

Dr. Hammond pointed out that it will be important to know the degree of relationship, if cigarette smoking is related to lung cancer. To use such findings to save lives, either people must be persuaded to give up smoking or the harmful ingredients must be discovered and removed from cigarettes. However, neither is apt to be accomplished, in his opinion, unless this relationship between lung cancer and smoking is proven to be large.

The Line-of-Type that Revolutionized Printing

THE type of most of the newspapers, magazines, and books you read has been set by linotype, the ingenious invention of Ottmar Mergenthaler. It operates somewhat like a typewriter and turns out single lines of metal type with words properly spaced and margins "justified", as fast as the operator punches the keys.

The invention of movable type set the whole Western World to reading and had a profound influence on civilization. But in the nineteenth century the demand for greater speed found printers unable to give their readers the news fast enough because setting type by hand, letter by letter, was too slow. Mergenthaler broke that barrier.

Ottmar Mergenthaler was born a century ago in the little town of Hachtel, Germany. Young Ottmar proved his mechanical genius when, as a teenager, he repaired the town clock, a job the professional watchmaker had given up as hopeless. His father wished that Ottmar would become a teacher but deferred to the boy's wishes by allowing him to sign himself on as a watchmaker's apprentice. Not yet twenty, Ottmar came to America on borrowed funds by steerage, and soon found a job in Washington, D.C., as a workman in precision instrument making.

It was a court reporter, James O. Clephane, who first inspired Mergenthaler to devise some machine that would speed the kind of work he was doing—taking shorthand notes, transcribing them to longhand, setting type by hand, and finally printing. The typewriter had already been invented but the steps between manuscript and printed page were still painfully slow and laborious. Clephane and Mergenthaler worked on an idea of impressing let-

ters on papier-mache, into the depressions of which molten metal was poured to form type. Mergenthaler fashioned a machine in 1883 which made the mold one line at a time. It was not practical enough to suit the demands of Mergenthaler and he next tried making the impressions in metal instead of papier-mache. His model worked but still he held it back for further improvements. In principle, the matrices (molds) of all letters of the alphabet are housed in a magazine, each letter in a narrow compartment. Pressing the "a" key releases an "a" matrix, which then slides down a chute and falls into place on the "stick"—and so with each letter. Tiny wedges drop into place between words to fill out the line exactly one column wide. Then molten metal is forced into the matrices and a line of type is cast.

Mergenthaler demonstrated his machine on July 3, 1886, in the composing room of the New York Tribune before a group of representatives of many newspapers. He was then only 32 years old. Nervously he tapped out a line, pulled a lever, and out dropped a metal slug bearing several words in type. Whitelaw Reid, publisher of the New York Herald, exclaimed: "A line of type!" That is how the linotype was christened. Today languages and dialects all over the world are set in linotype.

But Mergenthaler met with tragedy. He fell victim to tuberculosis, in a day when climate was extolled as the cure. He tried the Blue Mountains and the Adirondacks but could not stand the cold. He moved to Arizona where he lived in a crude pavilion for six months. Then he moved to New Mexico where his family joined him. While there, his house in Baltimore burned to the ground with its contents, including his

almost-completed biography. He and the family returned to Baltimore and there he died in 1899 at the age of 45.

On May 9, 1954, the little town of

Hachtel celebrated Mergenthaler's centenary by dedicating the Mergenthaler Museum housed in the picturesque old house in which Ottmar was born.

MESSENGER GOES TO INDIA

For many years now the Messenger has been exchanging publications with many other similar type magazines throughout the world. Approximately two years ago our magazine began its longest journey with the addition of The Indian Journal of Tuberculosis to our exchange. Now, every month off the Messenger goes to New Delhi, India, there to be read with interest by people half a world away. The Journal is the official organ of the Tuberculosis Association of India and, in December, will celebrate its second anniversary. The Messenger is happy to extend congratulations to India and to wish the Journal every success in the future.

\$

DON'T FORGET YOUR ESSAYS

FOR THE

MESSENGER CONTEST

DEADLINE IS MIDNIGHT,

November 30th

Money is there for the writing.

It would be a shame to miss out on this handout,
so give out with the literature.

\$

BRANDON SANATORIUM

"A" Ward

Black cats, witches, pumpkins, goblins, masks and hats—what is happening on our ward? Ah, it must be the end of October and with it comes Hallowe'en. It will find "A" ready and waiting. The children have the days counted. Iris Roulette is sure to look sweet in her Indian maiden costume.

We miss Caroline Knott who has returned home to Island Lake. Also Pinocchio who has moved down the hall to "H" Ward.

Welcome to David Waswa and Baby Howard who is the pride and joy of Mrs. Peach and Miss D'Arcis.

Baby Amos was christened Marjory Donna at a service in the Protestant Chapel.

Our wee Kokomo can really rub noses! Sherman and Cookie have adopted "Hokey smokes" as their favorite expression.

"B" Ward

No, we haven't started a new pin-up fad, the witches and bats are only a temporary reminder of Hallowe'en. They never could replace Roy Rogers.

