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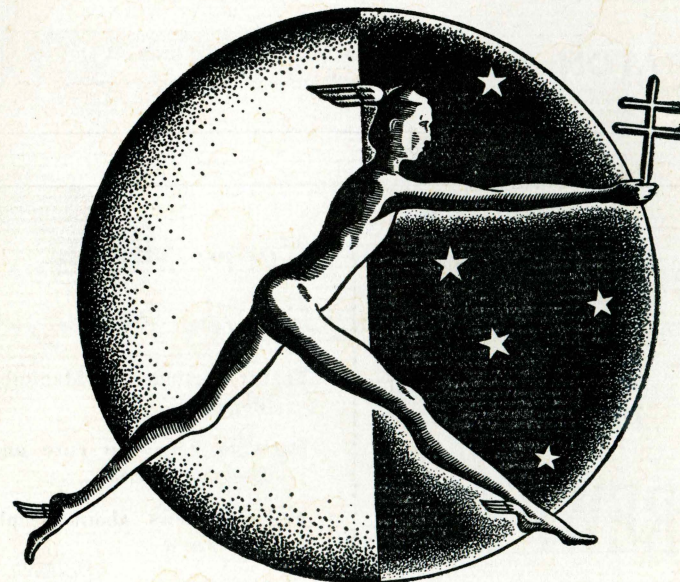
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Mr. J. Zayshley,  
City Health Dept., X-ray,  
Winnipeg, Man.

**Messenger  
OF HEALTH**



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**OCTOBER - - - 1945**  
**WINNIPEG    MANITOBA**



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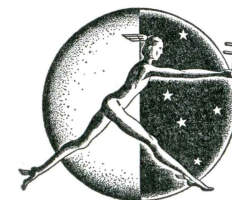
OF

THE RURAL MUNICIPALITIES OF

**Pembina Louise Roblin  
Turtle Mountain  
Riverside Strathcona**

Place	Date
MANITOU - - -	OCT. 15-20.
PILOT MOUND - - -	OCT. 22-27.
CARTWRIGHT - - -	OCT. 29-NOV. 3.
KILLARNEY - - -	NOV. 5-NOV. 10.
NINETTE - - -	NOV. 12-NOV. 17.

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# THE *Messenger* OF HEALTH

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Oct., 1945

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

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THE MESSENGER

October, 1945

## Editorial

### NEW SANATORIUM FOR INDIANS

Dr. E. L. Ross, Medical Director of the Sanatorium Board, announced early last month that Clearwater Lake Indian Hospital would be ready to admit patients before the end of September, and the first patients were actually admitted on September 26th.

The arrangement whereby the Sanatorium Board has undertaken to operate this newly organized institution for the Federal Indian Affairs Branch is an important advance in the anti-tuberculosis effort of the province. For the first time, adequate, well-located specialized facilities will be available to treat Indians in the Northern part of Manitoba who contract tuberculosis.

Medical Superintendent at Clearwater Lake is Dr. J. M. Ridge, about to be released from the Army to take up his new post. Pending his discharge, Dr. D. F. McRae from Ninette is in charge. Miss Helen Marshall, R.N., is Superintendent of Nurses, and Mr. Carl Christiansen, formerly on the staff at Manitoba Sanatorium, is Accountant and Purchasing Agent.

The hospital built for, but not used or equipped, by the U.S. Army, has been taken over and it is proposed to provide about 70-75 beds this winter. Next year alterations are in prospect that will give the hospital a capacity of at least 200 patients.

In addition to Clearwater Lake, for the treatment of Indians the Sanatorium Board operates Dynevor Indian Hospital at Selkirk, a 50-bed institution under the superintendence of Dr. M. H. Campbell.

### NEW COMMITTEE MEMBER

Major J. G. MacLachlan, General Manager of the Hudson Bay Railway, was recently elected by the Sanatorium Board to the Clearwater Lake Indian Hospital operating committee. Major MacLachlan, who makes his headquarters at The Pas, has a thorough knowledge of conditions in Northern Manitoba. His experience and counsel will be of great assistance in directing the affairs of the new institution.

### NEW TRAVELLING CLINIC

Orders are now being placed by the Sanatorium Board that will provide Manitoba with the most modern of Travelling Clinic equipment to facilitate community chest X-ray surveys. An X-ray machine using 70 mm. film and incorporating the latest improvements, housed in a specially designed trailer truck, will enable chest films to be taken with a maximum of speed and efficiency. The trailer is being constructed and fitted by a Winnipeg firm.

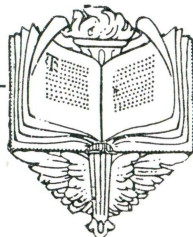
One has only to see and experience the ravages of tuberculosis to become painfully aware of the importance of prevention. The preventive campaign, in the main embodied in the Travelling Clinic program, is financed by the sale of Christmas Seals and Health Bonds.

We hope every reader of these lines will contribute as generously as possible to the Christmas Seal Fund when the Seals are sent out next month, and encourage his friends and acquaintances to buy and use Seals. Every dollar spent in prevention returns a handsome dividend in avoidance of suffering and unhappiness, in reduction of the cost of treatment and in elimination of the loss consequent on impaired earning capacity.



## A Thanksgiving to God for His House

Lord, thou hast given me a cell Wherein to dwell, A little house, whose humble roof Is weather-proof, Under the spars of which I lie Both soft and dry; Where thou, my chamber for to ward, Has set a guard Of harmless thoughts to watch and keep Me, while I sleep.	The worts, the purslain, and the mess of water-cress, Which of thy kindness thou hast sent; And my content Makes those, and my beloved beet, To be more sweet. 'Tis thou that crown'st my glittering hearth With guiltless mirth, And giv'st me wassail bowls to drink, Spiced to the brink.
Low is my porch, as is my fate, Both void of state; And yet the threshold of my door Is worn by th' poor, Who thither come and freely get Good words, or meat Like as my parlor, so my hall And kitchen's small; A little buttery, and therein A little bin, Which keeps my little loaf of bread Unchipped, unblead; Some brittle sticks of thorn or briar Make me a fire, Close by whose living coal I sit, And glow like it.	Lord, 'tis thy plenty-dropping hand That soils my land, And giv'st me, for my bushel sown, Twice ten for one; Thou mak'st my teeming hen to lay Her egg each day; Besides my healthful ewes to bear Me twins each year; The while the conduits of my kine Run cream, for wine.
Lord, I confess, too, when I dine, The pulse is thine, And all those other bits that be There placed by thee;	<p style="text-align: center;">* * *</p> <p>All these, and better thou dost send Me, to this end, That I should render, for my part, A thankful heart, Which, fired with incense, I resign, As wholly thine; But the acceptance, that must be, My Christ, by thee.</p> <p style="text-align: right;">—ROBERT HERRICK.</p>



## The Lungs

By M. S. LAUDER, Fort Qu'Appelle Sanatorium

AS THE lungs are the organs most commonly affected by tuberculosis, and as their structure and function are responsible both for their susceptibility and for the course and nature of pulmonary tuberculosis, it behooves us to understand how they work and why.

First, let us consider why we need lungs. All living organisms live by means of chemical changes taking place in each cell in the body. The cell is the unit of which the body is composed. They are widely different in size, shape, and function, but their essential structure is the same. And in every cell in the body the chemical reactions essential to life are going on. These processes need oxygen from the air, just as a fire does. It might be possible for a few cells on the very surface of the body to obtain oxygen directly, but the others are shut away from the air. Oxygen must be taken to them, and their waste products removed. This is done by the blood. However, the blood, in its turn, must be exposed to the air in order to permit it to absorb oxygen and give off carbon dioxide from the billions of tiny cells. In the fish, the blood is aerated as it passes through the gills. While gills are suitable for the fish, they are not so practicable for land animals. So the lungs were developed as a substitute.

Each lung is composed of a sponge-like tissue, full of very minute, very thin-walled air spaces, between which run many very fine blood vessels. Each alveolus, as an air sac is called, is ventilated by means of a bronchiole or fine air tube. Each bronchiole is the twig at the end of a branch, the main part of which is a main bronchus. The

two main bronchi—one from each lung—join to form the trachea, or windpipe, which passes up through the neck to the throat.

That is wonderful; but it still won't work without some means of changing the air in the alveoli. This could be done either by using a pumping station or, more simply, by using the lung itself as one.

The lung is enclosed in an airtight case, the chest, the only opening being the windpipe. If the size of the case is increased, air enters the lung; if the size of the case decreases, air is forced out of the lung.

In man, the case is the chest. In the middle of the chest is the heart with the big blood vessels entering and leaving it. These, together with the windpipe and supporting tissue, occupy a compartment called the mediastinum. On either side of the mediastinum is a lung. The big blood vessels and the main bronchus enter each lung close together, then branch out into the lung. The point where these structures enter is called the "root." The rest of the lung is covered with a smooth surface membrane, called the pleura, which is continuous at the root with the same membrane lining the chest wall. It is the same as pushing your fist into a rubber balloon. Your fist represents the lung, the wrist, the root of the lung, and the two thicknesses of the balloon the two layers of pleura. It is most important to remember that the one layer of pleura is part of the lung, and the other is part of the chest wall, but that they are not fastened together anywhere. The lung lies free in the chest, except at the

(Continued on page 14)



## Laboratory Aids in the Diagnosis and Treatment of Tuberculosis

By J. M. SCOTT

THE clinical laboratory can give considerable assistance to the doctor specializing in the diagnosis and treatment of tuberculosis, and today it is an important department of every modern sanatorium. The three most important aids it can provide are: (1) the identification of the tubercle bacillus in body excretions; (2) the tuberculin test for detecting tuberculous infection; (3) and the sedimentation test for gauging activity of disease. These tests do not, however, by any means sum up all the work of a sanatorium laboratory as will be seen after the three principal tests have been considered first.

Tuberculosis is an infectious disease and the lung is the organ most frequently attacked; from there the tubercle bacillus may reach other organs through the blood stream. The disease is spread to others by a person with the disease discharging the organisms into the air by coughing or talking, or by contamination from sputum spat carelessly about. It is therefore very important to know if a patient is positive, i.e., has tubercle bacilli in his sputum, whether in a sanatorium or outside.

