

# Tuberculosis may be the cause of these symptoms

- COUGH** - - - - - Either a dry hacking cough or one which produces sputum. Every cough lasting three weeks or more is reason enough for an examination by your doctor.
- EXPECTORATION** - - Sputum may indicate tuberculosis. Blood-streaked sputum should always arouse suspicion.
- LOSS OF WEIGHT** - - There is a reason for losing weight steadily or, in the case of children, not gaining steadily. Find out the cause from your doctor.
- TIRED FEELING** - - - General lassitude and tiredness which a good sleep does not seem to relieve may be caused by tuberculosis.
- CHEST PAINS** - - - Dry pleurisy or pleurisy with effusion is dangerous. Special care is needed to prevent the development of tuberculosis.
- POOR APPETITE** - - - May be caused by many things including tuberculosis.
- NIGHT SWEATS** - - - May be an indication of the disease.
- HEMORRHAGE** - - - Any hemorrhage is dangerous and is reason for a thorough examination. Lung hemorrhage is almost always caused by tuberculosis.

If you have any of the above symptoms, an examination should include an x-ray and a laboratory test for tubercle bacilli in sputum, in addition to a routine physical examination.

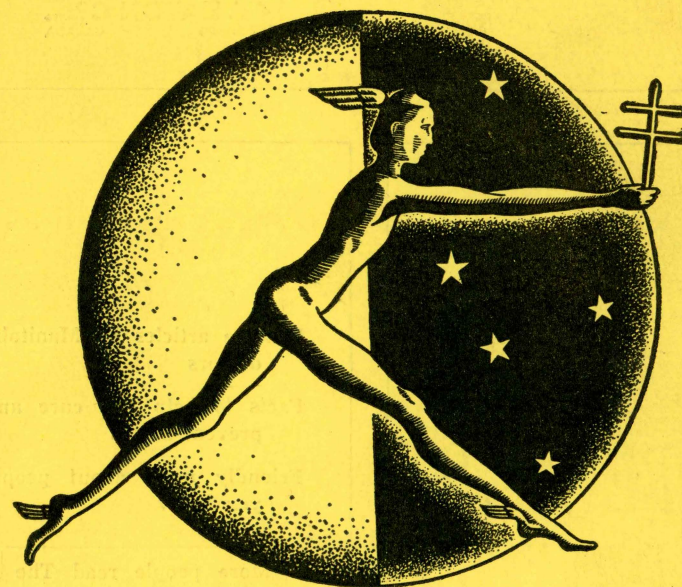
## SEE YOUR DOCTOR

# THE

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

# Messenger

## OF HEALTH



VOL. 8—No. 9      10 CENTS  
 SEPTEMBER - - - 1945  
 WINNIPEG      MANITOBA



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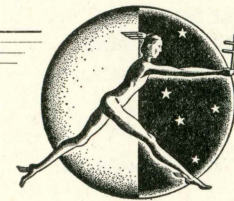
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**THE X-RAY SURVEY**  
 OF  
 THE RURAL MUNICIPALITIES OF  
**STANLEY and RHINELAND**

by the Travelling Clinic of the Sanatorium Board of Manitoba will be conducted at points and on dates outlined below.

PLACE	DATE	TIME		
Plum Coulee	Sept. 20th-21st	9-12 a.m.	2-5 pm.	7-9 p.m.
	Sept. 22nd	9-12 a.m.	2-5 p.m.	—
Morden	Sept. 24th	—	2-5 p.m.	7-9 p.m.
	Sept. 25th-28th	9-12 a.m.	2-5 p.m.	7-9 p.m.
	Sept. 29th	9-12 a.m.	2-5 p.m.	—
Winkler	Oct. 1st	—	2-5 p.m.	7-9 p.m.
	Oct. 2nd-5th	9-12 a.m.	2-5 p.m.	7-9 p.m.
	Oct. 6th	9-12 a.m.	2-5 p.m.	—
Altona	Oct. 8th	—	2-5 p.m.	7-9 p.m.
	Oct. 9th-12th	9-12 a.m.	2-5 p.m.	7-9 p.m.
	Oct. 13th	9-12 a.m.	2-5 p.m.	—

**R** By seeking out early tuberculosis with the X-ray much illness and expense can be avoided. Don't miss your X-ray when the opportunity comes. It is a free service, for the protection of your family and yourself.



Travelling Clinics are financed by the sale of Christmas Seals and Health Bonds.

# THE *Messenger* OF HEALTH

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St. Boniface Sanatorium: L. D. TURNER

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## CONTENTS

<i>Stanley and Rhineland Survey</i> .....	1
<i>Resistance to Tuberculosis</i> .....	5
<i>Tuberculosis in Families</i> .....	9
<i>Rehabilitation Notes</i> .....	12
<i>Letter from Winnipeg</i> .....	14
<i>Chemotherapy in Tuberculosis</i> .....	15
<i>Patients Must Learn to Live</i> .....	17
<i>You Can Sleep</i> .....	18
<i>It's Fun to Meet People</i> .....	20
<i>Manitoba Sanatorium</i> .....	21
<i>St. Boniface Sanatorium</i> .....	24
<i>King Edward Memorial Hospital</i> .....	30
<i>Letters</i> .....	31

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

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

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

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

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## Editorial

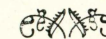
The key to operating a commercial business successfully, from the standpoint of both management and labor, is co-operation. This co-operation is frequently disturbed, sometimes by legitimate protest, sometimes by misunderstanding and sometimes by professional agitators and perennial cranks who have a distorted idea of what the world owes them and who believe the only method of getting recognition is by turbulence. A tuberculosis sanatorium may be likened to a business institution in that it has its administrative body and patient body, between which it is essential to have co-operation.

The personnel of the administrative body is composed of medical men particularly skilled in the treatment of tuberculosis. These men who undertake the guidance of our present-day sanatoria draw on an accumulation of information and knowledge that has been passed on to them from physicians who have spent their lives in the study of tuberculosis. They have learned from years of experience in treating the disease the degree to which a patient's activities must be limited in order to give him his best chance for a cure. These doctors are interested in seeing their patients have every possible chance of getting well, and for that reason have established rules and regulations for the efficient operation of the institution. Only by obedience to these

rules can the patient receive the maximum benefit from a stay in the sanatorium. It is for his protection they are made and enforced.

To realize this, is one of the difficult parts of cure-chasing. A sense of frustration is bound to result from the constant curbing of the patient's natural activities. With too much time to think, this sense of frustration looks for some means of outlet and little annoyances are apt to get out of proportion and develop into full grown grouches. If they found their way to the proper authorities, ninety-nine times in a hundred these grouches would prove to be harmless, and would disappear when discussed intelligently and reasonably with the right people. The difficulty is usually that they are never properly aired but are allowed to rankle under the surface.

There are two things a patient should remember. First, there are legitimate protests, and second, your doctor is only too willing to discuss them with you. It is his business to know what sort of treatment you are receiving. In laying a protest, however, a patient should be sure that it is reasonable. If it is, he can be assured it will receive the earnest attention of the proper authorities. Efficiency in your institution is dependent on that key word, co-operation, and on you.



*He that proclaims the kindnesses he has received, shows his disposition to repay 'em if he could.—Miguel De Cervantes.*

## Resistance to Tuberculosis

By J. D. RILEY, M.D.

**R**ESISTANCE to tuberculosis is a thing commonly discussed and seldom understood. Every person has some resistance to tuberculosis. No two people have the same resistance to the disease. Every case of tuberculosis is different from every other case, and the problem therefore becomes individual in each case.

The main question in the patient's mind when he has learned that he has tuberculosis is, "How much tuberculosis do I have?" The important question is not how much tuberculosis one has but how sick one happens to be with the tuberculosis that he has.

Patients frequently inquire if their resistance is good or bad, especially those who have read much concerning tuberculosis. We often tell these patients that their resistance is good, basing as a rule our decision on the fact that the patient looks strong and rugged and is running a fairly good temperature as well as exhibiting other signs of apparent conquering of the invading organisms. At other times we tell other patients that their resistance is poor, especially when constitutional symptoms are prominent and indicate that the disease is acutely clinically active. This without apparent improvement in their condition, at the same time showing much involvement in their lungs and occasionally certain other tuberculous complications. There are still other patients with low resistance who have very slight signs in the lungs and at the same time run an elevated temperature and rapid pulse, even after prolonged treatment, as well as being underweight and anemic.