We all welcome Eva Scott who has returned from Dynevor Hospital with tales of copper work.

Gals on routine are Mary Mamagesic, Eva Scott, Sara Queskekapow and Annie Ishoomatak. Let's hope you girls don't have to stay too long now.

"C" Ward

"Let's take a walk through "C" and see what is going on. It is strangely quiet since Marina no longer has a guitar. No more improvised Hit Parades. Now, in the big ward, the main interest is window shopping?

Margaret, how did you bruise your leg?

Hazel Ross' main hobby is making wallets. Have you really that much money, Hazel?

Beatrice O'Meara lends a bright spot with her cheery smile and pretty pink sweater.

We move down the hall where Anna is knitting gray gloves, Julie is making a wallet and Mary Alligo is learning English. She finds "sausages" and "thermometer" particularly funny.

Oh yes, to whom are Mary Traverse and Florence Sky so busily writing.

Alice Linklater is doing beadwork while Susan crochets.

We have some really tense moments when our four card sharks get together.

Who is winning now? Louise, Eva, Susan or Jean?

Congratulations to Jean Tait and Louise Powassin who are now up and about. Easy on the Square Dancing, girls!

All kinds of luck to Madeline McPherson who has gone to Residential School.

Mary Rose Benn left for "J" after a short stay on "C" ward.

See you all next week.

"D" Ward

Greetings from "D". Another month has come for our regular report from the ward. First a hearty welcome to our newcomer Eric Shorting, from Rolling River.

The latest ops this month were Lucy St. Pierre, Elizabeth Harper, and William Oupaluktuk. We are happy to say they are all doing well.

Our charming boy Armand Contois is full of smiles these days. We wonder if he has a secret to reveal.

Congratulations to Roland Roulette, Joe Nepinak, David Sinclair, Jacob Hastings and Talbot Harper. They are all sporting routine 4.

Most of the boys are doing jig-saw puzzles.

See you in the next issue of The Messenger.

"E" Ward

Thanksgiving has come and gone and we have to thank those concerned for the lovely turkey dinner served us.

Congratulations to Mr. Anderson, now sporting routine 4. Keep it up, Frankie.

Teacher has two marvelous students here, namely Jonah Mamagesic and Joe Roulette.

Pete Meccas still has "Radio Service" over his door.

We want to wish Solomon Beardy and Henry Thomas who have left for Manitoba Sanatorium continued health and success.

Alf Williams, Maxim Beaulieu, R. Mamagesic and David Omand are our four "Rhythm Makers" under the watchful eye of maestro Al Shingoose.

Must make like a whistle and blow. Cheerio.

"F" Ward

Everyone in our ward is fine and dandy. Our only discharge this month was George Bradburn. Best of luck to you, George.

We miss Mike Eskimo who was transferred to Ninette Sanatorium. We hope you like your new home Mike.

The only Eskimo patient in our ward now is Natcheak.

Our two Chippewans are Sandy Ellis and Thomas Cheekee.

The tribes we have represented on this ward are, Eskimo, Chippewan, Cree, Sioux and Ojibway.

"G" Ward

First we welcome our new arrival Al Goosehead. Hope you like your new home Al.

On the other hand we wish our Eskimo friend Kayoopik, who has left for Ninette Sanatorium, all the best in the future.

You have heard of the four Knights? We have them on "G"—Archie Rush, Jake George, Robert Mitchell and Colin Severight. All wearing their shining Colgate smiles.

Here we have a room full of Solomon—two, Wabano and Keno.

Our model cure chaser is Darcy Mentuck.

Harry Cloud eats twice as much since having purchased a set of teeth. And that doesn't leave Mr. Starr very far behind. What are you buying "Steradent" for Gorgie?

David Eaglestick is currently interested in solitaire.

And the last card we come to is David Rattlesnake. Welcome, David.

"H" Ward

We miss Pierre Thalekudeliu who was transferred to "E" and David Rattlesnake who went to "G".

Welcome to Oolamik Eskimo (Pinocchio) who transferred to our midst from "A" Ward.

Mysterious preparations are underway to welcome the witches and goblins on Hallowe'en.

"J" Ward

Time surely waits for no one. So here we are again with this month's news. There have been a few changes. Elizabeth Harper took a trip to the O.R. but she is back with us now and looking fine too. Keep up the good work, Liz.

We are pleased to see Harriet Ross on routine 4 now. Next thing you

<p>Flowers for every occasion</p>	<p><i>By Special Delivery By Telegram Buy with the Assurance of our 50 years' Service to Manitobans.</i></p>
	<p>R. B. ORMISTON LTD.</p>
<p>WINNIPEG & FLIN FLON</p>	
<p>Matt Ormiston</p>	<p>R. G. Ormiston</p>

know Harriett, you'll be heading for "Home Sweet Home."

Say Spencie where did those big fat letters come from?

Hazel Sinclair has moved into the private room just recently. Now she hardly shows up and we miss those cute dimples of hers. Say Hazel how about sticking your head out?