Since pulmonary tuberculosis is the commonest form of the disease it will be dealt with first. Without a doubt the finding of the tubercle bacillus in excretions from the patient, especially sputum, is the most important information the laboratory can provide to help in the diagnosis. In suspected pulmonary tuberculosis the identification of this organism in the sputum may be the most important finding and the one necessary to clinch the diagnosis. The

test is easily performed and it should not be omitted whenever sputum can be obtained for examination.

### *Finding the Tubercle Bacillus*

There are four main methods of examining suspected materials for the detection of the tubercle bacillus: (1) direct smear; (2) concentration; (3) cultural; (4) and animal inoculation. Each of these will be dealt with in turn.

It was Robert Koch who first showed how the tubercle bacillus might be stained in sputum so that it could actually be seen under the microscope. This gave the tuberculosis doctor one of his most important diagnostic aids. His original method was soon replaced by a better one, which in turn has been modified in several ways, but the basic method has changed little in more than half a century.

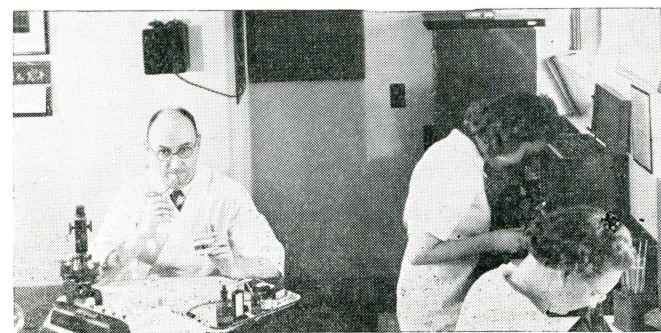
The method of searching for the tubercle bacillus by making direct smears of the sputum is by far the commonest test made in most sanatorium laboratories, but it does not reveal every positive case since such a small amount of material can be examined at one time, also because tubercle bacilli are not found uniformly distributed throughout even a positive specimen. The bacilli are often discharged intermittently, being found on some days and not on others. The method has one great advantage—it is rapid and a report may be obtained quickly, but it is not entirely satisfactory and this fact has led to the development of concentration methods.

There are several concentration methods in common use today and in each one a much larger amount of sputum,

for example, all obtained during a twenty-four-hour period, is treated in such a way that the tubercle bacilli are concentrated into a very small volume of material, thereby increasing the chances of finding them microscopically. Some of these methods are really quite efficient and a report may be obtained within twenty-four hours. The "three-day test", so familiar to many thoracoplasty patients, and the methods in use for treating gastric material are all concentration methods.

able for isolating bacilli from materials like urine, pleural fluid, pus, cerebrospinal fluid and other fluids in which it is difficult to find the organism by direct examination.

The rabbit and the guinea pig, especially the latter, are the animals most frequently used for diagnostic purposes. The guinea pig is very susceptible to tuberculosis infection and this weakness provides us with the most sensitive test for tuberculosis that we have available today. We can tell whether there



The writer of this article, J. M. Scott, is the chief Laboratory Technician at the Manitoba Sanatorium, Ninette. He is shown in the above picture, seated at his desk.

In recent years much attention has been given to the examination of gastric contents for tubercle bacilli. This, of course, is because it has been found that nearly every patient swallows some sputum, consciously or unconsciously. The test is especially important in those reporting "no sputum", for quite often such patients actually do have a little sputum and are swallowing it. This is especially true of persons with minimal disease. Having a "gastric" has become quite a common sanatorium experience and patients sometimes even ask for them!

Cultural methods are widely used with good results, but since the tubercle bacillus grows rather slowly, it usually requires from two to five weeks, and sometimes longer, to obtain the final results. Cultures are especially valu-

are tubercle bacilli in a suspected material by inoculating some of it into a pig, then waiting to see if tuberculosis develops. The test has one serious drawback since two or three months may elapse before a final report can be obtained. The guinea pig is valuable when the diagnosis is difficult to make, or when the necessity for an early report is not too urgent. It is especially reliable for detecting tubercle bacilli in urine because with this material there is a possibility of contamination by another organism resembling the tubercle bacillus but which is not capable of producing disease. In cultural work micro-organisms are sometimes found that have some of the characteristics of the tubercle bacillus but which can only be differentiated from it with certainty by inoculating some of the culture into



a guinea pig; if the pig does not develop disease the organism in question is not likely a tubercle bacillus.

In tuberculosis of the kidney and the reproductive tract, the main laboratory examinations have to do with finding the tubercle bacillus in the urine. By regularly examining urinary pus, found in doing routine urinalyses, the laboratory worker sometimes finds the tubercle bacillus before even the patient himself is aware of any symptoms that would point to genito-urinary tuberculosis. It is always necessary to make doubly certain of the true identity of acid-fast bacilli found in this way by means of culture and guinea pig inoculation, as has been mentioned already.

Tuberculous meningitis is fortunately not as common now as it once was. Although it has fairly characteristic signs and symptoms it usually requires laboratory tests for final confirmation. There are more than half a dozen different tests that will give information of value for this purpose. It is not always possible to find the tubercle bacillus in the cerebrospinal fluid.

Pleural fluid from pleurisy and pneumothorax cases are frequently submitted for examination for the tubercle bacillus, and the cultural method is particularly applicable. The type of treatment often depends upon determining whether the bacillus is found alone or in association with other organisms in a mixed infection. Pus may be obtained from abscesses in any part of the body and is examined in the same way as pleural fluid.

The space given to the subject of the search for tubercle bacillus in various materials is really not out of proportion to its importance; however, there are other laboratory aids in tuberculosis that should be discussed.

#### *Tuberculin and Sedimentation Tests*

The Mantoux tuberculin test for detecting tuberculous infection is perhaps used less in a sanatorium for diagnostic

purposes than in a diagnostic clinic; nevertheless it is an important test, being used extensively in recent years in testing sanatorium employees, as well as persons coming in for diagnosis. In sanatoria, and general hospitals too, efforts are being made to test every employee upon employment, especially those coming into contact with patients, and to repeat the test at regular intervals as long as the reaction remains negative. In a few institutions BCG (Bacillus Calmette-Guerin) vaccinations are being given to negative reactors in an effort to safeguard susceptible persons from tuberculous infection.

The red cell sedimentation test is very useful in measuring the degree of activity in tuberculosis and is widely used for this purpose in sanatoria everywhere. By "activity" we mean that state of the tuberculous lesion that we recognize by signs and symptoms such as cough, expectoration, temperature, loss of weight, rales in the chest, X-ray shadows, etc. It is well known how variable and misleading the symptoms often are in tuberculosis; one patient may be practically free of symptoms yet have active disease, another may have symptoms but with disease that is chronic and not very active. It has been found that the sedimentation rate will very often give a truer measure of the activity of the lesion than an appraisal of the symptoms present at the time, and it may also give information not shown by the X-ray film.

The sedimentation test gives little definite assistance in diagnosing tuberculosis and its main value lies in following the progress of the tuberculous lesion from time to time by repeating the test at regular intervals. Some authorities believe that the sedimentation test will foreshadow an increase in the activity of a lesion even before there is an increase in the symptoms;

(Continued on page 19)

## Sanatorium Nerves

By J. P. MURPHY, M.D.

**B**ECAUSE of the very chronicity of tuberculosis, because its successful treatment demands the temporary negation of all that is thought to represent success in life, and because of the insistence upon self-regulation and observation it is almost inevitable that most people on the "cure" will go through at least one period of time when neurotic reactions are evident.

This statement is made with the intention of reassurance and to inspire self-confidence rather than the reverse. The knowledge that others are experiencing the same difficulties as oneself and are able to bear up in the face of them is usually helpful, since we all, despite variances, are fundamentally alike.

From the day that the individual enters the hospital and learns that he is suffering from an illness which will require a relatively long time to cure, the battle between the ego-ideal of self which enables a person to live as a productive and co-operative member of society and the environment is on.

What has been an ambitious, active and progressive personality is forced into comparative negation. Plans for the future, immediate and remote, must be temporarily or permanently shelved. Until the routine of life in the sanatorium is learned, the patient is met with a thwarting rebuff from every direction, even in matters of everyday life which formerly seemed insignificant.

He is encouraged to "forget everything" and abandon himself to a formula. Moreover, the constant emphasis upon watching the state of the body to the exclusion of most other things re-

sults in a kind of self-preoccupation which is very close to hypochondriosis.

It is no wonder, therefore, that mental conflict is the result of the struggle between what one wishes to do and what one is told one must do to regain health. Fundamentally, this represents the necessity of making a decision between two courses of action, each with attractive and repugnant features.

Logic and faith in the words of doctors and fellow-patients allow only one choice, but since we are far from being entirely rational beings, this does not mean whole-hearted acceptance and entire rejection of the alternate. Ideas and ambitions keep crowding back to unsettle security in the wisdom of submission. And when it becomes evident that it will take longer than the anticipated six months to reach discharge, doubts as to whether or not the tuberculous condition is really regressing are fortified. All this is productive of neurotic reactions.

What can be done to relieve these reactions and how serious is their import? Some types of neurosis are related to frankly distasteful situational factors, others to more subtle frustrations.

"Sanatorium Nerves" can be safely said to fall in with the former group. The simplest cure is to return to one's former life, but if this is done before the approved time, the cure proves temporary, indeed. Since this form of escape is not feasible, therefore, a more practical and satisfactory treatment must be employed. It is trite to advise the development of prospective and the long-term point of view, and more easily advised than put into effect.



But, in the essence, that is what riding oneself of these unpleasant concomitants of chronic hospitalization amounts to. The more restricted and rigid the environment, the greater importance its components assume. In a routinized and microcosmic existence trivialities take on a disproportionate significance.

If one can rise above the surroundings and view these occurrences in their proper light, they are reduced to their true status. In other words, things come into focus again. Diversion of interests and development of hobbies are also valuable. It does not matter what it is, if there is something which has to be done each day, preferably at the same time, and upon one's own initiative, the task will help to restore that self-respect which is so easily lost in a state of pure "do-nothingness."