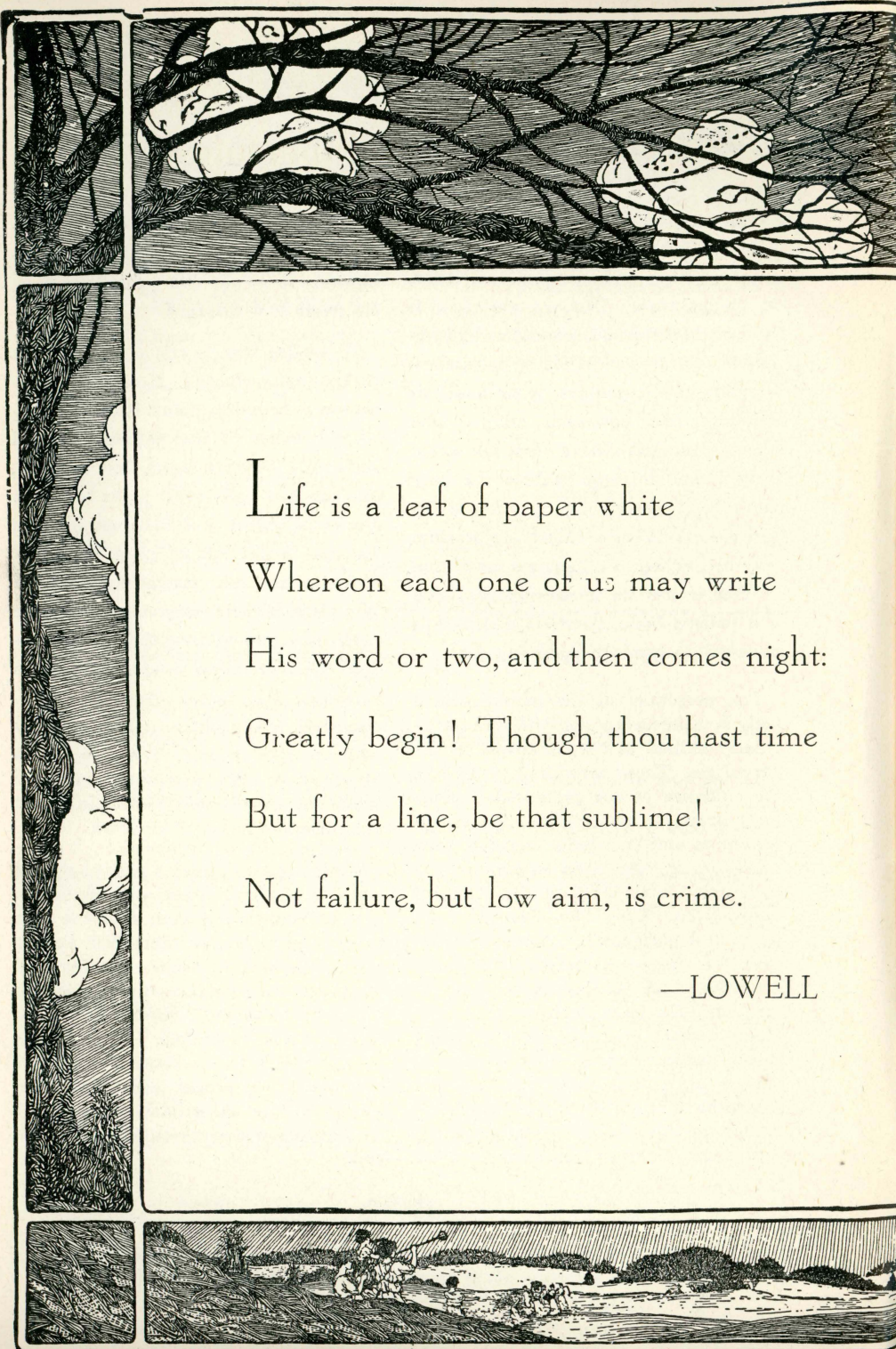
In any case, the fact stands out that resistance can be considered only collectively, not knowing the virulence of the invading organisms or their number. Furthermore, it is evident that at times patients who are very ill have a better resistance than those only slightly ill and that at the same time invading organisms are of different degrees of virulence.

Some persons have more resistance when they have had tuberculosis for a long time on account of sensitizing of the body cells and the mechanical walling off of the infected area. Some persons have enough resistance that they can carry considerable tuberculosis without becoming ill. Unfortunately these are the chief disseminators of tuberculosis. One should not necessarily expect to find a very ill patient, relative or friend as the carrier of the tubercle bacilli in cases that are active. The body has built up the resistance of the carrier, hence often no suspicion attached to him. The apparent good health of members of the family in which a case of tuberculosis has been diagnosed should not be a reason for not examining these contacts. In fact, I have often found that the evidence in healthy contacts points to the probability of their having been the cause of the bacilli keeping up their uninterrupted cycle in the active case and probably in many more of their associates. While the carrier does not always need to take the treatment, still it is best to have him know his condition and take the necessary sanitary precautions to safeguard the health of others.

As is evident, the relative resistance of the patient depends upon the num-

Life is a leaf of paper white  
Whereon each one of us may write  
His word or two, and then comes night:  
Greatly begin! Though thou hast time  
But for a line, be that sublime!  
Not failure, but low aim, is crime.

—LOWELL



ber of infecting bacilli, their virulence and the length of time that they have been in contact with the tissues. Furthermore, the age, occupation, habits, environment, intelligence, and the treatment of the person infected, all have a great bearing on the resisting powers.

The resistance of the human being may be considered under the headings of natural resistance and acquired resistance.

Allen Krause has shown how cells protect the body by surrounding the tubercle bacilli and forming a mechanical wall of defence. The development of the tuberculin neutralizing substances further prevents the detrimental effect of this substance.

The development of the condition known as allergy results in lowering resistance in the tuberculous. A small dose of tuberculin can often protect this condition, resulting in the focal, local and general reaction of the tuberculous patient. The probable chemical action on the focus is a serious one, producing by some change, inflammation, and if severe, necrosis, which results in breaking down of the mechanical wall of defence and a scattering of the disease. I have in mind a patient in the early stage with only a little tuberculosis who thought he would have a good time before going to the sanatorium. Following a night's carousing, he had a severe reaction, which resulted in death. The effect of heat, cold and fatigue has been demonstrated clinically in all diseases.

The resistance in any given case is different from the resistance in any other case, and the resistance in any given case at any given time is different at any other time. Resistance is never at a standstill. It is either increasing or decreasing. By living a life as nearly natural as possible, the resistance of the body in tuberculosis is increased.

The amount of rest that a tuberculosis patient takes is a great factor in determining resistance. Inheritance of weak constitutions is often the cause of poor resistance in the tuberculous. All lives should be moulded so that the future generations may be free from such inheritances.

In rare cases it so happens that one can have a very great deal of tuberculosis with extensive tuberculosis in the lungs with open cavities and still not be sick but be able to work and live a normal life and throw off millions of tubercle bacilli daily to infect others. It also happens rarely that other cases have so little resistance that with very slight involvement in the lungs they are acutely ill and the disease progresses rapidly to a fatal termination.

Every person has more or less resistance, and the great majority of people have neither of the above types but have the more or less average resistance.

While resistance is important to the outcome in any case of tuberculosis, it is not nearly so important as common-sense. It has been my observation that the great majority of cases of tuberculosis can get well if the disease is discovered soon enough and if the patient has an opportunity to get well and if he uses common-sense and judgment in engineering his own case.

—Sanatorium Outlook.

The Associated Canadian Travellers have found that fairs are good places to put across a little worth while publicity about tuberculosis. Displays of x-ray equipment and tuberculosis clinics were arranged by this organization both at the Brandon and Saskatoon exhibition this summer. Free literature on tuberculosis is distributed to interested visitors.

—C.T.A. News



## In Memoriam \* \* \* Col. J. H. Reid

*It is a rare and fine accomplishment to live as abundant a life, filled with so much graciousness and occupied with such breadth of interest, as distinguished the course of Col. J. H. Reid. His path has been marked by unflinching acts of kindness and friendship. Every endeavor designed to advance the well-being of his community and his fellow men found in him an ardent supporter.*

*Member of the Sanatorium Board since 1927 and Secretary-Treasurer since 1931, he gave unstintingly of his time and experience to anti-tuberculosis affairs. To the last, it remained the community service closest to his heart, and up to the very day his health required him to enter hospital, he was actively engaged in the duties of his office.*

*For thirty-eight years Col. Reid was prominent in Winnipeg business circles. To list the responsible offices he held is to catalogue almost all the city's leading organizations. To name but a few, he was President of the Empire Club, Chairman of the Last Post Fund, Hon. Treasurer of the Winnipeg Board of Trade, President of the South Winnipeg Liberal Association, Past President of the St. Andrew's Society, Past President of the Winnipeg and District Boy Scouts Association, member of the Board of Augustine Church.*

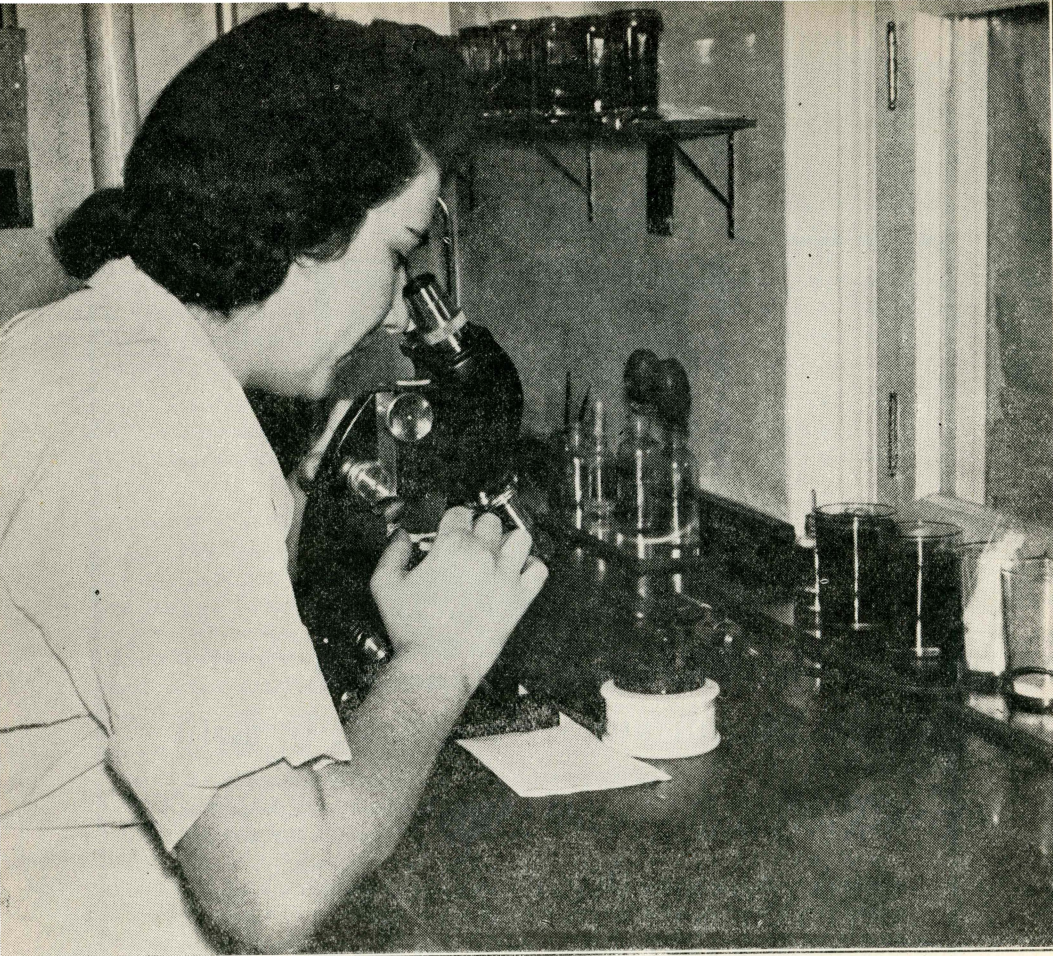
*Col. Reid had a distinguished military career. He was one of the founders of the Queen's Own Cameron Highlanders of Canada and commanded a brigade in France in 1917. From 1931 to 1935 he was Officer Commanding the 20th Infantry Brigade with headquarters in Winnipeg, and throughout the period between two wars, he maintained an active and far-seeing interest in military organization.*