We are all back to school again after our little holiday. Some girls are as busy as bumble bees trying to catch up with their work.

MANITOBA SANATORIUM

Number One

October, here and almost gone. It will be a month to remember, the World Series going to Brooklyn for the first time and the three hat pools going to our favourite nurse. We wonder who was the happiest on the outcome, the Brooklynites or Miss Willoughby. It is also a month to remember for ducks. On two occasions during the past month we were fortunate enough to be able to sit down to two very enjoyable duck dinners. Our thanks to the two patients for obtaining the ducks, to the cooks in the main kitchen for the fine job they did on preparing the ducks for the table and a special vote of thanks to Miss Willoughby and her staff for the extra work and effort on their part in making these two dinners really special occasions.

Messrs. Donato, Flett, Buck, Leskiw and Robertson have left for a visit with Dr. Paine in the O.R. All the best, fellows and hope to see you back here in short order.

Rejoining our happy group after surgery and a stay in the infirmary are George Newby, Dick Murray, Lawrence Johnson and Henry Cranwell.

"K" Ward

Another month has rolled around and it means more work for the reporters. We can't complete with the Brandon Sun, but here goes.

Welcome to Isabella Cochrane and Maggie Eskimo our newest patients. Hope your stay will be short and sweet gals.

Everyone is going well. Our youngest members Theresa and Dorcas are busy cutting out paper dolls.

No more news for this month, so cheerio.

New faces in the past month are John Flynn, Bill Hare, John Bowman, Stewart White, Leonard Amiotte and Glen Orvis. Welcome fellows, hope you enjoy your stay here as much as we have.

Things heard, seen and leave us wondering:

The boys have all agreed that it would be in order to send for Emily Post's Book on Table Manners for Percy Searle—wonder why? Wonder if Dick Murray's wife has the same problem getting him up in the morning as Miss Willoughby has. Ed. Nordquist has again returned from a short leave bringing with him a big order for leather goods, running competition with Great West Saddlery Ed?

Frank Johnson, better known as the "Gardenia Kid" is very busy turning out roses and trying to whistle "The Yellow Rose of Texas", do you think your new upper plate will help on the tune, Frank?

Larry Johnson, now that he has a meal over in the main dining room, can now legally meet the Brandon bus, bet it isn't as much fun is it, Larry?

George Newby is a fair cure chaser but we wonder why the smile on his face when he sings "Down by the Railroad Tracks"—what's behind it (we don't mean the tracks), George? Charlie McPherson and Reuben Nattaway are still with us except for the odd trip out snaring rabbits, does the big hat help, Reuben?

Bob Gunson, better known as "Rudolph the Red Nosed Busher" has joined the ranks of the high priced help. How many more pay cheques before you can make the first installment on a postage stamp, Bob?

Arthur Wold, our genial Swede is still keeping the Copenhagen Snuff factories in business, still wondering what causes the cough, Art?

Walter Wood, our one armed paper hanger must be learning the trade of being a doorman, still practicing at 7 o'clock in the morning, Walter? Paul Critten, our studious bookkeeper must be almost ready to write for his C.A.

Henry Cranwell has finally found a new excuse for asking permission to visit the Craft Shop, Leather Carving, how long will this excuse last, Henry? H. St. Pierre seems to have trouble with the butter-knife, going to tie a flag on it, Pete?

Don McKenzie is as busy as ever turning out wool pussy-cats for all the girls around the San. How do you keep the colours straight, Don? Ed. Duffy keeps himself busy doing crossword puzzles and playing rummy, don't overdo it. That's all for this time, see you next month.

Number Two

Let's look around and see what's happening in Number Two. It's been a pretty quiet month for us model cure chasers?

A hearty welcome to the newcomers of our abode Mrs. Norquay, Mrs. Kolesar, Marilyn Milne, and Rose Ammeter. May you have a short and happy stay.

This month we lost Joyce McCallum to West Two, where she is doing very well. Mrs. Thompson deserted us for home, we wish her lots of luck. Mrs. Shmon also departed for home. The best of luck and many thanks from all of us for that wonderful TV set.

Mrs. Favel, Mrs. Fields, and Mrs. Merasty are all looking forward to going home in the next two weeks. I'll bet they have started packing already.

Mrs. Szlachtycz—Will be keeping the homefires burning after all her room-mates leave.

Mrs. Downing—Busy with handiwork. Enjoying her noonday walks.

Mrs. Funk—Has been doing some lovely sewing lately. Another lucky gal due to go home soon.

Rita Flamond—Just returned from leave and judging from the stars in her eyes she must have had a good time.

Aileen Ferley—This poor girl is getting tired and losing weight trying to dodge work.

Katie Heide—Does some very nice painting. How do you like your meal over.

Mrs. Mary Fleming—Enjoying the peach season. Looking forward to going home.

LEATHER GOODS
is
Our Business
**FINEST ASSORTMENT OF
Beautiful Leathers**
plus
**All LEATHER CRAFT Tools
Accessories and
"BOOK OF INSTRUCTIONS"**

Birt Saddlery Co. Ltd.
519 Main Street Phone 92-3565
Winnipeg, Man.