And faith in and reliance upon religious beliefs have proven substantial bulwarks in this as well as in more difficult trials.

Finally, remember that neurotic reactions are commonplace and almost to be expected as an effect of denying much of normal living for a long period of time in order to achieve a goal which is well worth the sacrifices entailed. Following discharge, the return to familiar habitats and habits will be effectively instrumental in the restoration of a well-adjusted and productive frame of mind, as will the assistance afforded by relatives and friends.

One last word: If things ever get so far out of hand at this or any other time that you become afraid of "losing your mind" or "going crazy," don't worry, you won't. It is a psychiatric truism that the person who expresses fear of approaching insanity does not become insane. The really psychotic individual usually considers himself to be perfectly normal.

—Terrace Topics.

### Chairman of Finance Committee Leaves

Mr. George O. Vale, Chairman of the Finance Committee of the Sanatorium Board, was transferred by his firm at the end of September, and is now manager of the Royal Trust Company in Vancouver. He has been succeeded on the Board by Mr. William Whyte, manager of the Canada Trust Company and the Huron and Erie Mortgage Corporation.

Mr. Vale was very actively interested in the affairs of the Board, and devoted a great deal of time and thought to its financial management. His experienced counsel was a valued contribution to the direction of sanatorium business.

The Chairman and members of the Board, at a luncheon in Mr. Vale's honor at the Manitoba Club on September 20th, presented him with a travelling case, with warm wishes for his success and happiness in his new home.

### Can T.B. Germs Live in the Open

T.B. germs, like human beings, prefer ideal living conditions. Away from the body they manage to stay alive for a long time, surviving hardships in the form of drying, freezing, even moderate heat. But, away from the body they at least don't multiply. It is when they are comfortably settled within our tissues, supplied with warmth, moisture, food and a dark shelter, that they thrive and reproduce. So, while they may lurk on soiled books, clothing, eating utensils and the like, or in dust, it is not too difficult to clean up these hiding places by using the proper methods. Sunlight kills the bacilli in a few hours, boiling in a few minutes, burning at once where that can be done, and there are still other methods of sterilization. The hard place to rid of germs is the broadcasting station deep inside of the patient. A major part of your job is to prevent others from catching T.B. that might be spread by your carelessness.

## Report on Clinics

By DR. E. L. ROSS

**D**ESPITE the handicap of staff shortages, Travelling Clinics and Surveys have been carried out by the Sanatorium Board to the greatest possible extent during the summer. The following excerpt from the report of Dr. Ross to the Board on September 21st, indicates how important the accomplishments have been:

"We have carried out our Travelling Clinics and survey program as scheduled earlier in the year. During June and July, the following surveys and clinics have been held: Richot (survey), Oak River (survey), Ste. Rose du Lac, Steinbach, Russell, St. Lazare, Shoal Lake, Grahamdale, Ericksdale, St. Laurent, Arborg, Gimli, Teulon, Brandon (monthly), Dauphin (monthly).

"From January 1st to June 30th, 1945, 25,000 were X-rayed on surveys and over 1,500 by Travelling Clinics. By these surveys and clinics, excluding the Central Clinic, 119 new cases of tuberculosis were diagnosed, but over half of these did not need treatment because disease was not active.

"Attached you will find statistical

data concerning patients admitted to and discharged from all the sanatoria, and also figures relative to new cases. The total new cases diagnosed for the six-month period is lower than during the same period in 1944—376 compared with 419. Tuberculosis deaths reported for the first six months are slightly lower this year compared with 1944. On the other hand, we at Ninette have been impressed by the number of advanced, hopeless cases that have been sent in with a diagnosis for the first time. This, we think, is probably because of the dearth of doctors and Public Health nurses throughout the province for the past few years.

"To determine the incidence of tuberculosis in the various areas of the province, and to assist in formulating the preventive and case finding program in the immediate future, I had the following information concerning deaths and new cases prepared by the Central Tuberculosis Registry. It covers the five-year period from 1940 to 1944 inclusive, according to areas. Information for Indians, apart from deaths, was not available.

Area	Pop.	Five years 1940-44	Deaths	Five years 1940-44	New Cases
		Avg. yearly Deaths	per 100,000	Avg. yearly New Cases	per 100,000
South Central .....	76,631	17	22	47	61
South West .....	76,346	12	15	46	60
Winnipeg Area .....	74,075	14	18	45.2	60
North West .....	63,095	22.4	34	60.6	92
West Central .....	63,169	13.2	20	34.8	53
Eastern .....	59,472	19.6	32	34.4	57
Inter-Lake .....	51,760	20	38	45.6	87
Northern Manitoba ...	28,175	9.4	31	34.4	121



"Average annual number of Treaty Indian Deaths, 1940-44 (5-year period) were distributed as follows:

South Central .....	1.8
South West .....	2
Winnipeg Area .....	0
North West .....	9.8
West Central .....	9.2
Eastern .....	56.2
Inter-Lake .....	19
Northern Manitoba .....	33.8

"Average yearly new cases diagnosed among Treaty Indians during the period 1940-44: 102.8.

"You will note that the Northern, North Western and Inter-Lake areas are definitely the worst, and that most of the Indian tuberculosis is from the Northern and Eastern parts of the province. Maps have been prepared delineating the conditions in the various areas.

## Could Be

The younger generation, the 'teen-agers, generally have some stock phrase with which they can meet almost any conversational emergency. Time was when it was "I'll tell the world," then for a while it was "So what," followed by "You're telling me."

For some time now the ready retort has been "Could be." With minor alterations in inflection it can express agreement, skepticism, disapproval or approbation. If you told them the income tax would be increased, they would say "Could be" with the light-heartedness of people who probably are not paying any. If you said to one of them that he would get plucked in his Christmas examinations if he didn't get down to work, he would say "Could be" in a different tone. If you told him that Canada could be rid of tuberculosis in 20 years he would also reply "Could be."

And he would be right. It could be. If Canadians are willing to fight tuberculosis with determination, this disease, which now kills more people in the

"The following surveys are underway, and with the untiring co-operation of the handicapped nursing service of the Provincial Department of Health it is hoped we can do them.

Plum Coulee .....	September 20-22
Morden .....	September 24-30
Winkler .....	October 1-6
Altona .....	October 8-13
Manitou .....	October 15-20
Pilot Mound .....	October 22-27
Cartwright .....	Oct. 29-Nov. 3
Killarney .....	November 5-10
Ninette .....	November 12

"We are anxious to make a survey of the Mennonite population in the South Central area and for the past year have had many requests for surveys from the municipalities along the south C.P.R. line."

prime of life than any other, could be made as rare as smallpox.

Early discovery and prompt treatment, if applied all over Canada, would rid this nation of a disease which now kills 6,000 people a year.

Early discovery means discovery when only the X-ray will detect the disease, when the patient has at least nine chances out of ten of getting better, and when the disease has not reached the infectious stage. The miniature X-ray now makes it possible to X-ray the whole population of a country if that population is bent on saving its people from the ravages of the white plague.

Christmas Seals pay for preventive work. Canada has better tools for preventing tuberculosis than she has ever had before. Christmas Seals keep these tools working and pay for more of them. Christmas Seals give you a chance to do your bit to make this the tuberculosis-free nation that it could be.—C.T.A. News Service.

## The Dawners of Western Canada

THE recent celebration of the Reverend Oblates in Western Canada commemorates the arrival of the first Oblate Missionaries in St. Boniface a hundred years ago.

It was the Earl of Selkirk who besought the church authorities in Quebec for priests to come west since he appreciated the good effect of religious influence. So in 1818, after sixty-seven years, the first priest, the Reverend M. Provencher, latterly known as the first Bishop of St. Boniface, and a companion, the Reverend Dumoulin, reached the Colony. It was the Countess of Selkirk who graciously provided the new priests with a beautiful chapel and everything required for the offering of the Mass, including the vestments worn by the priests.

Two years later Father Provencher was elevated to the dignity of Bishop. How he pleaded during the following years for priests to assist him in his laborious work of attending to the numerous souls under his care!

In 1845 Brother Tache, of a highly respected French-Canadian family, obtained permission of authorities and set out with his confrere, Reverend Peter Aubert, June 24th on the long, perilous journey westward.

The two missionaries and four other passengers travelling by canoe landed on the banks of the Red River at St. Boniface. They were welcomed by the aged Bishop Provencher, whose shoulders, stooped with the weight of years and labors, towered over them. Among those present to greet the newcomers were the first four Grey Nuns from Montreal who had arrived the year previous in this wild western country. The following Sunday, the missionaries were presented to the new congregation.

A few weeks passed and on October

12th, Brother Tache then 22, was ordained to the Priesthood. The same day Father Tache pronounced his perpetual religious vows, the first ever made in the Canadian west. Now commences the life work of this invincible soul, fearless in the face of struggles, hardships, and labor; courageous and persevering through difficulties; stout-hearted and dauntless in surmounting the habits, customs, and language of the natives.

In 1851 Father Tache was consecrated co-adjutor of Bishop Provencher. Two years later Bishop Provencher passed away after a life of heroic sacrifice and greatness which earned for him the reputation of holiness. Three years later from his residence at Ile a la Crosse Bishop Tache returned to St. Boniface diocese which now took in the whole northwest country.

Those of us who have had the opportunity to hear the experiences of missionaries living among the Eskimos from two missionary patients at the Sanatorium in St. Boniface, can well appreciate what has been done to improve civilization in the remotest regions of the world by the religious missionaries. We are moved at the enthusiasm with which Reverend Father J. Adam, O.M.I., and Reverend Father Schnieder, O.M.I., from mission outposts in the north, are inflamed when giving the glowing accounts of the lives of men in the North. These two missionaries have experienced such living through the years.

In 1904 at St. Boniface was founded the religious congregation known as "The Missionary Oblates of the Sacred Heart and Mary Immaculate" for women. They are to collaborate with the Reverend missionaries, aiding in the schools, parishes, and missions.