*His warm sympathy, his depth of understanding, his ready humor, his thoughtful courtesy, won the esteem and affection of all who knew him. His passing is a grievous loss to his friends and to the community.*

—Photo courtesy Winnipeg Free Press.

## Tuberculosis in Families

By H. E. KLEINSCHMIDT, M.D.



**T**HE LABORATORY TECHNICIAN plays an important part in fighting tuberculosis. By processing the patient's sputum with aniline dyes, the tubercle bacillus when present, is made visible in the microscope as tiny, red, rod-shaped germs. The technician proceeds with many other types of tests, the results of which give the physician an indication of the activity of the patient's disease. This enables the doctor to make intelligent decisions about the form of treatment needed for each individual patient. The work done by the X-ray and lab. technicians takes the hit-and-miss element out of diagnosing tuberculosis. When the X-ray plates taken on surveys show any suspicion of active tuberculosis, further laboratory tests are taken. The results of these tests indicate whether the individual in question requires sanatorium treatment or not.

**W**HY DOES tuberculosis run in the family? Does it? Physicians of previous generations were sure of it. They were able to trace tuberculosis weaving its way, like a sinister thread, through one generation after another of certain families. They spoke learnedly of a "phthisical diathesis" which means simply a tendency to develop phthisis or the wasting disease. The term is a cloak for ignorance and explains nothing, but the gloomy inference was that this "tendency" is inherited and therefore nothing could be done about it. How readily this fatalistic hopelessness of yesterday's physician communicated itself to his patients is painfully obvious in Victorian romance literature.

Belief in the inheritance of tuberculosis was shaken by Koch's discovery of the tubercle bacillus (1882) as the real cause of tuberculosis. But the observation that tuberculosis does in fact plague certain families more than others was not contradicted by the germ theory of the disease. In large cities, people still talk about "lung blocks"—districts of tenement houses which are supposed to be breeding places of tuberculosis. And real estate people know that a house vacated by a consumptive is likely to be shunned by prospective new occupants.

The belief of our predecessors that tuberculosis is a kind of household epidemic is borne out by statistical facts of today. But now we have a more rational explanation than that offered by the laws of inheritance. The disease runs in families primarily because it is communicated from the sick to the well through personal contact, such as most commonly takes place in the household. One study shows that the risk of

contracting tuberculosis is thirteen times greater for a person living in a home where there is a case of tuberculosis than for the person not so exposed. Health officers and tuberculosis specialists are so convinced of the danger of acquiring tuberculosis in the home that they regard the follow-up of "contacts" of every known case of tuberculosis as the most important step in the control of the disease.

Has the ghost of "inheritance" finally been laid? The possibility of infection of the embryo through the uterine circulation is not denied but is probably an extremely rare phenomenon. When it does happen, it may be regarded as a medical curiosity which has no public health significance. However, it is often contended that susceptibility toward the disease is heritable and, conversely, that immunity may be inherited. Scientists are still struggling to understand what immunity to tuberculosis really is, but thus far agree that whatever it may be, it is dependent upon a number of biological factors, most of them having to do with the manner in which the human protoplasm reacts toward the invasion of tuberculosis germs. Since the biological properties of protoplasm are largely heritable one must conclude that heredity accounts at least in part for immunity. It is better, however, to speak of resistance instead of immunity because it is a less rigid term than immunity. Immunity implies that there may be a kind of guarantee of protection, yet we feel certain that no person can claim such guarantee, whereas it seems obvious that the body does resist the disease. Kettelkamp and Stanbro had the rare opportunity of following the course of a pair of identi-

cal twins both of whom developed tuberculosis within two months of each other at the age of seventeen. In each case, the onset, the symptoms and the physical findings were almost identical; both received the same type of treatment.—Of the several writers who have described the interplay between seed and soil (tubercle bacillus and constitution) Heise presents a very convincing array of facts, clinical, epidemiological and experimental, pointing toward the conclusion that both susceptibility to, and resistance against, tuberculosis are largely inherited qualities. He adds that resistance can be enhanced or reduced by the food eaten.

The conclusion that resistance in its broad sense is influenced by inheritance is irresistible. But that does not mean that persons in whose families there is a history of tuberculosis are doomed. By no means! The optimistic fact is that, regardless of the nature of the soil, tuberculosis will not occur if the seed is kept out of it or if, having been implanted, the resistance is still enough to discourage its growth and spread. Tuberculosis cannot possibly develop even in the weakest body unless the tubercle bacillus takes root. So long as there is no infection there is nothing to "resist." Overwhelming evidence shows that the real risk to the person born in a tuberculosis household is not the soil he inherits but the intimate exposure to the seed.

Tuberculosis, unlike acute infectious diseases, is a sluggish invader, by and large. In fact, the body seems to have the property of building up a degree of resistance against the germ and in small quantities. But the resistance so developed is seldom complete and repeated exposure to the new infections may wear it down. Moreover, a single large dosage of tuberculosis germs may quickly overwhelm the relative resistance of any person and lead to serious disease. It is in the family that oppor-

tunities for the transfer of germs from one person's lungs to those of another are greatest. Lip contact, direct or indirect, is the important means of transfer. Direct lip contact means kissing—and the young child is the affectionate target of every member of the household, from grandfather to little sister, including the maid, the boarder and the occasional visitor. A cough, a sneeze or even talking may be the means of conveying germs from one to another. Also sleeping in the same bed with a tuberculous person, using the same household articles, spoons, dishes, glasses, etc. Think of the innumerable ways in which a microscopic speck of lip moisture may be transferred and you gain some idea of the difficulty of shielding the uninfected from the open case of tuberculosis.

Great as the danger is, it can, however, be avoided as has been demonstrated in households, few though they are, where a tuberculous father or mother has succeeded in rearing children who have remained free from infection. The intelligent person can, perhaps, like the surgeon, develop an "aseptic conscience"—but "there's many a slip twixt cup and lip." This leads to the consideration of a factor, often overlooked, that comes into play when tuberculosis gains entrance into a household which, for want of a better term, we may call household morale. The morale, or lack of it, is difficult to define but is quickly sensed by the experienced welfare worker, nurse and doctor. It is dependent upon the breeding, customs, intelligence and character of the members of the family. It is influenced by environment; when the physical conditions of the home are unhappy, household morale suffers. Where there is poverty or chronic illness the amenities of life are slurred, carelessness creeps in, discouragement and resentment foster slovenly behavior. The result is a gloomy, disorderly, shambling

household and in such an environment the spread of the tubercle bacillus and its growth find their opportunity.

Knowing one of the important ambush places of the enemy, what can be done to root him out of it? The need of examining every member of the household is clear. The questions, "From whom did he get it—to whom has he given it?" should be touched off in our minds whenever a case of tuberculosis is discovered. Children and young people especially should have an examination that should include a tuberculin test and an x-ray picture of the chest. In its early stages tuberculosis may be without signs and only the x-ray will reveal its presence.

The most important step after that is to break the contact. That means in nearly all instances, removal of the sick member of the household to a sanatorium.

"Why can't I cure at home?" is one of the first questions generally asked. After all, the essentials of treatment are rest, good food and fresh air—all available in a reasonably good home. But the manner in which that treatment is administered, or rather taken, spells the difference between success and failure. The home is organized for the well person, while the sanatorium is organized for the sick person. At the sanatorium everything is ordered to make it easy for the patient to learn and practice a new way of life. He is under constant supervision. He is in the company of others like himself and the camaraderie gives him courage. At home it is extremely difficult to duplicate the favorable situation which he enjoys in the sanatorium. Unless the family is wealthy and can provide separate quarters and special attendants, the best of home care cannot equal that of the sanatorium. Even though, in the first flush of excitement following the discovery of tuberculosis in one member of the household, all the others cheerfully reorgan-

ize the home for the sick person, the normal desires of the well members soon afterward assert themselves, and the home life begins again to revolve around the well members.

Housewives often resist going to the sanatorium, saying that they can rest just as well at home. Dr. A. M. Foster, discussing the difficulties of home treatment, especially for women, said, "I tell her (the woman who wants to cure at home) that if we took her husband and put him in his office on a cot and told him that all he needed was rest, and that he need pay no attention to the bookkeeper or to the customers or to his partners or to the telephone, and would simply get himself into the proper psychologic state it would be comparable to what the woman has to submit to when she attempts to take a rest cure in her own home."