Kay Shearer—Our working gal. Since the horse artillery was out we haven't seen Kay's pony tail comb.

Mrs. Ferguson—Is on leave at present.

That's the news for this month. Bye now.

Number Three

Hello everyone. Adolf Sadar moved to the west basement leaving Bill Kissick and Norbert Spence alone on the east side. On the west side there is Mike Mudrey, our cleaner, and four top ranking rummy players. Gus Gielens holds forth position while Mike Olynik is in third place, Vine Johnston second, and, of course, Walter Hydrochuck with his quick thinking plays is the top ranking player.

Downstairs we have our best cure chasers and steady workers, Mr. John Mahr, Ray Kahler, Swaney Thordarson, Len Moorehouse, and Tony Bazuiuk. That's all for this time, see you next month.

Women's Obs.

Hi everyone. My gosh every time the news has to be written our building is more empty than ever. Now there are only eight of us in the building and it holds 28.

First of all I must tell you of the discharges. Lucy and Roman Onufrychuck have gone home to the city and it is kind of quiet here with Roman gone. We miss the little guy. It's funny

to go downstairs and through the hall and not be shot at.

Cicely Davis is the other lucky gal to have gotten her discharge and is going to Windsor to work.

The other girls holding down the flat are Angie and Tony, East down. Don't know much about these girls. Angie works most of the time and Tony is always good for a joke. Sally and Jean are the other two girls downstairs. Jean is still draining blood from people and painting when off duty. Sally is the little smart one! One day she tried to tell Audrey she was smart in crooked ways and then proceeded to show us how smart she was the very next night. We all went for a walk with her and were amazed!

Upstairs we have Jean Rubel on the East side.

In the sitting room we have that smart, crooked Audrey working four hours now and knitting mostly men's socks.

Olive is the live wire around here. One can always tell when she's around. This is the girl who jumps fences and has apple fights every noon.

Sady is still alone in the room. Had a visitor last week and gets teased like mad.

Well that finishes the news again for this month. Hallowe'en is on the agenda next and we are trying to think of a way to dress. Hope everyone has fun!

King Edward

Hi folks. How time does fly! Here it is another month gone by and time for the Messenger again. First of all we are all glad to hear that Joe Humdal went home and we all wish him continued improvement. We welcome Andy Savold from East Three. May your stay be short, Andy, and we sincerely hope that when you finish that course of building construction you will

be able to return North and really build it up.

The rest of the boys on the first floor are all doing well, although special mention should be made of Messrs. Boggs and Goodwin who are the card sharks of the floor. Of course when they really learn the game it will be more interesting. Are you with me, Cramer or are you still double skunking the cribbage players? Just watch out for Pops.

Angus is still the same but it seems his walks are getting shorter, or do you have some other attraction? Tut, tut, Angus you will get hooked yet. As for Tony, I still say he makes the best coffee in the San and always on time too.

Upstairs things are as usual. Steve still takes his walks but sometimes I think that his steps don't go very far as I'm sure he is in the moulding stage. What say, Steve?

Oscar is up in the air over a \$500.00 crossword puzzle just now. I hope we get that turkey supper you promised, Oscar and if you hear him talking pay day! He is quite all right, just concentrating. Rankin is still the radio and TV expert (and a really good one) so will not argue about it.

McNaughton is still the same with rabbits and more rabbits but all in all still chases the cure. That's right, MacNutt. Cris is happy now, he has one meal over. Now he can pass the "College" without anyone saying is he allowed out. The best to you, Cris, she is a swell girl. I hope you thought about that when you had a day in Brandon, or did you?

Charlie Kerr has just returned from a few days in Dauphin on business. But I think he made out all right as he put on weight. Look after yourself, Charlie and remember Christmas will soon be here. M. Speces is still the same as ever and as everyone in the San

knows, he is evryone's friend so we just say carry on Speke and our thanks for all the improvements on TV.

M. Wallace and M. Song are still going strong. Pop is still playing his cards and I think we would all be lost without him. I'm sure some of the patients in the infirmary would miss his usual visit. Just keep it up, Dad.

M. Wallace had a few days at home in Austin and seemed the better for it. As Pop says you should have been a poker player because he can never figure out your hand. Just keep him guessing. I'm your partner sometimes you know.

We can't finish this note without a word of thanks to Miss Margaretts who leaves us shortly to make her home in Calgary. Yes, she is getting married and we all say the very best of luck to you and your intended husband and may your years be blessed and all your troubles be little ones. This is the wish of each and every one of us in the K.E. and thanks for a job well done while with us.

West One

We would like to welcome Nancy Swanson, Yvonne Ducharme, Angeli-que Linklater, Evelyn Linklater, Jean Carpenter and Rose Podruski. We hope your stay will be short and sweet.

Room 1: Margaret Parenteau will soon be moving to West Two for surgery. Best of luck, Margaret. Rita Parenteau keeps herself busy doing schoolwork and reading. Tena Rhode is the lucky girl who expects lots of visitors.