In the cities of St. Boniface and Win-  
(Continued on page 31)



## THE LUNGS

(Continued from page 5)

root, and the pleural layers serve to permit free movement. The lung normally fills the chest; there is no space between the layers of pleura. They are everywhere in contact, but not adherent, just as two leaves of a book are in contact but not adherent.

The lung is elastic and always trying to contract away from the chest, but cannot do so because no air can get between the pleural layers—that is, into the “pleural space.” If the pleural space is opened to the outside, the lung collapses. It should be remembered that each lung has a separate pleural covering, and that there is no connection between the two sides of the chest.

Now the capacity of the chest can be varied by muscular action. This rhythmic variation in chest capacity is what we call breathing, and permits ventilation of the lung by changing the air in it.

The chest is composed of the ribs and the muscles between and over them, and it is separated from the abdomen by a muscular partition, the diaphragm. The ribs are roughly semi-circular, but they hang down. The centre of the curve is lower than the ends, so that the circles overlap. When these ribs are lifted by their muscles towards a horizontal position, it is evident that the size of the chest is increased.

The diaphragm is not a flat partition but is curved upwards very considerably. When the muscle in it contracts it is flattened out, thus increasing the size of the chest. This is the method used in ordinary light breathing, the movement of the ribs being reserved for heavy breathing.

We have, therefore, an effective means of aerating the blood by exposing it to air that is constantly being changed.

All the blood that reaches the heart from the body goes directly to the lungs before it is returned to the body. There-

fore any germ in the blood has a chance at the lung; likewise any germ carried in with the air may cause trouble.

The lung, however, is not defenceless. The air passages are moistened constantly by secretions which trap dust and germs before they get any distance. The lining of the bronchus, besides being washed, is covered with extremely fine hair-like structures, which are constantly in motion, sweeping any matter upwards towards the windpipe where it is coughed up.—*The Valley Echo*.

## INTERESTING ELECTRON MICROSCOPE AT MCGILL

The University of McGill has added to its scientific equipment a new electron microscope, capable of magnifying ordinary objects to many thousands of times their normal size. As a sample of the power of the machine, the tubercle bacillus can be magnified 42,000 times. In a picture accompanying the news article announcing the arrival of the microscope at the university, a group of tubercle bacilli are shown, each appearing an inch to an inch and a half in length and approximately one-quarter of an inch in width. Under the powerful rays of this new machine, a human hair can be magnified to have a cross-section of 200 feet, and the windpipe of a mosquito, as one writer puts it, takes on the size of a baseball bat. One of the wonder machines of modern science, the electron microscope is invaluable not only in war research but also in peace-time. It has been installed at McGill at a cost of \$20,000. It is many times more powerful than the finest optical microscope.—*C.T.A. News Features*.

“Oh world as God has made it—all is beauty;

And knowing this is love, and love is duty—

What further may be sought for or declared?”—*Browning*.



**The Canadian Legion of the British Empire Service League**

No. 105

**MANITOBA BRANCH**

**TUBERCULOUS VETERANS SECTION**

Com. J. E. Hudson  
Pres.

Com. O. C. Kerr  
1st Vice-Pres.

*“They shall grow not old, as we that are left grow old;  
Age shall not weary them, nor the years condemn,  
At the going down of the sun and in the morning,  
We will remember them.”*

Com. A. E. Christensen  
2nd Vice-Pres.

Com. V. E. Garner  
Secretary

AFTER a lovely three months of doing nothing (relative to this magazine) it's high time we pulled up our socks and got down to earth. We hope our comrades in sanatoria have improved satisfactorily during our absence, and are well on their way to eventual discharge. When that time comes may we remind you that you will be more than welcome at our monthly meetings.

Unfortunately there is not a great deal to report on the summer's activities. However, what there is to tell is encouraging. With regard to the refusal of applications for small holdings, to two of our members, two other comrades volunteered to visit the District Administrator of the Veterans' Land Act. As a result of their discussion, the District Administrator agreed to send the applications on to Ottawa for a decision. Formerly the two cases had been judged solely in Winnipeg. This is very encouraging but it is by no means a signal to sit back and relax.

During the summer, while many of us lazed in the sun, the hospital committee continued with “business as usual.” The report to the meeting was very satisfactory, to say the least. They may be sure that their comrades appreciate the time and energy they expend.

Recently the Ladies' Auxiliary to No. 105 T.V.S., held their fall tea. From first reports available the affair went well, and enjoyed a goodly attendance. Articles of handicraft made by various ladies were sold and tea and cakes served. The proceeds from this venture will enable the Auxiliary to enlarge the scope of its activities. May good luck and continued success attend the work they are doing.

That appears to be all the news for this time, so we will take our leave with the following thought, taken from the official publication of the Tuberculous Veterans' Section of the Canadian Legion of the B.E.S.L., “Keeping Faith”:

### “GIFTS”

“Our gifts and attainments are not only to be light and warmth in our own dwellings, but are also to shine through the windows into the dark night, to guide and cheer bewildered travelers on the road.—H. W. Beecher.”

Happiness grows at our own firesides, and is not to be picked in strangers' gardens.—*Douglass Ferrald*.

There are approximately 10,600 registered doctors in Canada, of whom about 2,100 are French speaking.

Kindly address comments and enquiries to: F. Hutton, 539 Newman Street, Winnipeg.



## Taking a Positive Attitude Toward Health

**H**EALTH educators in the city of New York were considerably perturbed recently to discover, at a conference attended by representative young people from the city's schools, that very few of the youthful delegates entertained any sense of personal responsibility with regard to their own health.

Their was no lack of interest in health problems and the youngsters were generous with their suggestions as to things which might be done for them, but apparently there was no idea in their minds that they could, or should, do anything for themselves.

In this age of specialists, it is perhaps not surprising that our young people have come to regard health as the responsibility of the experts—the doctors and the nurses. The "Let George do it" habit of mind is easy to fall into. Humanity is always prone to unload personal responsibility whenever the occasion offers.

It is, however, unfortunate that with regard to such an important matter as health there should be this sense of irresponsibility. Health is not a kind of armour or shield which we don with the aid of a professional expert, it is something for which each individual must strive himself.

From the standpoint of the tuberculosis worker, the New York conference was particularly significant in that most of the youngsters had been X-rayed as part of a special case-finding program in the schools, but few of them knew why they had been X-rayed. These children had become passive recipients of services rather than active guardians of their own health.

There is probably no disease in which the patient's attitude is so important

as tuberculosis. Probably a large number of persons in sanatoria today would not be there at all, had they not been irresponsible about their health. Physical well-being is not an accident. It is something for which the individual must accept responsibility. The old adage "an ounce of prevention's worth a pound of cure" holds just as true today as it ever did.

The expert — the doctor and the nurse — may lay down the rules of health, but it remains for the individual to practice them. Routine check-ups—X-ray and otherwise—are a good thing, because they determine the presence of disease, but an even better thing is a way of life that precludes disease in the first place.

There is more to the business of keeping well than many people think. Very few of us can break the rules without running into trouble, and once we are ill our chance of recovery lies in getting back into line. Particularly is this true of tuberculosis where active co-operation between patient and doctor is required if the treatment is to be successful.

There is no way of getting away from personal responsibility either in health or any other department of life. Some few of us may be supermen and above the ordinary laws, but for the average person there is a pattern of behaviour which must be followed if happiness is to be the result.

We are the active custodians of our own health and the sooner most of us realize this, the better it will be for us. Leaving it to the other fellow, no matter how good he may be, is only likely to result in our being left holding the bag.

C.T.A. News Feature

## The Good Old Days

**I**N THIS restless, hurrying, modern age there are perhaps few fates less attractive to the ordinary individual than the prospect of spending the next few months in a sanatorium. The doctor's dictum—"rest, fresh air, good food," rings in the ears of the new patient like a jail sentence. He frets and fumes at his enforced inactivity, the monotony of his days, the rules and regulations of his new regime. He feels himself a much abused individual, and many people are inclined to agree with him.

Self-pity is not a good thing at any time, but it is very difficult to combat. Sometimes it takes a voice from the past to give us perspective. To the man or woman suffering from an attack of new-patient blues we would recommend casting their minds back perhaps fifty or a hundred years to the days when modern tuberculosis treatment was a thing unknown.

A volume written by James Ewell and published in 1827 gives a very fair idea of the treatment accorded tuberculosis victims in what are sometimes regarded as "the good old days." Doctors then had the pleasant practice of bleeding their patients twice or three times a week "according to the force of the pulse." The writer also commends the application of blisters to back and chest as a means of relieving a cough.

In the light of modern knowledge and experience, it is interesting to note that doctors in the 19th century favored the widespread use of emetics or medicines to produce vomiting. "By the action of vomiting, the blood is propelled to the extreme vessels of the surface. Thus there is produced a derivation from the lungs and a consequent change in the stage of separation at that part of the system; but they are chiefly used in consumption as obviating symptoms, particularly cough and difficulty of

breathing and by promoting expectoration."

A variety of remedies were recommended by doctors of that period, among them digitalis, Iceland liverwort, or moss, the Indian turnip and various vegetable balsams which were supposed to possess unusual power to promote the healing of wounds and ulcers. Mercury was also suggested, though Mr. Ewell feels constrained to admit that the results were not always beneficial, it having been found in many cases that its use "uniformly hastened the death of the patient!"

Some interesting suggestions with regard to diet are also noted by this nineteenth century writer. Raw oysters were thought to be "peculiarly proper" and other foods recommended were tar pills, bark and elixir vitriol, or an infusion of the inner bark of the wild cherry tree, or hoarhound.

In place of the modern bed rest program, 19th century T.B.'ers were urged to exercise. "Long journeys on horseback are the most effectual modes of exercise, carefully avoiding night air and the extreme heat of the day in summer. That exercise be not carried to fatigue, patients should travel only a few miles a day at first and gradually increase the distance as they increase their strength. When exercise on horseback cannot be supported, sailing and swinging should be substituted, and no efforts to cheer the spirits or innocently amuse the mind should be neglected."