*Tuberculosis runs in families. No home is safe until every home is safe.*

**Around the City Health Department**—Miss Lillian McKenzie, R.N., Director of Public Health Nursing has been granted a three months Rockefeller Travel Scholarship. She is now in Toronto and will soon move on to study public health in Detroit, Albany, Syracuse, New York and other large centres. . . . Miss Grace Parker and Miss Catherine Barr left recently to take post graduate work in public health at Columbia University, New York. . . . Miss Honah Card recently on the City Nursing staff is now enrolled in the Public Health Nursing Course offered at the University of Manitoba. . . . Miss Mary Verhoef has leave of absence from the staff to take public health field work in Michigan. . . . Miss Mabel Gemmill has recently joined the City Nursing staff. . . . Miss Joyce Rygate became the bride of Nicholas Dubick in August.

There is no cure for birth and death save to enjoy the interval.

—George Santayana.

# Rehabilitation Notes

## FACTS ABOUT THE CIVIL SERVICE

**F**OR THE INFORMATION of those interested in getting established in the Civil Service of the Canadian Government, some facts are summarized below: 40,000 civil servants are employed by the Canadian Government, and the total is increasing every year. However no person can be appointed without first passing an examination qualifying him or her for such employment.

To be eligible for one of the above mentioned examinations a person must be:

- (a) A natural born or naturalized British subject.
- (b) A resident of Canada for five years. (Not necessarily consecutive.)
- (c) Within the ages specified for the various appointments. (No age limit for returned soldiers.)
- (d) Suffering from no physical defect or disease which would be likely to interfere with the proper discharge of the duties required.

Civil servants, when any good reason is presented, are given leave of absence, without pay, up to one year. They receive three weeks holiday with pay. Their pension equals one-fiftieth of salary for each year's service. Thus after thirty years of service, pension would be thirty-fiftieths of salary. He is eligible for pension after ten year's service.

There are many branches in the Civil Service but most appointments are made in the general Clerical Service, The Post Office, Customs Excise Department, and Immigration Department. Below is a summary of information about salaries and qualifications necessary for appointments:

Position	Salaries	Qualifications
Letter Carrier .....	\$1080-\$1500 (Max.)	Age limits, 18-35; No limit for ex-service men. Public school education; must be a resident of district where carriers required.
Mail Porter .....	\$1080-\$1500 (Max.)	Age limits, 18-35; No age limit for ex-servicemen; Public school education; at least 5 ft. 4 in. in height and 145 lbs. in weight. Work requires a knowledge of Postal Arithmetic, Report Writing, Postal Work, and Postal Geography.
Postal Clerk .....	\$1080-\$1500 (Max.)	Age limits, 18-35; Grade Eight standing or equivalent. Knowledge of same subjects as Mail Porter but of more advanced nature.

Clerks Grade 1 .....	\$ 720-\$1020	Men and women eligible; Age limit 18-35; No age limit for ex-service men. This is considered the junior entrance class. No experience is insisted upon but some high school training is preferable.
Stenographers Grade 1 .....	\$ 720-\$1020	
Typist Grade 1 .....	\$ 720-\$1020	

Clerks Grade 2 .....	\$1080-\$1380	Grade 2 candidates should have two years high school training or its equivalent. One year's office experience is usually required.
Stenographers Grade 2 .....	\$1080-\$1380	
Typist Grade 2 .....	\$1080-\$1380	

The above list by no means completely covers the appointments available in the civil service. There are positions in the Customs and Excise Service and in the Immigration Service all of which require particular qualifications. Positions worth while are not acquired as gifts. You must get after them. Preparation for these jobs by bettering your qualifications is all to the good. While "on the cure", you can't lose by making use of your allotted study period to prepare for the day of your re-establishment.

**C**ONGRATULATIONS to the following students on completion of their courses: Philip Semaka, Bookkeeping, Unit 1; John Dankesreiter, Bookkeeping, Unit 2; Mrs. Ethel Haidy, Typing, Unit 2; Violet Graham, Typing, Unit 1; Nellie Fedkowski, Typing, Unit 1; Beulah Dickinson, Shorthand, Unit 2; Frederick Mostowy, Wiring and Batteries; Carl Smith, Wiring.



### JOTTINGS ON A DESK PAD

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

**OF INTEREST**—Mrs. Peggy Byron, former Rehabilitation stenographer, was in the office recently with her twin daughters, who are one year old. . . . Miss V. Peacock has just returned from

Fort Qu'Appelle after spending one week there observing the technique in training nurses in tuberculosis work. . . . A welcome visitor in the office this month was Dr. H. Meltzer, who has just recently returned from Overseas after an absence of four years.

**LEAVES**—Dr. Minish has left Manitoba Sanatorium, where he has been working for the past summer months, to return to Edmonton where he has accepted a position in the medical department at the Alberta University. . . . Dr. McRae is at Clearwater Lake Indian Hospital for a short period.



## Letter From Winnipeg

Dear Friends:

This will be my final letter and I am happy to say it is being written on "good old Canadian soil."

You might be interested in a brief account of my past few weeks in England.

As boats were scarce, I was told there would be a few weeks' delay before sailing home, so I applied and received permission for three weeks "study leave." The first two weeks I spent at the Southend General Hospital—the same institution I visited in the spring of 1944.

As on the previous visit, I found a very busy hospital and observed a great deal of general surgery done by Mr. Maingot and I also had the opportunity of doing civilian type of surgery again. The two weeks were very profitably spent. The final week of this study leave I visited various London hospitals, chief of which were Brompton Chest Hospital and Harefield Sanatorium. The work I saw was excellent and most stimulating.

After this period of study, I took ten days of ordinary leave, visiting friends in and around Birmingham. Most interesting was my visit to Stratford-on-Avon. I saw two plays, which I enjoyed thoroughly. Stratford itself looked lovely and I spent a glorious afternoon in a punt on the Avon river—basking in the sun. The only drawback was the difficulty of getting food. All cafes and hotels were packed and one had to queue for two hours to get a bit of food. Incidentally, the rationing in England is even stricter than before V-E day and they are truly deserving of a great deal of credit for their pa-

tience and forbearance over the past six years. After eating Canadian food again, I realize more than ever what the people of England are enduring and missing.

I finally left England on the 12th of August on the "Duchess of Richmond." We sailed from Liverpool on a perfect summer's afternoon and made the crossing in six days to Quebec City. We had nice weather except for one 24-hour period when I was indisposed due to the rough seas. We were very crowded on board and food was only fair—but no one complained because we were "coming home again."

We landed at Quebec in the evening—with the city all lit up, cannons firing from the citadel, rockets lighting up the sky, and whistles of the river boats tooting their welcome! A band and reception committee welcomed us very nicely in French and English. We did not disembark until the morning following. A through-train brought us back to Winnipeg in two days.

Thus the story ends!

I hope to see you in person from now on—so will just say au revoir.

Sincerely,

HERBERT MELTZER.

If education means anything, it means opportunity for overcoming weakness, not only of mind but of body.

Quiet minds cannot be perplexed or frightened, but go on in fortune or misfortune at their own private pace, like a clock in a thunderstorm.

—Robert L. Stevenson.

## Chemotherapy in Tuberculosis

By FRANK MARESH, M.D.

### Many Medicines Have Been Used in Hopes of Curing Tuberculosis

THE RECENT public interest in the announced success of chemotherapy in the treatment of pulmonary tuberculosis does not represent a sudden awakening of the masses but merely manifests a persistent hope which has excited human aspirations for more than two thousand years. In fact, it is fairly safe to say that chemotherapy in tuberculosis has been tried more intensively and over a longer period of time and collectively on more people than any other form of therapy. It is the oldest form of active therapy for the tuberculous patient, and in spite of repeated failures, seems to remain an attainable ideal. The desire for a chemical agent which may have a deleterious effect upon tubercle bacilli in a body but without any deleterious effect upon the cells and tissues of that body has been expressed by countless patients, the discovery of such an agent has been the hope of innumerable clinicians, and the search for the agent has been the aim of indefatigable research workers.

More than two thousand years ago Hindu scribes recommended arsenic powders for the treatment of pulmonary tuberculosis. In neighboring China, ancient writers describe the inhalation of metalloid dust as a form of treatment. The old Greek physicians used various potages without any degree of success. No one will ever know how many desperate patients in the past millenniums consumed unlimited volumes of vile potions merely because of an unsupported, non-traceable rumor that the potions may be beneficial in tuberculosis. And still in the year 1945 patients not only arrive at sanatoria

after trying extracts of roots, Indian medicines, infusions of herbs, or brews of leaves, but patients still leave the sanatoria (because they are not receiving medicine) to indulge in venomous concoctions whose only apparent merit seems to be a taste like a medicine.

During the early half of the past century, the science of chemistry revealed a long series of elements and prepared many compounds which found some application in an empirical way in the therapy of tuberculosis. However, the results were far from gratifying, for at that time the scientific medicine was first beginning to explain the course and the development of the disease in the human body, and the therapists were not certain about what effects they were trying to accomplish. They were guided principally by the reports given by the patients and by the conclusion at the autopsy that there was more healing in the lungs than there would have been had the patient not received the particular medicine.

When Robert Koch discovered the tubercle bacillus in 1882, the aim of chemotherapy became definite; it became the search for a substitute which would destroy the bacillus but which would not harm the tissues of the body. Bacteriologists soon found many substances which kill tubercle bacilli: phenol, lysol, lactic acid, malic acid, copper sulfate, etc. Gold cyanide, one part in two million parts of the body, will still kill the tubercle bacillus. Unfortunately, the human body will not tolerate many of the known killing substances, and the others which it does

tolerate do not have any lethal effect upon tubercle bacilli in tissues.