Room 2: Rose Richard and Rita Guiboche are both so quiet that we have nothing on them this month. Mary McLeod, our ray of sunshine, keeps bright and cheerful.

Room 4: We welcome back Matilda Sadowick from West Two after surgery.

Room 5: Jean Durand keeps busy turning out kittens of every shade and

Jerrett

FOR PHOTOGRAPHS
And Everything Photographic

EXPERT FILM SERVICE

JERRETT'S
PHOTO-ART STUDIO

115—10th St. Brandon, Man.

hue. They're cute too.

Room 6: Kathy Mallick is surrounded by books. Do you really read them Kathy or are they there for show?

Room 8: Doris Taylor is knitting a most complicated pattern. Don't you ever get the wool tangled?

Room 9: Christine Baker is a lucky girl having her hubby visiting so often. Matilda Dysart is quite the cowgirl, strumming her guitar. Mary Pelletier is very happy with her increase in routine.

Room 10: Vivian Boyer keeps the knitting needles clicking while Edith Hanisch stands guard over her minnows in case someone mistakes them for sardines.

West Three

West Three needs a revolving door to accommodate the incoming and outgoing traffic. With the newcomers, Grace Haydn, Elizabeth Flatfoot, Mary Ann Whiskey, Yvonne Bighetty, came a definite predeliction for "Ye Olde Western Music." Our dear old halls of learning? are now reverberating with Eddie Arnold and retinue.

The outgoing parade consisted of Jean Grerson, who left for Winnipeg to consult specialists there, Mrs. MacAuley who unfortunately had to move to a smaller hospital, Gladys Laronde went to West Two for guess what! Rose Ammeter and Mrs. Coulthard took to the big hill.

Lydia Thomas talked turkey and managed a leave for Tranksgiving. Mrs. Dysart is absolutely radiating good health after her op. Mrs. Scott is just about the most energetic little bug that West Three has had the pleasure of seeing.

In Room 2 is dear old Doris who claims that sugar socks wear well. Her martyred friend, Bertha, well all we can say is that we commiserate with you, and your reward will come. Elsie Wescoop is patiently! awaiting her surgery. Good luck.

Room 1, composed of Foggy Rey, the beauty consultant of the flat and Rae Macdonald, the original pyjama girl and Betty White, period, continues to chase the cure diligently in spite of the insurmountable (chuckle, chuckle) barrier in Room 2.

Sally, sorry this is so prosaic, but it was the supreme effort.

West Two

Well folks, here we are again from West Two.

Room 1 needs to be made larger to accommodate visitors. Joyce McCallum is doing fine after her op, also Mrs. Taylor. Mrs. Smiley is smiling her way to recovery.

Room 2: Mrs. Brumeau is peeved because her hubby missed coming Sunday for the first time. Maxine McMardie has lost interest in shows but looks forward to No. 2. Wonder why?

Room 3 is occupied by Mr. Nichols who is doing fine after his op.

Room 5: Mrs. Sutch is doing fine after her op and is counting the days.

Room 7: Gladys Delarond is doing fine and welcomes company.

Room 8: Sheila Harrison has been enjoying her car rides lately.

Big Ward: Priscilla Gibault and Olive Robertson have recovered from colds and are resuming their walks. Shirley Simpson and Helen Harris are burning up the balcony, doing fine after ops. Patsy Radford has taken up embroidery and McMordie is following suit.

That's all, folks. Bye now.

East Two

Well folks here we are again on East Two and by the looks of things it is Messenger time again.

Taylor in Room 2, Donato in Room 8, Robertson in Room 7, Buck in Room 6, Laskiw in Room 5, Wiatroski in Room 1, King in Room 15, Flett and Bone in Room 12 are the boys who have had their ops and are doing fine.

In Room 2 we have Lariviere and Shmon who never have a dull moment, always working.

Paul Friedman must have been lonesome when King and Wiatroski were away for their ops.

Dumbleton is a newcomer, hope his stay is short and sweet.

Hanchuk is so busy chasing the cure he doesn't know what is going on around the flat.

Hanasiewicz is still making his daily trip around the flat.

Nealy, Eaglestick, Nemow, Nicholas, Mason, Keeyvapik, Gefreiter, Bruce, St. Pierre, Custer, Castell are all newcomers and hope their stay is short.

Nelson is busy with the Tribune puzzle.

Balfour, well what is that man going to do with all his money after he finishes making all those wallets.

By the time Bolten finishes beating everybody in Chinese checkers he will

be a first class Chinaman.

Wisceneski is busy closing all the doors on the flat.

Shields just came back from a leave and hope he enjoyed it.

Rentz finally decided to show Frenchie how to play bridge.

Well here is where the nurses come in. Miss Gates is keeping the flat in tiptop shape. Lydia is busy making everyone full of holes with the strep needle. Miss Cantwell is still seeing the leprechauns. Mrs. Stinton has a few days off. Hope she enjoys them.

Marher is busy pitching eggs at Shmon.