Present-day patients might be willing to endure some of the hardships of the old regime for the sake of the freedom allowed in respect to such matters as drinking and smoking. Tuberculosis sufferers of a hundred years ago were allowed both these pleasures. It was held by doctors of the period that inhaling tobacco smoke was beneficial for the lungs and the drinking of wine, porter and spirits with meals was re-



commended as a stimulus to appetite.

Unfortunately, it must be recorded, however, that the outcome of these old-fashioned methods of treatment was hardly on a par with modern procedure. "To say that this disease was never cured would certainly appear rash," Mr. Ewell notes, "for instances have occurred in which a recovery has been perfected by nature," he continues hearteningly, "but they are so few that they can scarcely inspire hope," he says, ending on a sombre note.

Modern bed rest, with its attendant surgical procedures, would seem a better bet than this. The process may be tedious, but the results inspire greater

confidence. There is still no shortcut to recovery. Efforts to discover a wonder cure have so far been unsuccessful. No drug has yet been found which is a specific cure for tuberculosis, though the search for one still goes on. In the meantime, modern sanatorium treatment holds out to the patient whose disease is discovered in its early stages almost complete restoration to health and a high percentage of recoveries and a comparatively useful life, even to those whose disease is more advanced.

As far as the tuberculosis victim is concerned, it is a far far better thing to be alive now than a hundred years ago.—C.T.A. News Features.

## NURSES, DO YOU EVER STOP AND THINK?

By AN EX-PATIENT

**D**O YOU ever stop and think, you nurses, how perilously near you are to being film stars? From the moment you enter the porch you are in the limelight. Listless eyes follow you around. Your every movement is noted. Patients who are too ill and tired to watch you all the time shut their eyes and listen to your voice and step.

You don't wear shimmering gowns to attract them. Your glamour is closely connected with honest soap and clean water. Even so, the whiteness of your uniform and the set of your cap are a dozen times more thrilling. And talking of caps; even the most seemingly unobservant patient will notice when they are not white and crisp, or when two little curls escape on one side instead of the usual one.

Your smile—if it's the sympathetic sort—can cheer the lie-in-beds for a whole day. Your frown will worry them during those sleepless night hours. But they won't ask you the cause of it because they are rather frightened of you. After all, in your hands you hold the power to hurt or to heal, to cause laughter or tears.

They listen to every modulation of your voice, every word you say. They

judge your character by the way you speak to old Mrs. —, who fusses because she is nervous and worried. If you smile and are sympathetic, say kind things, you have a "lovely" character; at least they think so. When they meet you out of the hospital, after they are cured, they will find your voice is just like anybody else's. But it was so different when they were down-hearted, discouraged and nervous.

You each have something about you that makes you different from the others. One of you can give a hypodermic that cannot be felt; another of you never knew what it felt like to have an ice-cold B.P. slipped under your sheets or left on top of the bed where you have to reach out and salvage it; another puts the pillows just right so you feel drowsy right away; and nobody can take temperatures and feel pulses like another. You are each so important in your own way that on your afternoon off, a little cloud settles over the sun.

At the best it is a stimulating thought, but a little frightening just the same. That is why it's good sometimes to stop and think.—*Health Rays.*

## Laboratory Aids in the Diagnosis and Treatment of Tuberculosis

(Continued from page 8)

therefore a sudden increase in the sedimentation rate calls for investigation to determine the cause of the rise.

What has been said about repeating the sedimentation test is true of other tests as well, but especially of sputum examinations. The simple, direct examination is usually repeated at intervals of one to three months, or even oftener, depending upon the type of treatment being given. When smears become consistently negative, there may be necessity for some of the other methods that are more refined and accurate to be used. Urine examinations are repeated at regular intervals, especially on patients having any abnormal findings; and the same may be said for the blood count.

### Other Laboratory Tests

In general medical practice the two most important laboratory procedures are considered to be the full blood count and the urinalysis. These tests are as applicable in tuberculosis as in other diseases, and are standard in sanatorium laboratories. By the full blood count is meant the counting of the white cells, the red cells, the different white cell types, and the estimation of the hemoglobin; by the urinalysis is meant the tests on urine for acidity or alkalinity, the specific gravity, albumin, sugar and microscopic findings such as pus, blood or casts.

Although the search for the tubercle bacillus dominates the bacteriological work in a sanatorium, other organisms must be sought for, depending upon the resources of the laboratory. Examinations for the staphylococcus, streptococcus, pneumococcus, gonococcus, diphtheria bacillus, colon bacillus, and other organisms, are sometimes required, by either strained smear or by culture. If the sanatorium checks its own

water supply, bacterial counts and fermentation tests will be done.

Diabetes is often found in a sanatorium and numerous tests for sugar in blood and urine are required. Thyroid irregularities occur and basal metabolism tests are asked for. Tuberculous patients get appendicitis, too, and white blood cell counts become very necessary.

Besides estimating the amount of sugar in the blood of diabetic patients, estimations of other constituents, such as urea-nitrogen, chlorides, creatinine, cholesterol and other substances are often of great value in treating tuberculous patients suffering from various complicating conditions. These tests are among the most interesting done in the laboratory.

The past decade has seen a considerable increase in the volume of laboratory work demanded in sanatoria, due to the great increase in the use of chest surgery. The number or type of tests required will depend largely upon the surgeon, and so will differ somewhat in different institutions, but may include some of the following tests. Blood counts may be done before and after operation to detect anemia since there is certain to be some loss of blood following the surgical procedures. Tests to determine the time required for the bleeding and clotting of the blood may be done so that preoperative treatment may be given if necessary. The function of the kidneys may be checked by urinalysis and by certain kidney function tests, notably one to determine variations in the specific gravity of the urine, since this function is one of the earliest lost in kidney impairment. After operation, sputum tests are repeated more frequently, and happy is the surgeon, and the patient too, when the bacilli begin to disappear from the sputum, a sign that effective collapse of the lung is being obtained.

The blood and plasma bank is a mod-



ern addition to sanatorium facilities, made necessary by chest surgery. It requires the checking and typing of the blood of donor and patient, and sometimes cross-matching between these two if whole blood transfusions are given instead of just plasma.

When the long course of treatment is almost ended for a patient and he begins to look forward eagerly to the day of his discharge, a final check is necessary to make certain that he is no longer infectious and a danger to other people. This information can only be obtained by the laboratory. It may involve examinations of sputum, both directly or by a concentration method, or a gastric lavage and culture for the tubercle bacillus if there is no sputum. Since some provinces now have laws in force that require patients with positive sputum to remain in a sanatorium until negative, the importance of these examinations to the public health is evident. This regulation is rather unfortunate for the patient since it takes longer for him to become negative when more refined methods of examination are used. This necessitates a longer stay in a sanatorium, especially if the disease is far advanced.

The status of the laboratory has risen considerably in recent years until it has become an important department in the modern sanatorium, and it is likely to maintain, and even increase, its prestige in the coming days.

"Coldness is no indication of good ventilation."—*L. Brown.*

"Seneca thinks the gods are well pleased when they see great men contending with adversity."—*Burton.*

## DRINK MORE MILK

It's Good For You



### JOTTINGS ON A DESK PAD

Two Nursing Sisters, Audrey Jarvis and Marion Jerron, who have spent four years in the R.C.A.M.C., are going into Public Health at the City Health Department.

\* \* \*

Audrey Jacobs, graduate of the Winnipeg General Hospital, has also joined the City Health Department Nursing Staff.

\* \* \*

Congratulations to Mr. and Mrs. J. Foster, Brandon, Manitoba, on the birth of a seven pound baby girl, Ellen Leigh, September 30th, 1945.

\* \* \*

Congratulations to Mr. and Mrs. Fred Dawson on their marriage at St. Patrick's Anglican Church, 7.00 p.m., Saturday, October 6th.

\* \* \*

Mrs. Jean Russell, formerly employed by the Dauphin Clinic, has taken over the duties performed by Mrs. Dorothy Brown of the Central Tuberculosis Clinic Staff for the past five years. Best wishes were extended to Mrs. Brown at an informal gathering in her honor.

\* \* \*

Major Herbert Meltzer, recently returned from overseas service, is on leave from the Army, and is working in the Central Tuberculosis Clinic.

"The wise have four times as good a chance to recover as the foolish."—*Solly.*

Thrift is not meanness; it is management.—*Anon.*

## Manitoba Sanatorium

### East Three Flashes

By gosh, here it is time to dig up some more news again, and the sorry part of it is that I have so darn little to dig with. I have Gilarski out digging for some and here is hoping that he gets some before this is finished, if not it will be a sad column.

Our new arrivals this month are Messers Hanisch, Sanderson, and Bodnarchuk from the C.T.C. and Mr. Webster who moved over from Number One Pavilion. Best of luck to you all and speedy recovery.

The boys on the flat wish to thank all those who were responsible for the duck dinner, which was really good and they are still going around licking their lips, yum yum.

Rae Wolf left us for West Two, to keep an appointment with Dr. Paine in the O.R. Best of luck, Rae.

The many beautiful flowers which have been seen on the flat have helped to cheer us and a hearty vote of thanks to the ones who sent them, and to our nurses who spent valuable time arranging them.

The main attraction this past month was the Canadian Legion Band, and the annual picnic, which was up to its usual standard.

Guess this will be all for this month. Will see you in the next issue.

### West Two Notes

As we were lying here dreaming over the past month, the first recollections which jumped into our mind were of the picnic day. There we saw Kay Hiebert and Elsa Nelson looking cool and innocent in their pure white dresses, with not a hint on their faces, of the mental turmoil through which they had gone while deciding whether

or not it was warm enough for such attire. Most of the rest of us from the flat compromised on summery blouses and suits, interested? We also saw a great many other people, as well as some very enjoyable skits. Here's to more, they couldn't be better, picnics!

Have you ever heard a ventriloquist? Helen Braun and Lucille Jarem have copied their tones or a reasonable facsimile thereof. Why? We don't know but we've tried all kinds of guesses, not all of them complimentary.

Mrs. Dubois had her wee daughter to visit her. She's a perfect picture of Little Red Riding Hood at the age of two in her tiny red suit. We enjoyed watching her from the window.