Robert Koch lived in the time when the laws of immunity were being formulated. He filtered the media in which tubercle bacilli were growing and injected these filtered solutions with the hope of producing antibodies or an immunity against tuberculosis in the body. Modifications of this method had worked very well in smallpox, in anthrax and in tetanus and later in diphtheria and typhoid fever. Koch's tuberculin was not a successful therapeutic agent, but the concept remains and has reappeared in a modified form as the BCG vaccine. It has led to the trial of such remedies as goat's milk and turtle serum.

During the past 50 years therapists have tried many substances arbitrarily: rare earths, thorium X, creosote, guaiacol carbonate, cod liver oil, lecithin, viosterol, glycerophosphates of calcium, iron and magnesium, chaulmoogra oil and its esters cholesterol, calcium chloride and gluconate thallium chloride, and sodium cinnamate. Simultaneously, in experimental therapy, students have tried mercury and zinc ions; mercurochrome, flavine compounds; and such dyes as trypan blue, isamine blue, pyrrhole blue, trypan red alone and in various combinations with iodine, iodoform, and metals. Indomitable chemists have given medicine a large variety of compounds, only to discard them and to invent newer ones when these compounds failed in their purpose of curing tuberculosis.

Chemotherapy in tuberculosis has been tried in another manner. Frequently tuberculosis occurs with other diseases which medicine can treat with chemical reagents such as quinine in malaria, arsenic, bismuth, and mercury in syphilis, sodium salicylate in rheumatic fever, digitalis in cardiac decompensation, liver therapy in pernicious anemia, insulin in diabetes mellitus, etc.;

but not any of these substances have had any direct effect on pulmonary tuberculosis.

In the past decade, potassium thiocyanate (used for lowering blood pressure), gold salts, cadmium salts, and sodium morrhuate have been tried. The past decade has given medicine such drugs as sulfanilamide, sulfathiazole, sulfadiazine, and innumerable derivatives useful in treating pneumonia, meningitis, etc. Many of these drugs have been tried in pulmonary tuberculosis, directly and indirectly, and except for sulfabamide, have not had any influence upon the course of the disease. From the sulphanilamides, clever chemists have produced a group of drugs called sulfones, which have retarded the development of tuberculosis in guinea pigs. Two of these sulfones, promin and diasone, have been tried in several sanatoria. A less toxic one, promizone, awaits trial; its parent substance, diaminodiphenylsulfone, has been tried to a moderate extent on tuberculous guinea pigs. Penicillin has not had any beneficial influence on tuberculosis.

In the June, 1944, number of the American Review of Tuberculosis, one Harvard bacteriologist describes the influence of sulfanilamide, sulfathiazole, diaminodiphenylsulfone, and salicylic acid on cultures of tubercle bacilli under a variety of conditions; another Harvard bacteriologist reports the action of fifteen chemicals; a San Francisco investigator tried sixty-seven different chemicals; a pharmacologist at Duke University repeats the study of iodides on tubercles in guinea pigs, and so the search and the pursuit goes.

At the present time, in a sanatorium, chemotherapy remains limited to the capacity of an aid. First of all, the patient receives the dependable and tried forms of treatment for tuberculosis; bed rest, fresh air, adequate nutrition, and perhaps some form of collapse therapy.

Chemotherapy is added to these forms of treatment. It is not possible to evaluate how much chemotherapy contributes and how much the other forms of treatment contribute to the patient's recovery.

The day of merely prescribing any remedy on the assumption that it may benefit the tuberculous patient has passed. Present-day medicine has reliable guides for evaluating the influence of a drug upon tuberculosis; it has the tuberculous guinea pig; it has the methods for detecting the presence or absence of tubercle bacilli in the sputum; and it has a record of signs of healing in periodic roentgenograms. The rest cure and collapse treatment have withstood the test of the latter two guides, and

before chemotherapy supplants the present forms of treatment, it, too, will have to be able to satisfy these two guides.

From this brief and incomplete sketch it may be evident that medicine has tried many substances in hopes of curing tuberculosis, that many patients have tried a much wider variety of substances with an identical hope, that innumerable investigators have sought such substances, that chemists have tried to prepare such substances, and that laboratories have tested such substances in tuberculous animals. The hope for chemotherapy continues to survive many experimental failures and persistent discouragement.—*The Beacon via SoCa San Piper.*

## Patients Must Learn to Live

By LAWRASON BROWN, M.D.

**I**T REQUIRES at least three or four years of curing and careful living to bring about a permanent arrest of the disease in most cases and it is well for the patient to know this as soon as possible. For years it has been recognized that time alone tells whether an arrest of the disease is only apparent or permanent. This the patient should know. It is one of the important letters in the spelling of permanent recovery. Most patients return to work long before their arrest is permanent. They should face the facts about this.

The patient should be educated for his future work, for work most of us must. Most relapses occur in the first two years after discharge from the sanatorium or treatment, so the value of such education cannot be over-estimated. Foolish play may be the cause in some cases but a large number relapse because they attempt to do more than their condition warrants.

The education of the patient has no end. It must be adapted to the individual. Adults with average intelligence deserves explanations of the whys and wherefores of the treatment. While he is under treatment the patient is really going to college, a college of health, where his daily tasks are allotted to him. He must learn them well for after a time he will leave this sheltered place, where all is made easy for him, and go out into the university of life just as does the college student. Then while he may seek aid from his professor (his physician) he alone must solve his problems by the knowledge he has acquired. If his education has been insufficient, he relapses, and discouraged, he seeks somewhere the treatment and knowledge required. But if it has proved sufficient, he passes on to ultimate, permanent arrest and, I trust, to a useful life.

—*The Happy Warrior.*

## YOU CAN SLEEP . . . if you want to

By J. P. McEVOY

(Condensed from *The Baltimore Sunday Sun*)

A well-known writer gives a simple formula for banishing worries and inviting slumber.

DO YOU lie awake at night, tossing and turning, hearing the clock strike two, three, four, before you finally drop off into exhausted slumber? I used to do that. But now I've learned the secret of quick, restful sleep. This is it: You can sleep—if you want to. It's as simple as that.

You lie awake because you want to lie awake. Don't tell me, "I go to bed and try to sleep but I just can't." Be honest with yourself. Do you really try to go to sleep? When worries crowd into your mind do you dismiss them—or dwell upon them? Do you think, "Gosh, that was a boner I made today . . . I must remember to do such-and-such . . . Maybe I'd better make a note of it. . . ." Honest now: are you wanting to go to sleep? Or are you wanting to stay awake and think?

Tonight try this experiment. Imagine you are taking down your thoughts in a notebook and that you must put them down carefully just as they come along. Start out by trying to think of nothing but sleep and going to sleep. Then note how many other thoughts keep interfering, and how only by definite effort can you bring back the thought of sleep—that you want to sleep. You will be surprised to discover the tricks your mind will play to keep you thinking about your worries, how it will dodge and twist to throw off the notion of

sleep like a slippery open-field runner shaking off a tackler.

Note one other thing—the most important thing. Whenever you are thinking about your troubles you are not thinking about sleeping. Whenever you are thinking about sleeping you are not thinking about your troubles. You cannot think of two different things at the same time. Thus, by concentrating on the mere thought of sleep, you can drive your worries from your mind. But you must first want to sleep.

"But that isn't easy," you say. "Worries pop into my mind and then I can't get rid of them. If you had my troubles . . ."

If I had your troubles and were as proud of them as you are—if I took them to bed with me as a child takes her dolls and hugged them to me and wouldn't let them go—they'd keep me awake, too. In fact, I used to do that very thing. I was writing and producing musical shows on Broadway, and anybody in that business will tell you there are tons of worries in it. They kept me awake night after night. And then I discovered that when I thought only of going to sleep I felt sleepy.

I used also a second and equally important technique. This is very simple, too, though it took me a long while to become proficient at it. It is the technique of relaxing progressively. My psychologist friend, Lucius Humphrey, told me—and I can tell you—all you need to know about it in a couple of minutes. The rest is practice. Don't try it a few times and then give it up.

With diligent practice you will become able to put yourself to sleep within five minutes whenever you wish.

Tonight when you go to bed make yourself as comfortable as you can. Take any position you like—the one in which you feel most completely relaxed. Close your eyes.

Now you are ready to start concentrating on the one thought of relaxation, progressing from one part of your anatomy to another. Think first of the muscles of your scalp, the top of your head, relax those muscles. Now concentrate on the muscles of your forehead. Feel the muscles sag. Now your eyelids. Relax them. They are so heavy you can't lift them. Now the muscles of your face. Let the muscles go. Your jaws—let them sag. Note especially your neck. Move your head around until your neck is so relaxed your head feels like a dead weight. Drop it—let it roll until it comes to a stop of itself. Go right down your back. Feel the muscles let go.

Let your mind follow down each arm, relaxing the shoulders, the elbows, wrists, each finger. Now consider the muscles of your chest. Relax them. Then your stomach. Let everything sag. Heavy. Heavy. Have you ever seen a window washer go down a large plate of glass with a squeegee? Visualize just such a squeegee going down your body, slowly, relaxing all the muscles as it goes.

Feel the heaviness of your hips—pushing against the bed. Now relax the muscles of each thigh, foot, toe. Slowly. Slowly. . . . You're asleep!

Maybe not the first time you do it. But if you are awake you won't be wide awake. And one more round trip from head to toe should put you under. Later, when you have practised this technique faithfully night after night, you will never finish the whole route—

you will be asleep long before that. Confidentially, I haven't got past my arms for years.