Well, just like old man river, we'll roll along for this month.

Around the San

The month of October—celebrated for Thanksgiving, reducing our turkey population by 99 per cent and filling our stomachs by 25 per cent. Hal-lowe'en—tricks or treats, but to most

STUDY by MAIL

during your convalescence
Enquire from your Rehabilitation
Officer or write to us for particu-
lars regarding our courses in

BOOKKEEPING TYPEWRITING SHORTHAND

For Prompt and Thorough
Instruction

ENROLL
at

SUCCESS
COMMERCIAL COLLEGE
Portage Ave. at Edmonton St.
WINNIPEG

Melrose

ORANGE PEKOE TEA

Delicious Refreshing

Blended and Packed by H. L. MacKINNON Co. LTD., WINNIPEG

boys tricks, and a few shanties pushed over.

Dr. Atkinson has found out that coming out of a sand dune with a car is not as easy as going into it.

Mr. W. T. Shibata and Sons are happy to announce that they are still ahead of the Mason and Company for being Jackfish Kings of 1955. With 12 days of the season left the magic numbers are 38 and 34.

Ralph was told that there were a lot of ducks around Gradstone, but when he went out to see he didn't even see a sparrow. Remember Ralph, they said there "were" (past tense).

Oliver is back to work after a few weeks of recuperation in the Infirmary. That'll allow him enough time to have thought up some different jokes. He says he'll be glad when Ralph gets back to driving the San car, for he says soon he might be heading for another rest. Tony Hoepfner has taken over the duty while Ralph is on the road.

We're losing one of our San's honorary citizens, as our Chief Engineer, Jim Scott, is retiring at the first of the month.

Miss Willoughby must have lady luck with her as she clicked on five

out of seven games in the World Series.

The Sanatorium Community Club bowling league is underway for the 1955-56 season, so far proving that handicaps are fateful. How to leave the kingpin up may be proved by Sam Rowe and Mr. Hamlin.

We were entertained by one of the finest army bands we've had here. The Royal Horse Artillery band took advantage of the brief Indian summer and gave us a fine program at Belmont.

Ray Kahler is studying the movements of walks. There's the Monroe type of walk, also known as Swing and Sway with Sammy Kaye. Mr. Spicer is thankful that some one reminded him of Simpson Sears on Thanksgiving. Doug Rankin is getting to be quite a witty radioman.

Miss Busch is absent for a while, likewise Miss Cook. To them we send a largesize "get well." Dr. Paine and Dr. Ross returned from a shooting outing with four to their account.

Sent a letter to Dr. Sidney Nelko the other day and it got mixed in with the medical journals and he didn't get to see it for two weeks. He informs us that he and Herb Adler are behaving themselves.

Chin must be trying to succeed—he's studying around five days a week. Elijah has stopped making belts. Art Friesen's awfully quiet these days. I guess he has those blues. Wally's learning how to grow a double chin. Tony Hosak's getting to be the old standard again. His philosophy? Probably work fast while the sun shines before the snow comes.

So it's a freezeup till the next issue.

Irrationally held truths may be more harmful than reasoned errors.

Good Food Is a Necessity

in regaining health and strength

That is the reason Brandon Packers Meats are used in many Manitoba Hospitals where high food standards are essential.

"LAUREL BRAND PRODUCTS"

BRANDON PACKERS LIMITED

ST. BONIFACE SANATORIUM

St. Joseph's Jottings

The patients and nurses on St. Jos are having a hard time with their enunciation these days—try this quickly:

A skunk sat on a stump,

The skunk thunk the stump stunk.

The stump thunk the skunk stunk,

Never mind, I bit my tongue, too.

On the balcony, Mr. Chartrand is the nurses' faithful helper. The other boys are doing fine.

Room 301: Andy MacDonald is always breaking into song. He wouldn't need to break in if he would find the key.

Room 202: Mr. McMullen and Mr. Hoiby are only seen when exercising.

Room 303: Busy as a bee, never can tell who you'll see. Mrs. Derry's room is 303.

Room 304: Knocked at the door—one not answered, Mr. Felkowsky is in a cast. Lyle Heron has taken to doing modern painting. He calls his latest one "Conflict" cause that's how he feels.

Room 305: Sakes alive, this room is always busy as a hive. Mrs. Hayes lives here.

Room 307: Mr. Trager is still talking about going to Hollywood, heard him say "Roy Roger's horse made it so why shouldn't I." Any similarity between Trigger and him is purely coincidental.

Mr. Paul Zaharkow asked his roommate "what are you smoking—a rope?"

Room 308: When is Mrs. Henderson going to learn she shouldn't eat crackers in bed, she's always complaining about crumbs in the back of her shell. Miss Timmins visited the nurses' residence at St. Boniface hospital on Saturday, came back and said she felt like a queen when her friends called on her in her chum's room.

Room 309: Mr. Bridge has his eye on the front door. Mr. Johnson is a man of few words.

Room 310: Has a new man again. Guess who it is, Mr. Peloquin.