Mrs. Wallace returned with glowing accounts of her holiday which was spent at Moosomin (see, we did find out the place for you!) Since then she and Frances Vaski have celebrated their birthdays. Many happy returns of the day to both of you.

Have you ever seen a person going around with an ecstatic look on her face? That's the expression Margaret Lobb has been using since she received twenty-eight lovely red roses. She's happy!

We have been wondering whether or not it is Isobel McKnight's state of health that requires the services of a tall young doctor so frequently, how about it Isobel?

The welcome mat was rolled out this month for Sophie Soltys from the Clinic and Mrs. Drummond from the Obs., and we said goodbye to Marj. Burch who left us for the Obs. and Mrs. Rondeau who went to West Two. Good luck to all of you.

By the way, one of Sophie's idiosyncrasies is her inability to go to sleep unless she sings "I'm in the Mood for



Love", her room mates say it's catching.

Bea Smith on being queried on what she had done for The Messenger, said "I'm not bad! Just stay under cover". Goodness Bea, only good people can make this column, didn't you know?

'Bye now.

## East Two Notes

We welcome to the flat William Kostyk, and Lorne Engbert, from the Clinic, two soldier boys back from the wars, also Wes. Kearns. Welcome, fellows, and may your stay be short and sweet. Dave Gair moved to East Two from East Three. Mr. Warren Bickell moved to our flat from the King Edward Hospital and we hope he has a short and pleasant stay.

Don McLellan started double pneumo and is now feeling fine. "You can't keep a good sailor down". Who was the handsome Petty Officer who visited Don McLellan and what girls from the West whistled at him? Bill Lytwyn had a rib re-section and we wish him a speedy recovery.

Your new reporter and assistant visitant visited our old reporter Bob Crane and asked him if he had any news, he said, "who do you think I am, Walter Winchell?" so we didn't get much news from that corner. We thank Bob Crane for his long services as reporter for East Two.

So long folks see you next month.

**WE CAN FILL  
YOUR DRUG NEEDS**

Call or write

**Brathwaites**  
Limited

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

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## Gordon Cottage Calling

No changes to report this month, somebody must think we like it here . . . well, we do.

We would like to record a note of appreciation, addressed to all those responsible for the recent happy occasions of our Picnic Day and the visit of the Legion Concert Party. For the good times, the pleasant memories, and the "lift" to our spirits (they do sag a bit sometimes) we say, sincerely and whole-heartedly, "Thank you."

In conclusion, may I state  
Of Summer, it is now too late  
Lamented, Winter's coming, Fall has  
done it,  
And sleeping out is not the fun it was.  
The nights are chilly.

The cotton sheets have gone, to get  
Replaced by cozy flannellette,  
Soon stalwart men will go to bed  
With sox on feet, a toque on head,  
And, gosh, do they look silly!

## Number Two Notes

With Canada Packers extending a cordial invitation to the public to see their new Staff House, we also extend one to everyone (men especially) to see our new quarters since they were re-decorated. Thanks to the carpenters and painters for doing a swell job.

We spread out the welcome mat to "Flash" Kennedy and "Jumbo" McIvor from West One, Jean Jeffrey, Betty Venus and Nancy Collinson from the Obs., and, Edith Anderson from West Two after paying a visit to the O.R. for an appendectomy several weeks ago.

Betty says she had a very nice time while at home for three weeks. Betty isn't talking but, we hear the man who put the sparkler on her finger some weeks ago, also went to the farm . . . to take lessons in farming, Betty?

Why should a certain redhead in Number Two get excited when Number One's exercise list comes out.

Why did Mr. Sutherland pay an un-announced visit lately? Could it be he heard his wife was sitting at the Stag table?

One dark and dismal night three brave girls went down to defend the girls from a hideous monster. Yep! you guessed it—a mouse. They've been in hot water ever since and not from downstairs either. Thanks upstairs.

With the staff shortage such as it is, a little co-operation from each and everyone of us would help our charge nurse, Miss Calverly a great deal. How about it girls! ! ! !

This was about to go to press when Myrtle Pratt just moved over from the West. Welcome!

"Flash" Kennedy, after completing an order to Eaton's the other night, discovered she had filled the whole order sheet but, for one item to go. Turning to the girls she asked, "Anyone want anything from Eaton's?" "A man!", was the reply, so here is how they ordered a man from Eaton's.

WANTED—A man, size 44, Color, a little tanned, in class A-1 condition.

Will the girls get the man? In next month's issue we will tell you. Since news was very scarce this month this is all 'till next time.

## Number One News

There is not very much to report from the "Haven of Rest" this month, after a very busy month preparing for the picnic, life is now back to normal or as some famous person once said "We have put away our childish things and now we chase the cure."

We have no new arrivals to report, neither have we waved goodbye to anyone, but Sam Pateman enjoyed a week's holiday, and came back with a lot of grease spots on his elbow. How come Sam? At the moment Professor Ken Wilde is on leave to the "Wheat City", although we heard that they

were going to change it to the "Wild Oat City". But that is just rumor.

Attention

Carry your cash to Kahler & Carriere Co. Ltd.,

Agents for master craft Christmas cards and

Crescent crisp cut chrysanthemums, crocuses,

Cockadales, and Christmas cards in cartons.

Now I hear that Jake is anxiously awaiting the Brandon bus, he says there should be a package on it for him, about five feet tall, maybe Jake? Sam Pateman received very good news with the cable saying his brother, a Hong Kong prisoner had arrived safely in Manilla.

That kind of winds up another month in the "Homestead" so until we take the lid off again next month, goodbye and keep dreaming.

## King Edward Korn

"Summer has went,  
Winter draw(rs) near,  
Autumn is with us,  
Best time of the year."

So cheer up gang! If winter comes, can Spring be far behind? I'll answer that one . . . it sure can and usually is, but why worry, it's all pretty dog-gone wonderful, ain't it?

There has been a lot of activity around here since we last went to press and I'll try to bring you up to date on our doin's.

Frank (press-your-trousers) Shearer spent ten days in the city visiting friends and relatives. He was (just like all of us are) just thrilled to get back! Gwen Strong is home on a month's leave and

**LALLEMAND'S**  
*Yeast*



I'm sure we don't have to wonder very much about whether she is having a good time or not. We just know she is.

We are sorry to have to report that Warren Bickell and Dick Hanna have had to leave us for awhile, but we hope it won't be long before you are both with us again. Warren is in the East Infirmary, while Dick is on the West having had to undergo a thoraco. Good luck boys.

They tell me Frank Brown was here for a few days, but where he hid himself is more than I know. I never saw him or even heard him (which is sort of hard to believe). Were you really in the King Edward, Francis George Phillip? Jack (whatta tan) Hudson spent a couple of days with us and received a very good report. Congratulations Jack, and the best of luck during the coming year. We had quite a few girls in for

check-ups and all received grand reports, so congratulations are in order for Gladys Motheral, Edith Vincent, Ruth McLarty, and Jean Kutcher. It's nice seeing you again.

Charlie (social out-cast) Tisdale came back from his holiday in the city nursing a swollen jaw. He said it was an imbedded tooth, we think (and still do) that it was an imbedded poke on the jaw. He spent a few days on East One having it treated before Dr. Dickson treated him to some fancy tooth pulling. He is back upstairs now working on the voters list, what are we voting for this time Charlie, more C.C.F.?

Janet (Mac) Townsend left an empty place in the King Edward when she went west last week. But once she knew her Bill was home we couldn't keep her another minute. Lots of luck Jan. and although we do miss you we wish you all the happiness in the world, share it with Bill, eh?

Mrs. Campbell leaves for her home this week and we send our best wishes for a happy life along with her. It was nice having you with us Mrs. Campbell and you may be sure, whenever you come back for your checkup the welcome mat will be at the front door step.

The girls would like to thank Margaret Ross and her grand friends for the wonderful corn feeds we have had, also the huge tomatoes. Honest folks, I bet some of them must have weighed almost five pounds (well, nearly!)

Ruth (muscles) Harvey had a visit with her mother and sister, who didn't come empty handed. Thank you Mrs. Harvey. And also thanks to Frank Downey for the lovely angel food cake his wife made for him, it was super.

Gee whiz! Am I never going to stop? How one person can rave on so long has me beat, but now that I'm a lady of leisure again I have far too much time on my hands, so I'm going to take myself off to Miniota for a few weeks. So until I see you all again, Cheerio.

## The Obs. Observer

Greetings, friends! They tell me that chewing gum helps one to concentrate, or something, so I'm sitting here wearing my jaws out but not getting the results for which I hoped.

We welcomed Marjorie Burch from West Three this month. Mrs. Drummond left us for West Three (Hi, Stella! Hope you are well.)

Mrs. Watson and Sadie Cychmistrak are the fortunate ones to get holidays; Florence to greet her soldier brother just home from overseas, and Sadie to attend her sister's wedding.

Duck season now being open, shooting is the chief sport of many. Seeing we can't go shooting, however, we have taken to trapping. Imagine Sylvia's surprise when she awoke to the strangest noise at three o'clock one morning. Upon putting on the light she saw a big mouse casually rolling a pecan down the centre of the floor.

Tales of India and the Far East entranced us when Leola's brother, who just returned from a year and a half in India and Burma, visited her. His snapshot album and strange tales interested us very much, and ah! that collection of stones, sapphires, rubies, zircons, and opals, really caught the eye.

News that brought tears of joy to all of us was just received. Marjorie Burch

got a wire that her brother, who has been a prisoner in Japan since the fall of Hong Kong, is safe and in allied hands. We're all so happy for you, Marjie.

Brothers seem to be the main item of interest around here this month—oh, well, they're handy things to have, I mean real-ly!

## Number Three News

Who is new in our house? Now let us see—Barney Eyolafson returned from a long vacation to Vancouver and Jack Burke from the same kind of a holiday, only he was at the other end of Canada, in Ottawa and Pembroke. Welcome back, fellows.

Len Higgins came down from Number One pavilion to join the gang upstairs, then went home for a quick holiday. George Lampard, Harry Storozuk and Swan Thordarson have been away on holidays.