Don't give any thought to whether you forgot some part of the body. The magic lies not in any special order but in the fact that while you are consciously thinking of relaxing each part of your body you are not thinking about your troubles.

It works. I was once as proud an insomniac as you would ever meet. Now I can always put myself to sleep in a couple of minutes. You can do it, too, if you really want to.

### AMATEUR BROADCASTS

On Saturday, June 16th, CKX launched a series of Amateur Broadcasts originating from various Manitoba towns in aid of Tuberculosis Prevention. To date three such broadcasts have been aired, presented from Killarney, Virden and Neepawa.

The programmes, "Early Discovery, Early Recovery", are prepared and arranged by the Brandon Associated Canadian Travellers, who work with civic organizations in the various towns to arrange for talent facilities and publicity. The listening public is invited to telephone requests and donations during the broadcasts—10.15 to midnight Saturdays. As a result of widespread interest in these novel presentations a considerable sum has been added to the funds of Tuberculosis Prevention.

CKX personnel in charge of the broadcasts are Eric Davis, Programme Director, Equipment Supervisor Claude Snider and Announcer Ron Deacon, who work in conjunction with the A.C.T. in making these Amateur Broadcasts the great success they are. The project is the first of its kind to be attempted in Manitoba, and CKX is proud to be associated with the Brandon A.C.T. in this series designed to alleviate the sufferings of humanity. The series will be resumed this fall.—Manitoba Calling.

## It's Fun to Meet People

**F**EW ADVENTURES in life are more interesting than meeting a new person. He may be just plain Bill Smith from Jones' Corners, but your talk with him can be plenty interesting—provided you know how to get the kick out of it.

Suppose he *hasn't* any interests similar to yours; what if his conversation *does* seem limited and his manner unlike your own. Let him talk, while you listen. You will probably gain some very interesting information, and maybe you might even establish a new and helpful friendship.

During the past month we have been doing quite a bit of travelling, and we conceived the notion of trying some experiences along this line. Instead of sitting glumly in our train seat looking everywhere but into the faces of the people across from us, we commenced to talk to several of our fellow passengers. One very unassuming little man who looked rather timid and afraid turned out to be a representative of a big South African diamond firm and a 300-mile journey passed like lightning as we were enthralled with the fascinating details of diamond mining, polishing and cutting. Another man we chanced to talk to was an importer of textiles who had made annual buying trips to Europe for twenty years and could talk about famous European capitals with the same nonchalance most of us talk about our own neighbourhoods.

Of course, we don't always meet people as interesting as this, but everyone—right down to the humblest—has something to teach us.

Countless times, we have received helpful bits of information from farmers. Sailors, too, are always good for

an interesting yarn. And let's not overlook our returning servicemen either! The stories they can tell are not only full of interest, but their attitudes and reactions are very important for we civilians to know about. Most of them will appreciate a sympathetic talk.

Getting acquainted with people can become as exciting as an unfolding drama. Everything a person says or does partially reveals his or her character. If you are good at conversation, you can explore corner after corner of a person's personality until finally you come at his basic ideas and ideals.

If you're alert, it won't be hard to get some indication of a person's interests. Notice what they are reading, for instance. That is usually a good guide to a person's type. And the way he dresses may give you some clue to his tastes and possibly his business. To get him talking, make a stab at where he is from. People seldom mind this kind of approach.

Let the conversation flow on naturally from there, directing it into channels which will allow each of you to know more about the other. It will be a stimulating and helpful experience. And more . . . it will pay-off in terms of broader human understanding and mayhap valuable and helpful friendships.—*Ediphone-Voice Writing.*

It is not strength, but art, obtains the prize,  
And to be swift is less than to be wise.  
—Homer.

You are a partner in a great life-saving campaign when you buy and use Christmas seals.

## Manitoba Sanatorium

### West Three News

This has been a most momentous month for all of us and especially for your reporter. Imagine one person having a birthday and a car ride and hearing the official news of the Jap capitulation all in one day. Indeed and indeed, it was a marvellous few hours.

Marj. Burch would certainly echo that thought. Now she can write to her brother who has been a Jap prisoner of war, and soon, we hope, he will be on his way home.

We could wager Flo. Gadway felt it was a remarkable day too, for her mother, sailor brother and her two young sisters were here visiting. We know she looked pleased with the world and the people thereof.

To add to the general felicity, perms. have been the order of the day. As a result Mrs. McArgar, Frances Vaski, Mrs. Davies, Helen Braun and several others are sporting beautiful curls and the B.R. is strangely deserted at hair curling time. Can't even find anyone there to give us the news any more.

Mrs. Wallace in a whirl of excitement, and we do mean whirl, left us for a two weeks' holiday at her home somewhere in Manitoba. In the rush, we forgot our duty by you and neglected to ask the exact spot, but we do know her husband and young son will be with her. Nice, eh, what?

We welcomed Isabel MacKnight and Elsa Nelson from the glamorous city of Winnipeg, and Mrs. Rondeau from St. Leon, to our flat. May your stay be short and sweet. And that reminds us, last month we made a mistake in the spelling of Lucille's name. It's Jarem not Jarm. Maybe we should wash our ears before breakfast.

Lastly, we would like to say Many Happy Returns of the Day to Mrs. Aitkens. All the best people are born in August, aren't they, Aitky?

### East Three Flashes

With the coming of V-J Day, the big event of the past month, we should have a feeling of thankfulness that after nearly six years of strife, peace has come. Although there was no celebrating on our flat, there were some queer things done (maybe the heat was responsible).

M. Anderson—Wrote a letter to himself.

B. Leslie—Recited, "You're a better man than I, Mr. Gair."

S. Howatt—Talked all night.

R. Kahler—Knit backwards.

Fleury—Stayed at home.

B. Gilarski—Moved out on the balcony.

A. Wallis—Forgot to write a letter.

J. Kozier—Just gave a sigh of satisfaction.

Those who have joined our little group of late are Jim Wilmot and Melvin Kilfoyle, who were prisoners in Germany after Dieppe. We extend an extra hearty welcome to you both and hope your stay here will be short and pleasant. Also welcome to Mr. Carlson from Minnedosa and Mr. Woods, while Jim Bartlett came over from One for what I hope, Jim, will be a short stay.

Our nurses who have returned from holidays have a good coat of tan, and are really looking great—lucky girls!

Dave Gair visited Dr. Paine to have a few ribs removed, and after spending a short while on West Two is back with us again, looking better than ever. And Garfield Barber came in for adhesions,

but no luck, and so moved back to the Gordon.

"Uncle" Skuli Freeman moved out to the Gordon, while "Sonny" Fergusson took his departure for Number One. We miss you both—don't know why.

Those lucky ones who had visitors were Friedman, Wallis, Leslie, Derhak, Kowalski, Caldwell, Kilfoyle, Wilmot, Koziar, and Kahler.

### The Obs. Observer

Upon inquiring for news for *The Messenger*, I was greeted with an avalanche of suggestions—the odd one printable, the rest—well!

The excitement of V-J Day now being over, we are anxiously awaiting picnic day and keeping our fingers crossed for favorable weather.

The last few hot days drove us into the wards. The floor was nice and cool but oh, so hard! Those extra pounds come in handy at times, eh, Leola?

The only newcomer to the Obs. this month didn't stay long—housing and diet conditions being unfavorable. He, she or it was so handsome and such a pretty shade of green (it wriggled like any other snake, though).

Anyone suffering with insomnia is well entertained at night by ye olde sleep-talkers. You had better be careful or you'll be giving your secrets away.

Calling Gordon Cottagers! We have been wondering what it is that looks so attractive through your binoculars. Could it be the scenery or is it the hosiery?

Mrs. Bailey spent two weeks at home and Mrs. Olinkin a week in Winnipeg.

Several of our glamour girls got perms. this week and look even more glamorous than ever now.

Visitors have been numerous this month. Leola's little sailor brother was especially popular. Too bad sailors don't get leaves oftener.

### West One

To Mrs. Adamanchuk we roll out the Welcome Mat and hope her stay will be short and sweet.

Congratulations to Mrs. Hannah and Frances Forester, both of whom copped first prizes for entries submitted to their hometown fair—Mrs. Hannah for the beautifully tatted thirteen piece place set and Frances Forester for her lovely crochet doilie—or a reasonable facsimile, eh, Fran?

Congratulations also to Jean Frederickson, who added another notch to her year stick. Your birthday cake was delicious, Jean!

Laura Delamater seems to have gone in for horticulture this month. She has a nondescript looking plant (?), tree (?) shrub (?) that stands fully four feet high beside her bed. There has been great controversy as to whether it bites or kicks.

Is winter coming? We hope not for

## After the War...WHAT?

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

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

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

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

a while yet, but there is nothing like preparing for the inevitable. We see Rita Latimer sewing on flannel pyjamas—and when modeled—wow!

Helen Inglis came back from the city after a week's sojourn there.

"Curly Headed Baby" might well be our theme song this month with eight of our clan sporting new permanents.

Saturday night at eight you'll find them waiting for the bus that comes from Brandon. Would Rita McIvor and Mrs. Mona Hayden please enlighten us?

Florence Hayden, who last week was consuming quarts of milk to put on a few pounds, has decided to give up eating altogether this week. "I'm getting too fat."

*Overheard:*

First Patient: "I think I'll ask Dr. Paine if I can go home for a few days. I'd like some new clothes."

Second Patient: "Heavens! Must be something you ate."

### King Edward Korn

Your old "korn plasterer" is back on the job this month (I do stick, don't I?) and I would like to thank Mrs. Campbell for the grand job she did on reporting last month's news to you. I have to thank her this way because since she

## John Yellowlees & Sons

NINETTE, MAN.  
The Friendly UNITED Store

### MEN'S WEAR

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

We invite the patronage of  
Sanatorium residents.

called Miniota "Whistle Stop Station" I haven't been speaking to her. Miniota! the pride of the Assiniboine. No! that is unforgiveable.