Room 311: Miss Ditchfield was the lucky winner of a beautiful plastic pen set. Mrs. Szengera is our model cure chaser.

Room 312: Howard Thomas is starting young. He thought the girls in their graduation dresses were terrific. Ed Jensen is taking up knitting — any spare rocking chairs?

Room 314: Mrs. Hohenstein just got a new pair of specs "all the better to see you with my dear," she says. Mrs. Strutt got that date in at last.

Room 315: Mrs. Coull advised the reporter the "little thing" she was knitting was a tea cozy. Irish Lawrie is on

KINGDON PRINTING COMPANY LIMITED

Commercial Printers

OFFICE, WAREHOUSE AND FACTORY FORMS OF EVERY KIND
PRINTED ADVERTISING — SOCIAL AND PERSONAL

359 BURNELL STREET

WINNIPEG

the receiving end — now she knows how the patients feel.

Room 316: Mrs. Taylor's husband is always bringing her tempting things to eat.

Room 327: Can't eavesdrop here, je ne comprend pas le francais, so just had to look and report what's going on. Bob Picton is typing, Elie Picton, Arthur and Maurice Morin are doing leather-work.

Room 332: Messrs. Keating and Grudger enjoy teasing the reporter. Mr. Skrowronyk is in the craft room and Mrs. Hemming teases the nurses.

Room 334: Mr. Lalbirte is doing craft-work, Mr. Willet is a Western fan, Mr. Evans was reading and Mr. Cherniak was speechless. He has the hiccoughs.

Youville

Last month we were minus a reporter so there have been many changes, too many to list, so only the most recent are found here.

The lucky discharges in September were Mrs. Pahl and Miss Dubois. Mrs. Sweeney also got the go signal but is waiting for her apartment to be ready before leaving us. Mrs. Koodloo has transferred to the Mountain San in Hamilton and Mrs. Carpenter to Ninette.

We would like to welcome Mrs. Thompson, Mrs. Bartlett, Mrs. Kuchaba, Mrs. Olafson, Mrs. Plantge, Miss Godin and Miss Carriere to our flat.

WE CAN FILL
YOUR DRUG NEEDS

Call or write

Brathwaites

Limited

Portage at Vaughan
WINNIPEG — MAN.
Dispensing Chemists
(since 1902)

Mail Orders Filled Promptly

Mrs. Attenook is now out of her cast and is enjoying sitting up in the big chair.

Miss Guthrie was the only lucky one to have a leave for the long weekend.

The post operative patients, Sister Kergoat, Mrs. Sara, and Miss Gadway are all doing well.

The St. Boniface Sanatorium,

A place of pills and rest

Our home for a time

Where the doctors are fine.

To mention a few, I shall do

Hagen, Kozin, and Currie, too.

Mrs. Denholm, with the special touch

As only Youville knows

And Mrs. Peloquin's smiling good-
good-nite

To set our dreams aglow.

Then there's nurses' aides,

On top of the grads,

Loretta, Doris and Dolly, too.

Last, of course, though they

should have been first,

Are the Sisters of our flat

With their cheery hello

Wherever they go,

They listen to our tales of woe,

And send us home when we should go.

M.T.

St. Mary's

We have been unable to contact anyone on this flat who might be interested in sending us a few lines about the "goings on". This is the only flat in the San that is not represented in the Messenger. However, we'll be glad to hear from you—even if it is only a few lines every month. Anyone interested please get in touch with Bill Reimer, St. Johns.

Ici St. Jean

Recent additions to the flat are Messrs. Boris, Romaniuk, Ottawa, Sear.

Sorry to report there have been no discharges since our last writing.

Famous quotes from famous men:

Pete Jensen: Stop me if you've heard this one. Cardinal Kutchera: "We have 35 million laws in a sanatorium trying to enforce the commandments."

Neil Jefferson: "I'm not superstitious, but I won't be able to rest until I beat Chas. Porter in a game of checkers."

Mr. MacDonald: "The reason there were so few accidents in the horse and buggy days, is because the driver didn't have to rely entirely on his own intelligence."

Joe Jankowski is doing very well after a visit to the O.R.

Mr. Blaine is really keeping tab of his weight. But Ardes and Krisman have it just about figured out—he must be worth his own weight in diamonds.

Mr. Kotcher says his suffering is from an acute case of "gastralgia." He's not fooling us.

Merits for cure chasing go to Mr. Sawchuck for disciplining Ray Genaille; best Blue Bomber supporter, Mr. MacFarlane.

Mr. Fields really gets around—seems a good bet to break the four minute mile.

Busiest men are Blue and Minor.

In closing a few words of wisdom: "People will believe anything, providing it's incredible." Hope this doesn't apply to my write-up.

Till next month, gesundheit.