A couple of lucky guys went home, Mr. Bob Dowd gathered up his goldfish, his flowers and his poems and went away to Cypress River, probably to agitate strongly for the C.C.F.. Keith Mac-Millan played his last game of bridge, then home to Winnipeg, to look over his future plans that a certain blonde is very much interested in too. Good luck.

## St. Boniface Sanatorium

### Ste. Therese

There's considerable buzzing these mornings as the girls swarm around the warmth of the washroom, reluctant to return to the freshness of their rooms.

The summer seems to have departed. Sister Julie St. Jean and Mrs. Lynn were the fortunate ones of our crowd to depart too—for home. We certainly will miss their friendly smiles but wish them the very best.

Mrs. Horning is becoming acquainted with the different characters here and is trying to join that exclusive pneumo club, but as her membership card is a little outdated there might be difficulty in getting a renewal. We hope the next try will be good for we'd like to see you get it, Frankie.

We rather thought that the breakfast menu had been revolutionized one morning when Mrs. Lemaire lifted her

## The War is Over.. Now What?

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

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

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lid. However, we discovered that the revolutionists were the five conspirators on the balcony and the day one in "365" and that toast is still considered to be proper Sanatorium breakfast.

Several of the girls decided to try a little home cooking for a change, so away they sped to different parts of the city for a few precious hours. I don't know if it's our inability to hold back the hands of the clock or what, but every minute sure seems golden. For further glowing accounts we would refer you to Mrs. Gregorchuk, Mrs. Romund, Mrs. Dubas, and Mrs. Cavanagh.

Just before the school bell got into action again, Mrs. Marcus was overjoyed at meeting her three small daughters. They soon checked "Mummie" up on a few things that they thought she should know. It's a good thing too, I guess, for now she's sporting R. 4. There's no telling what she'll be up to next.

These cool days are keeping Bjorg busy filling the old hot water bottles and I'm sure Mrs. Barter would appreciate the directions for making a mitten for the nose if anyone were so fortunate as to possess such an article. Both Bjorg and Mae are on R. 8 now, which sort of gives them ideas.

Ina Blake on R. 10 is busy taking the latest news up to Jean and Mrs. Jenkins, then hurrying back to Mert with any

details she's picked up on the way. Mert is deep in a jig-saw puzzle these days, hoping that some Sunday soon the weatherman will smile down warmly so that she can see her new "kid sister" through the open window.

Sounds of merriment from Nellie and Honey would indicate that all is well in that quarter at present.

Stella seems to have adopted the job of making purchases, with Mrs. Romund lending a hand now and then. We do appreciate the service, girls; did you know?

Mrs. Dubas, if you see spots before your eyes, it's I, with R. 6. Mrs. Gregorchuk and Helen with R. 10 complete the routines for this issue.

It's good to welcome Miss Kirby back on the nursing staff. To all our nurses, Misses Kirby, Norman, Anderson, and McInnes, we'd like to say: Thanks for being friendly and cheerful! We do enjoy and appreciate it. That's all for now. Good luck.

### St. Lucs

Now that all threats are withdrawn and hammers, knives, and a few other weapons are cast aside in surrender, all because the gals prefer the good old gossip (about themselves) to the poems of last month, I believe I can safely take a new lease on life and after a deep breath give the flat the once over.

First of all, I wish to welcome Sr. Quenville, who has taken over the duties of Sr. Desrosier on our flat. Welcome, Sister, we hope that you will like it with us. A big *adieu* to Sr. Desrosier.

A while back, Mary Friesen received her discharge, followed shortly by Mrs. Brooks. "There is nothing like a good fall cleaning," says Dr. Johnston, so Madeliene Coffey is third to follow. "You can't leave me behind," says Doris Romas, so off she goes too, and last but not least Joey Dukelow is seen (I mean the dust) and we heard ha! ha! St. Jean's, I told you so, well—at least

I hoped so!!?! It certainly was a nice birthday gift, Joey; the best of luck to you and our pals. And while we're on the subject, folks, she'll be around to say good-bye at a later date. Why the rush, Joey?

Congratulations to Mrs. Ross, who celebrated her fourth wedding anniversary. Here's hoping your next one will be spent at home, and many, many more of them.

Talking about the 1945 line of approach, we find Peggy on her second pair of diamond socks.

Robby in turn keeps talking about the beauty of Los Angeles, Cal. Nice going there, but tell us more.

Why the sleepless nights, Vicky? Could it be that "Sparkie" lost in his first race? Cheer up, kid, perhaps a bushel of oats and some water will do the trick.

It seems that Nellie Korzinski is seeing quite a lot of a certain beau. How about a motorcycle ride some day, Nel?

Julia Senik is back a-knitting, and what she's knitting perhaps ain't for Britain, but it's pink wool she's using.

Why the roller skates, Miss Knight? Perhaps plain skates would serve the purpose better. Now that winter is around the corner they could serve a double purpose, don't you agree?

*Things We Wonder About—*

(1) Who the tall, blonde, and handsome chap is who visits Louise Jones regularly?

(2) Why Miss Christenson goes to sleep with her ear-rings on? Nothing like looking beautiful for your dream man, eh, Nora!

Mrs. Bollenbach had her adhesions cut and is as fit as a fiddle once again.

A hearty hello to Grace Menzies, who left us for St. Joseph's. How are you doing, pal?

On behalf of the patients, I wish to express our thanks and appreciation to Dr. L. H. Mason, who has recently left us for the St. Boniface Hospital, for his

good care and many kindnesses shown us during his stay among us. His friendly smile and good cheer won the hearts of the patients here at the Sanatorium, and in return we wish him success in his profession and good health to both him and Mrs. Mason.

The following are seen up and around: Mrs. Fryza, Mrs. Ledger, Miss Korzinski, and Miss Neault, R. 10; Miss Airth, R. 8; Misses Derks, Sabovich, and Senik, R. 7; Miss Jones, R. 6; with Olga Pastiak and Thelma Wickdahl on R. 5.

Miss Robertson has taken Miss Carberry's place, the latter leaving us for the Annex. Miss Anneck, "Youville's Sweetheart," has taken full charge of night duty. In her place we find Miss Knight.

Until I'm with you again next month, "Au revoir."

### Annex

Greetings, everyone! It's the Annex back once more. They claim the end of the world is coming soon, anyhow we'll report in case it's postponed. No doubt they meant "winter is coming soon." Yes, it really was snow we saw on the green leaves one morning.

Let's see, new patients are: Baby Lebutte, Harold Elliot, Mary Guiboche, and Mrs. D. Sinclair. May your stays be short and pleasant.

Sister Patry has left us for night duty in the main building. We welcome

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Sister Normandin, who took Sister Patry's place on the staff. We welcome also Sister Gilbert, teacher of the classes. We hope they like it with us.

Leaves: Miss M. Gaudry, Miss H. Ranville, Mr. O. Guiboche, and Mr. A. Gagne.

Elizabeth Stag started successfully on pneumothorax. Mrs. S. Chaboyer was over for a phrenic. Mary Boyer had her adhesions cut, while Helene Delorme is in a cast now. Charlie Iveske-kepon (soldier) had a spinal and leg operation. What's happened to the theme song now, Charles? Very best of luck to each one of you and keep smiling.

Discharged: Dorothy Richard, Joeie Guiboche and Lorna Bayer. Good luck, kids.

Congratulations to Mabel McLeod on her twentieth birthday. Also to Doris Lavallee on her thirteenth birthday and to Jeanette Lamoreaux on her tenth birthday.

Routines: Mrs. D. Sinclair, Miss M. Boyer, Ovide Lavallee, R. 5; Mrs. G. Olsen, Mrs. L. Thomas, Chas. Sinclair, John Moar, R. 8; and Miss M. Gaudry, R. 10.

School started the third week of the month with twelve pupils in grades one to five, with Sister Gilbert teaching.

Things we'd like to know: Why somebody keeps yodelling while writing letters? Why someone on first likes tomato sandwiches so much? And why there's so much dolling up in "317" when a certain big soldier is expected?

Our night nurses are Miss Schneider and Miss Wallace.

So long and good luck all.

### RELIGIOUS SERVICES

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

### Ici St. Jean

Do you smell something burning? Well, don't dash to the kitchen, it's not vegetable, animal, or mineral. Herewith . . . the latest.

The nursing staff has undergone another change, with Miss Hiron taking over Mrs. Darrock's place. Miss Bailey holds the whiphand, with Miss Canvin (who also holds hands) completing the day staff. We now have two orderlies, Mr. Neilsen and Tommy.

Three new chaps have taken up residence this month. Mr. Desjarlis (who moved down from St. Joseph's), Mr. Lemay of the Army, and Mr. Ward, R.C.N.

As this is being written, Art Kelbert has one foot out the door, but seems to have the other one caught in it. Will he get free? Will the train stop in time? Don't miss next month's gripping instalment.

Father Adams left us this month, and we wish him bon voyage, hoping he may meet with the best of success in the future.

Geo. McDonald is on R. 5 now and it's good to see him up. Bert Stewart has been telling us what a quiet life he used to lead. Nothing to do for excitement but to borrow a locomotive and take it for a spin. What a boring time he must have had.

Mr. Marty, recently sporting R. 10 and Messrs. Galbraith, Morrison, and newcomer, Lemay, are the other inhabitants of the balcony.

As we push our way down the hall we find that Bill Wingfield is on R. 6 and "Andy" Anderson R. 4. "Andy" and Rene Lelievre are currently featured in games and more games of fifteen-two, fifteen-four, and a pair is eight. (Pardon me, that's Rene's way of counting.) Orval Riggs is trying very hard to convince all and sundry that Portage la Prairie is THE place. However, no one around here seems to have heard anything about it.

Bobby O'Halloran has been wondering what the potato crop will be like. He figures the yield will be something like two bushels per person, per acre, perhaps. Mr. Berard and Mr. Przybylski are still holding down their beds on R. 3.

Mr. Ward is the newcomer in "109", along with Messrs. Harpe, Russell and Smith. Mr. Russell started double pneumo and is doing very well.

Charlie Nichols is sharpening his teeth in anticipation to sinking them into a pool ticket on the World's Series. Across the hall is Dr. Povah on R. 5.