It has been very quiet (yes, I said quiet!) around here this past month. Charlie Tisdale was the only new arrival and he no sooner gets moved in than he decides to take a trip into, the city. I hope you had a nice holiday, Charlie. Chuck Martynuk and Francis Downey spent a few days at their respective homes. Janet Townsend made a flying trip into Brandon to see her sister whom she hasn't seen for over two years. We are expecting her to make another flying trip one of these days but we don't think she'll be coming back the same day.

Otto Schutte and Garth Johnston were in for a check-up, as well as Rose Gottfred. Congratulations to the three of them on their good reports.

I would like to be able to express in appropriate words how I feel about the end of the war, but I'm afraid all I can say is how happy we all are that it is over and may it be a long and lasting peace.

### Gordon Cottage Calling

We have little to report this month. Charles Tisdale left us to take up residence in the King Edward. This vacancy was capably filled by Skuli Freeman, who came to us from East Three. At time of writing both of them are away to the big city holidaying and what not. We are looking forward, after the holidaying and what not is over, to hearing their reports, which should be highly interesting but probably unfit for publication.

Two of our group shared recently in the universal gladness occasioned by the return of overseas personnel. Tony Beaufoy spent a few days with a brother he hadn't seen for five years, and

Mr. Chipman was at home to welcome his son on his return from England.

By the time this appears in print the Gordon Cottage Players will have presented their blood curdling drama "Madame Dracula" and "The Heavenly Twins." As we write this "Bulgy" Ball, "Big Boy" Brown, Ross and other members of the cast feverishly are practis-

ing their parts to the amazement of Miss Willoughby, who cannot understand what is going on.

Not satisfied with this, Brown, Menzies and other musical maestros are busy preparing their musical contribution to the programme. The cottage, in other words, is a hive of industry. Temperatures are high.

## St. Boniface Sanatorium

### Ici St. Jean

Once again it is time to record the many adventures of the bevy of valetudinarians of the old school.

The nursing staff has seen a slight change. The day staff of Miss Bailey and Miss Canvin has been augmented recently by Mrs. Darrach. On nights, Miss Grant stands on the podium. Our orderly, Tommy, completes the staff.

Two fellows realized their object on V.-T.B. day and have gathered their belongings for a trip home on a one-way ticket. Les. Turner and Bob Couture are the lucky ones and we all wish them a brighter, healthier future.

It's good to see Rene Lelievre up and around again. He can really beat up on his room-mate, Bobby O'Halloran, if he gets out of line now. Mr. Berard and Mr. Przybylski have been busy writing exams. Most of the fellows take a holiday from courses during July and August, but not those two.

Mr. Anderson has had his cast taken off and is now able to sit up. Mr. Riggs, noticing the change, has taken to reading books on the art of self-defence.

Rene Marty had the good fortune to get a pass, as did Mr. McDonald. The other occupants of the balcony, including Messrs. Stewart, Morrison, Galbraith and Rollick are all grounded.

Bill Wingfield got on the scales and when asked how much he weighed, said nonchalantly, "Oh, about 106." The scales showed 160, but who's going to argue for 54 lbs. Chas. Nichols has a rival in the "On To Moscow" society. Mr. Cornes has been seen lately taking up the cry. Mr. McFarlane and Mr. Einarson are taking life easy in 110. Across the hall in 109, Messrs. Smith, Harpe, and Russell hold down the beds.

There is a new face in 112, that of Thos. Mackie (the Rt. Hon.), who vacated 111, leaving Mr. Pfeifer and Tommy Milne. Joe Stewart, whose motto is "Fifty and ten for well-groomed men," has ventured forth into the leather industry. He has learned all the terms—skive, gusset, etc., and is now eligible to start work. Art Kelbert had himself a week-end and came back none the worse for it. Dr. Povah and Fr. Adams complete the roll call for this month, so we'll say "So Long." For further details, we suggest you read your local newspapers.

**LALLEMAND'S**  
*Yeast*

### ST. LUC

Well, guys and gals, after the short vacation we had last month I'd say it's about time we got busy on some of the news and views of the flat. Possibly a better name to use would be "gossip."

To start the ball rolling, we should like to say that though these few lines might not please a certain individual on the flat, we should like to extend our appreciation for the way this column has been handled in the past.

Of course we could be wrong, but we were always under the impression that a young man's heart turned to thoughts of love in the spring of the year. However, we're afraid a certain young fellow on the flat has changed this routine a little. Here we are in the middle of summer and we have a budding romance on its way. Be careful or the love-bug will get you. Of course Youville wouldn't know anything about this romance, would they? Never mind, Frenchy, we won't tell Minnie, but we're afraid that someone else is beating your time.

We don't know whether or not that was a compliment that Youville threw at our musician, but by looking over last month's write-up we'd sure say they took notice. They'll be happy to know that at the time of writing he has doubled his repertoire—now he knows two songs.

The only new arrival to our flat this month is a new canary. While we're on the subject of canaries, I think Sister O'Hara would appreciate some assistance. She seems to be having a little trouble distinguishing between the males and females, so come on out of your hiding you lovers of birds and lend a helping hand. With birds flying on high it would probably be a good time to mention something about a supposed guinea pig we had running around the flat. We wonder if Miss Minnie Zdan has managed to locate it

yet. The last we saw of her she hadn't met with very much success.

With Dr. Mason on the loose we're afraid Sinatra boy is going to get some pretty stiff competition. At least by the chatter the chicks give out with we'd say he's quite a man. We can't very well give you our honest opinion—it would give the censors too much work.

We hope Dr. McTavish will enjoy his visit with us, but we hope we don't have to keep an eye on him like we do Dr. Mason. We also hope he can wield a good needle. Of course, practice makes perfect, doesn't it, Dr. Mason?

Mr. Brisky must be planning to open up his own plastic manufacturing company. At least we'd say so by the amount of work he's turning out. He's really been working overtime, but he has some lovely things to show for his efforts. Keep it up, Brisky, one never knows.

Thanks to "205" we manage to keep up with the latest song hits of the week. It's too bad a few more people on the flat wouldn't appreciate good music when they hear it and stop worrying about their own troubles so much. Things are never so bad that they couldn't be worse. Thanks a lot, boys, and keep it up. Some of us appreciate good music—not that you're worrying about who likes it and who doesn't.

**Jerrett**

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Mary says they're baby's rompers she's knitting, but of course we have our own ideas on the subject. The boys are just curious, that's all.

Well, we guess it's about time we got away from some of the gossip and got on with the new routines for the month. To start the ball rolling, we have Mr. Warenko and Mr. Ritchot on routine 4. That's a start, boys; keep it up. A little higher up on the ladder we have Messrs. McDonnell, Brisky, Simpson, Richard, and Saher on routine 5. A little word of advice, if you don't mind. Don't get carried back to bed like a certain young chap on the flat did. Those nurses aren't so soft, are they, sailor boy? Do you think you'll ever live it down, Simpson? Still higher up the ladder we have Mr. Garbolinski on routine 10 and he's happy about the whole thing. But then who wouldn't be?

The lucky boys who managed to get a leave of absence this month were Simpson, Pubihunski, Allison, and Sanderson. Nice going, boys. After a short leave in the outside world Mr. Peters is again in our midst. We hope it won't be for long, Peters.

Congratulations go to Lacouette and Kendyfore who were discharged and are now home. We sure hope they're there to stay.

We've had a few changes in our nursing staff this month. Miss Zaleski is taking Miss Anneck's place, who is now

working with the Youville girls. We wish to welcome two new nurses to our flat and also to the nursing staff of our happy home. We hope you like working here, Miss Zens and Miss Laroque. Taking Miss Friend's and Miss Robertson's places on nights we have Mrs. Gerrie and Miss Norman. We understand Miss Robertson is back in our midst and is working at the Annex. What's the matter, Robbie; was the outside world too much for you? Where Miss Friend is we don't know.

We wish to extend our congratulations to Miss Norman, who looks very smart in her new white cap.

Well, gang, that's about all the dirt we could sweep up from around the flat for this month. Till we see you all next month, keep the old chin up and keep smiling.

### Annex

Howdy, folks! It's the Annex again, after all the excitement of V-J Day we finally managed to get around to report once more.

Our newcomers are: Miss E. Stag, Miss A. Ferland, Miss A. Sanderson, Mrs. Star, Mrs. Lebutte, Mr. J. Moar, Dick Halcrow, and last but not least Mr. Dennis Johnston—age five—from Winnipeg. Hope you like it with us, Dennis. Plenty of luck to you all and a speedy recovery.

Annie Ferland started pneumothorax and is doing real well. Good going, Annie, our best wishes are with you. Also with Dorothy Richard, Gerald Sinclair, and Joe Guiboche, who had their tonsils out. Keep smiling!

Kay Richards had a short leave home when her brother, Clifford, returned home from a year and a half of overseas service. It was swell seeing him back, wasn't it, Kay? Mr. O. Guiboche was out on leave too.

Congratulations to Miss Bergen on receiving her cap.

Discharged: Miss K. Boubar and little Lena Paul. Good wishes and the best of luck to you both.

We all miss Sister Lane, who left on retreat for a short while. Sister Perry is still as busy as ever, also our orderly, Louie.

New Routines: Mrs. L. Thomas, R. 5; Mrs. G. Olsen, R. 5; F. Balfour, R. 6; M. Gaudry, R. 8; K. Richards, R. 10; Charlie Sinclair, R. 5, and Geo. Knight, R. 6. Congratulations!