St. Therese Tattlings

Our regular reporter is keeping her appointment with the men upstairs and, incidentally, doing quite well. Stopping at 156 to welcome our new patient, Mrs. Plantge, who took over the bed of Estelle (Venus) who was discharged. Her sister "Mathilde", hopes to do the same this month. Gert Joyal seems to enjoy her visits down to the other end of the hall. Jean is cure chasing and enjoying seeing her friends entertained with hockey. Moving over to 157, we have Pauline busy knitting—baby bonnet or sleeping cap? Mrs. Perkins doing her best to make all us gals, look and smell real "purty". Mrs. Jergens sittin, knittin, and trying to lose sure cure, so we hear. Mrs. Perreault, just can't find anything to say about her, except her happy disposition is something to envy.

Shuffling along, we drop in on 158 getting smiles from our own Pauline Picton improving daily, after her op.

Ruby Craig, cure chasing, "I just gotta gain more weight."

Can't mention Dot Reid under threat of violence.

Jeannette, of 58, just hates to hear the phone ring. Wonder why?

Peeking in on 159 we see the same faces, minus Winnie, who had the pleasure of saying goodbye to San life.

Nina was forced to buy a new set of nails.

Jean showed us what that new dress

PIANOS

RADIOS

REFRIGERATORS

WASHERS

CHESTERFIELDS

DAVENPORTS

TABLES, Etc.

P. A. Kennedy Music Co. Ltd.

Everything in Sheet Music and Records • Let Us Repair Your Radio

BRANDON

Rosser Ave. and 7th St.

was for, a very pleasant leave.

Sophie, waiting for review, hope she gets what we all want, guess?—Flash, she just got it, while I'm writing this, "discharge."

Look what we found in 161. Mrs. Greene wearing out another dictionary, gonna get that \$800.00 Jack Pot, by cracky.

Agnes, her cell, pardon me, roommate is happy doing her four hours of work daily, and getting ready to take off on a leave.

The girls in 160, Helen Crowe and Mrs. Sinclair are fine. Carol Sankew of 164, completing a pair of hip waders? Excuse me, Carol, you said socks, did you? Mrs. Gonecherenko, of 64 hasn't been feeling up to par lately. Hope you're fit as a fiddle by next issue.

Now we're down at 166 where we find Clara turning out some nifty bead-work. In the same room we have S.B. S.'s own Mrs. Boily of 1955 cheerfully waiting to see the man with the axe. Good luck, Lee.

Now dragging across the hall to 165 we find Sister Desrosiers enjoying her routine six, while Sister Deschatelets moves closer to the door. Well, 172 at last, we have the "Morin" sisters doing fine. Mrs. Lamirande is the gal that can make Carol look like a beginner when playing cards. What's this about Mrs. Flett having her husband so entranced, he kinda forgot to watch the road?

We also hear that Mrs. Lynn has had some good news.

Little bird tells us Emily has the nickname Smiley.

Until next time cheerio.

St. Luc's

The new ones this month are Messrs. Marvin Hunt, Barnabus Jennings, Louis Laquette, Lambert Pepinak, Steve Kent.

The lucky ones to go home were Lloyd Swain, Earl Woods, Fred Tanner, Jack Strange.

200: Mike Yawrenko and John Chartrand have moved into the ice box from 205.

204: Lloyd says that there is somebody calling him at the window.

205: Mr. Page is now in here with Mr. Jennings.

208: Messrs. Craig and Nosaty are both looking fine.

209: Joe Brown is assisting Mike Pine with cushions, but are they ever beautiful.

210: Louis Laquette has joined Joe, Arnie and Mike.

211: Maurice Neault is starting to exercise and is giving advice to Henry Lee.

220: Brother Gagnon is really working hard to learn English.

229: Ron is starting on a cushion and a radio course. Rob is starting plastic work and doing some leather work.

233: Alex is having competition now for Lambert plays the guitar and sings.

That's all for this month.

SORRY!

Into every editor's life a little rain must fall and the Messenger, apparently, is no exception. It appears that, with the modern trend toward shortening titles to a group of capital letters, we got a trifle confused as to what the letter "C" might stand for. In our editorial last month the "C" in A.C.T. was given a dual role—Associated Canadian Travellers in one instance and Associated Commercial Travellers in another. We know now that the former is correct and that official appellation for which "A.C.T." is intended is "Associated Canadian travellers." We humbly apologize for our unintentional, but nonetheless, grievous error. Grievously have we answered for it.

Photographic Supplies

For the
AMATEUR AND
PROFESSIONAL



DEVELOPING
PRINTING
ENLARGING

The
Camera Shop

350 Donald Street
Winnipeg

LIBERTY OF THOUGHT IS
THE LIFE OF THE SOUL.

CITY
HYDRO

WINNIPEG'S MUNICIPALLY-
OWNED ELECTRIC UTILITY



"Head Start"
on a Career
... at age 7

—With the help of a Great-West Life Estate Builder. This unique plan provides automatically increasing life insurance—\$1,000 at age 7, rising to \$5,000 at 21. It costs far less than ordinary life insurance taken out at 21. The low childhood annual premium of \$54.03* never changes. Available from birth to age 11.

*Premium at age 7.

The
GREAT-WEST LIFE
ASSURANCE COMPANY
HEAD OFFICE—WINNIPEG, CANADA