We welcome back to the fold Cece Lovell, who is back again after a brief sojourn to St. Boniface Hospital. "Waxie" Cornes is spreading rumors about a certain regiment, praising them. But of course, it's just a rumor. Mr. McFarlane keeps himself busy making cushions and gloves, while Mr. Einarson lays back and solemnly inspects the scene.

Tom Mackie is back in bed, having started pneumo. While he was up and around he made quite a name for himself in the bridge world. Just ask anyone in "112", they'll nod their heads in the affirmative. Joe Stewart was the originator of that game and he sure started something.

We have just enough time left to tell you that Mr. Desjarlis started pneumo.

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Sanatorium residents.

Mesrs. Rollick, Milne, and Pfeifer completing the roll call in "111".

We have saved the last spot for Miss Grant, whom we believe deserves the Orchid Order of Merit for her valiant stand on this flat and St. Therese. Maybe some of you have forgotten, but for everyone who forgot there are five who remember. Bye now.

### St. Boniface Clinic

O.P.D. Chatter

Well, another month has rolled around again and I am later than ever trying to write "our column" for this month's issue of the *Messenger*. You know, I'm not the Editor, but—I think you get a million dollars worth of reading in each issue of the *Messenger* for one thin dime. It's a great inducement to write your column, when I see you all lined up for your *Messenger*.

To start with, we have a few newcomers this month, and to you guys who can't get up enough nerve to ask those gals their names, etc., here they are:

First, Miss Joey Dukelow, just in from the St. Boniface Sanatorium, and a darling if there ever was one. Just one warning though, "Joey," don't repeat that "bed sock episode" here.

Next is Miss Coffey, who was known by many of us when she worked on the staff at St. Boniface Sanatorium. You can be sure we shall keep an eye on you Miss Coffey.

You know, to have Dr. Johnson come up to you and say, "Well, fella, you are now well enough to go to work," must be one grand feeling. Andy Rentz heard Dr. Johnson say just that to him. Good luck, Andy. Not just a few of us are a little envious.

Speaking of Nick Markusa, it seems he even has "yours truly" a little baffled these days. Instead of being just his thrifty old self, he just seems to have let himself go and is buying up all the Pepsi-Cola he can get his hands on. The



catch is this: it is not for himself. We wonder if it could be for a lady. I believe we should get Mrs. Gendall to look into this. You can be sure that it will be the last time I drop a nickel in your piggy bank, Nick.

The whole gang wishes you much happiness, Julie. You know Juliette

Bowique, gang. She was married on August 18th to Mr. Deschenes. May all your troubles be little ones, Mr. and Mrs. Deschenes.

Mrs. Smith is back with us after a long stay in Calgary. We hope your stay with us is both pleasant and successful.

## King Edward Memorial Hospital

September days have come and nearly gone. After watching simply gallons of moisture fall, it is wonderful to have weather revert to "good old Manitoba".

The social season opened very successfully with Miss Muir and the Augustine Business Girls in charge. Several rousing games of Bingo supplied the four little de-de-dears (Squeaky R., Kid K., Bud the Blossom) with candy for the next few days. The envy in the odd female eye touched Squeaky's heart and he did his "share" in true Diamond Jim style. Mrs. Ilga Irwin, the well known singer, graciously sang any numbers the patients requested. Anyone wishing to hear a particular favorite can just make a note of it and Mrs. Irwin will sing it on her next visit. Tears of anguish in Squeaky's eyes clearly denoted his keen appreciation of Mrs. Gemmil's touching rendition of several arias from "The Old Music Hall". Mrs. Gemmil's appreciation of the Fearsome Foursome carried through to the doughnut and cookie stage of the evening when their repeated demands for her chic ensemble (to be worn at the masquerade) showed her where their "true love lie".

This month the welcome is out to Misses A. Pinesco, Fortney, Mrs. Gratton, Dickson, Maxwell and Messrs. Schmidt, Saltess Leggett, Stewart and Shervell.

Moving day saw Mildred tucking her

rabbits under her arm and moving to the D.P. and D. ward. There her little pink and blue bunnies multiplied so rapidly she has taken up knitting diamond socks.

Tibby's main interest begins with a capital PAT but running a close second is her scrap book on the latest development of chemotherapy. Ann B's latest yen (after her Jack's, Henry's and Poetic Pastal Penchant) is cute little crocheted chapeaux.

John A's chief interest is ten percent or a pound of flesh—wherefore art thou Portia?

Changes of the season cause some of us to become quite mellow. That may be the reason when spring is mentioned Norm answers "yes, dear."

Lolly decided she would like to live with Polly but now finds she's on the main highway. Traffic rushes past with or without wheels, time being no object. It is very unnerving, 'specially when it is quite young and handsome.

One of the lassies is losing her rest periods trying to figure out which "one" is "Sweezy's" wife's cousin's husband.

The boys of south third are walking on their toes and talking in whispers wondering what it will be and when. Freddie B. swears it's the wholesome food he is eating that has made his "chest" so outstanding. He and Dick have moved in off the balcony. Dick claims, as soon as he can coax Joe and

Steve indoors, he will rent the balcony for cold storage.

Heard on 3rd Avenue—Throw that guy a bale of hay to take the edge off his appetite. Can Goldie help it if his taste runs to sixteen meat balls?

A hand to Joe Cykow who has donated a punch-work cushion to be raffled, the proceeds to go to that worthy cause, the Community Chest.

Rockefeller Sinowski is having a little government trouble these days, income tax, we presume. To keep his income out of the higher brackets he will discontinue operating the indoor B. 29.

Miss Zawadke, in the role of supervisor, continues in her own capable manner. Purity Goosie has her pastel moments. Maude E. had a horrible dream—trapped—screaming for help—no help—four ghouls coming nearer and nearer. Small wonder she ruled the lads with an iron hand next day. Misses Rickey and Wallace have been tethered on 2nd (there is no future in that). Mrs. Gray is eagerly awaiting the day her Patsy will return from England.

Evelyn Forsebloom being a Saskatchewan resident left for Fort San. All our good wishes go with her and with the patients who left for their respective homes: Mrs. B. Shakazi, Messrs. A. Orłowski, J. Melnychuk, J. Shestko, W. Fishchuk and J. Babiak.

## The Dawners of Western Canada

(Continued from page 13)

nipeg this year were staged festivities and a Missionary Exhibition proclaiming the glories of the Missionary Dawners of the West. Rightly was St. Boniface, mother church of the west and northwest, chosen to display the works of these distinguished missionaries and honor them accordingly, since it is from this point that so many missionary priests, brothers, and sisters have gone forth to missions all over this hemisphere.



## LETTERS

### LETTER FROM NEW ZEALAND

Dear Dr. Ross:

So begins my long promised letter to you after being back in New Zealand just over four months. The trip out from San Francisco was a very pleasant one striking a few of the tropical veins around the Equator zone. After two weeks of sailing, we were disembarked on an island in the Pacific where we almost roasted for the next few days. Planes then picked us up and 8½ hours later we were all having afternoon tea at Auckland. After a routine medical examination (for me it included an x-ray) we were sent home on disembarkation leave. After a thoroughly enjoyable "leave" we were called back into camp again for grading and pooling. Had conferences and examinations by chest specialists finally concluding with an Air Force Medical Board. They decided to retain me in the force and keep me under observation. So on sick leave, I have been attached to Christchurch Sick and Wounded where once again I've had conferences and examinations. Dr. McIntyre, superintendent of the South Island Sanatoria gave me an encouraging report. So at present I am at home taking things quite easy and again in September will have another check at the T.B. Dispensary in Christchurch.

We have had quite a rough winter here as far as our winters are concerned with a good variety of almost everything that comes with winter, including quite a fall of snow. Floods have been frequent and I'm afraid that after the last two days of rain, we will probably see another when it finally clears.

I so often think of you at Ninette as I have such a lot for which to thank



you all. It has been a period in my life that I'll never never forget.

Yours very faithfully,  
RIKI ELLISON

LAC Ellison, R.T.M.  
Laumutu via Leeston,  
Christchurch, New Zealand.

#### LETTER FROM ENGLAND

Dear Dr. Ross:

The time has passed so quickly since leaving Ninette in April that I hope in writing now it is still not too late to offer my sincere thanks to you Sir, and the Doctors and nurses for helping to make my stay so comfortable and enjoyable. I should also like to be remembered to any of the patients I know and trust that their road to recovery will be very short now.

After returning to this country soon after V-E Day on the Lady Nelson, I was given the usual Medical Board and then sent home on leave where I have been since. However, in the meanwhile I have received word that as I am unfit for Overseas service for at least five years, my flying category is redundant and I shall be officially invalided on the 17th October, and as usual, without pensionable rights.

The long leave has given me a chance to "feel my feet again" and enjoy holidays on the South Coast and in the country. Now the problem of employment looms ahead and working for my living, I'm sure, will not be so popular as Air Force service. But in this instance, I think I should feel fortunate in having the opportunity in starting a career before demobilization gets into stride.

At the moment, I suppose Manitoba is looking forward to another Indian summer. Here in Buckinghamshire, I think I'm right in saying there has been rain every day for the last fortnight and as the harvest is mostly over, the agricultural people are the only happy ones.

My chief worry are the lawns which need mowing twice a week!

But putting grouses aside, it is grand to be home again and I look forward to the time when it will be possible to fly over to Canada for the odd weekend to renew old acquaintances.

In closing, I want to say "Thank you" for everything you have done for me. Kind regards to Dr. Paine, members of the staff and patients not excluding yourself, Mrs. Ross and family.

Very sincerely,  
DAVID L. COSSEY

23 Orchard Ave.,  
Burnham, Bucks.

To the Editor:

I am enclosing my subscription to the *Messenger*. I would not like to miss an issue, as I always look forward to each *Messenger*. Its valuable articles and Sanatorium news are always welcome.—Sincerely,

Mrs. K. McCaskill.

Giroux, Man.

To the Editor:

I wish to take this opportunity of thanking the Sisters, Doctors, Nurses, of the St. Boniface Sanatorium for their excellent care during my sanatorium stay.—Yours truly,

O. T. Airth.

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