In 317 we see Mae all decked out in beautiful roses and gladioli. Some say they are from a soldier in some foreign country. Hmm! Is it true, Mae? Speaking of soldiers, Annie Ferland's brother, Donald, just got back from overseas, too; which was probably the reason for all the dolling up in some certain wards. (You better watch him, Annie, he's too good looking.)

New cast patients: Ann Cote, Geo. Knight, and Mr. O. Guiboche. We see little Marie Vandell and Bruce McLeod back in casts, too. Best of luck to each one of you.

Congratulations to Ann Loyer and Ann Cote on their seventeenth birthdays and to Geo. Sinclair on his sixteenth birthday.

Time waits for no one, so we'd better get moving; be seeing you all again next month. 'Bye now and good luck!

### Ste. Therese

Nellie started pneumo, now she's back in bed

But the last time I saw her she was standing on her head.

Seems Honey was the cause of it—when she got routine five

Nellie helped her celebrate, result was jazzy five!

Lee Russell was a lonesome chick for days numbered six

'Cause Rhoda went a-hootin' off to her homestead in the sticks.

Hi, Munroe and Norah! How are you today?

The old place doesn't seem the same since you two went away.

Initiations seems to be the order of the day,

These gals have come to take the place of those who went away:

Mrs. Jean Mazerowich, Miss Myrtle King and Mrs. Jenkins, Mrs. Seatecki and Mrs. Gratton.

Ina Blake gained back her routine, Now tending the posies each morning she's seen.

As the last bell goes, saying breakfast is here

That's when "Gregor" with soap and towel will appear;

While Mrs. Lynn who gets up at dawn Sits in her bed with a big grin on.

To know what the future holds was Alice's great desire

So a magic Ouija board she managed to acquire.

As she learns our secrets one by one, we shudder and retire

For who would dare to say aloud—that Ouija is a liar!

Mrs. Dubas sits and knits on little baby things,

Quite amazing all the hopes that routine four brings!

The biggest box of flowers that ever raised a "Whee"

Brought Elsie love from hubby who is far across the sea.

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Mrs. Lauridson, Holms and Ellis—three  
of a kind they be,  
Waiting for one another to jump from  
routine three.

The Ouija board said Bjorg would get  
a pass out in September—  
She hopes the doctors hear of it and  
that they will remember.

Now she has it, now she hasn't—keeps  
us in a flurry,  
Stella and outdoor exercise — worry,  
worry, worry!

Two figures emerge from the gloom of  
the hall,  
Romund so short and Lemaire so tall.  
Keep your transoms plugged and key-  
holes too,  
For this Mutt and Jeff pair may be  
after you!

Mae a pair of pyjamas made and, oh,  
they are quite classy,  
Anyway they'll do for a while to cover  
up her—chassis.

Beth got supplies to build a house but  
all of her plans fell through,  
So she's more than willing to send her  
supply of extra shingles to you.

For a wheel-chair taxi Helen used to  
wait,  
Now she's on her own—she has routine  
eight;  
While Joannie wee and Lindy so tall  
Await the day they march down the  
hall.

Up to the hall—footsteps creeping,  
Don't be frightened—Mondor's keeping!

Miss Perron decided she needed a holi-  
day to go and catch a fish,  
It seems the "North" and all it holds is  
really just her dish.

Now there's our Andy just come back  
from visiting Ma and Pa,  
She's very busy charting things and  
has no time to jaw.

Mrs. Grant always does her part  
With a cheery smile and "Hello, sweet-  
heart."

Down a dark alley Miss Lasko went,  
She stepped on a cat and gave it a dent.

Miss Norman is one of a twin, we are  
told,  
We've not met the other but on this  
half we're sold.

Now this is all of our merry crew,  
So we'll wish you luck and bid you  
adieu.

### Youville Yodelings

#### YES, YOU DID IT

Did you think before you faced it that  
you couldn't live it through,  
And the task the morning promised  
was just more than you could do?  
Did you lie awake till daybreak in a  
fretful sort of way?  
Now you have it all behind you and it  
wasn't bad you say.

Did you fancy that the burden was far  
more than you could bear?  
That to pile it on your shoulder seemed  
a little bit unfair?  
Were you sure you'd fall beneath it,  
ere you'd journeyed half the way?  
Now you're boasting that you did it,  
looking back at yesterday.

Oh, there's no escaping failure! Every  
fellow at the top  
Has been bumped and bruised times  
over, and for breath has had to stop.  
For the greatest of successes, looking  
backward, can recall  
A dozen happy triumphs when there  
seemed no hope at all.

Nurses this month are as follows:  
Miss Hiron on nights; Miss Carberry,  
Miss Wallace, Miss Gerbrendt, Miss  
(c'est bien chaud aujourd'hui) Anneck,

also known as "Giggles," and last but  
not least Miss (leave us not talk about  
it) Arber, known to many as "super-  
visor of noises," and a good one at that.

We lay the welcome carpet out to:  
Miss Gratton, of Ste. Agathe; Miss  
Romas, of Winnipeg; Miss Christiansen,  
from Ste. Therese. Good luck, girls,  
and don't stick around too long.

Until next month rolls around again—  
Cheerio.

### St. Boniface Clinic

#### O.P.D. Chatter

A column should start off and read  
like a good book—dry at first. Says  
you, he's not kidding—we've had the  
dry part; now give. Here it is:

Miss DePap has taken up permanent  
residence in Victoria, B.C., but even  
though she left without warning or  
notification to us Gentlemen, she has  
not forgotten us. To all you guys and  
gals, our doctor and all those on the  
staff she sends her very best regards.

Mrs. Tarro is Sr. Droftenza's right  
arm at the desk. I misspelled her name  
in last month's MESSENGER for which  
I'm sorry Mrs. Tarro, but just think  
of the job the Editor has trying to  
make up this column.

We have Mrs. Clark, a fellow patient  
and member of Johnson's Academy, as  
"Wolf" Riggall so aptly called it, who was  
an ex-nurse at our Clinic and is now  
back at nursing again. Yes, sir, it is now  
"Mamma" Clark. Says Mamma "he's  
just like Daddy"—you guessed it, it's a  
boy!

Then of course, we have our "Good  
Father Shulist" who, with all his pro-  
fessional poise, found it impossible to  
prevent a shadow of a smile from  
showing on his face when young Johnny  
Radons said, "you know, the lady doc-  
tor giving pneumo goes a lot easier on

the men than on the women." Then,  
turning to that man of the world,  
Chaloner, still in all seriousness, he said,  
"well, gosh you ought to be able to  
figure it out."

Then we have our farmer gentleman  
Andrew C. Martinuk and our good old  
Nick Markusa haggling about whether  
Andrew is supposed to deliver the  
cucumbers (which had already been  
given him) to Nick's house. But then  
Andrew doesn't know Nick!

New among us is Mr. Andy Rentz.  
What was it Kay Wally said, oh! yes,  
"not bad, not bad at all."

Then there is Louise Maitland back  
with us after a long visit. "What hap-  
pened Louise, I thought you would  
make a better Mountie than that?"

Then there is our one and only Freddy  
Devlin who just became a recent mem-  
ber. Good luck Freddy. The best of luck  
to P. Semako another brand new fel-  
low patient.

Sr. Droftenza's brother Victor is back  
home from Overseas service. To add to  
Sr.'s delight, her Mother who came  
from Saskatchewan for an eye opera-  
tion is doing well. We are all very glad  
for you Sr.

Oh! yes, Mrs. McKay is replacing  
Miss DePap as, shall we say, historian

We shall be seeing you again in next  
month's MESSENGER.

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## King Edward Memorial Hospital

A beautiful day and plenty of fine music, supplied by the military band from M.D. 10, was enjoyed by a large number of the patients and their visitors on Sunday, August 19th. Mrs. Wildegoose was very busy wheeling some of the less active people to shady spots under the trees. The band marched to the front of the Edward and played several pieces for the folks who couldn't leave their beds.

This month the welcome mat is out to Mrs. Dickson, Messrs. Kennedy, Prince, Flavelle, and Merneau. We hope you will all be happy during your stay.

Mrs. J. Chapman has left to make her home in Vancouver. She finds it quite novel to pick apples without keeping one eye on the gardener. Messrs. Muzychka and Demchuk left for their homes in Winnipeg.

Victory Beach is being patronized by a select few this season. The gateway is guarded by Nicola, armed with a large nippy sting-a-nettle. The members can enjoy a lovely landscape while they dabble, rest their tired wrists or roast their corns on the cob at one and the same time. Nicola is planning a super picnic. Everything barbecued (even the guests), beer for the patrons who don't care for coca-cola, water for the old ladies, and dogs and plenty of "kuhasa" with dill pickles. The pickles will be supplied by the new factory on 1st Avenue. The Keer-Kail and Bake Corporation specialize in the finest dills, onions or just pickles.

We have all heard of people who break an arm patting themselves on the back but to dislocate a jaw while munching a steak sandwich is a very

serious matter. Think of the embarrassment explaining the dislocation was caused through eating and not for any other reason. It was no fault of the sandwich, which contained only the finest "beauf." It may have been due to the voracity with which the said delicacy was attacked.

Even if he does work for the P.O. and gets his stamps wholesale price and his note-paper from a hotel lobby, a special delivery letter is a large extravagance. When it is added to a huge bouquet and a box of the finest "Pics" (all in one week) would you call it "parental affection"? That is how Ann B. explains it.

Surrounded by vile phials and re-torts, her glasses on the end of her nose and the gleam in her eye concentrated to a fine point, there sat Dots Watts guarding a row of little numbers. In came the corned beef and cabbage, but Dots still continued—"fifteen, ten," etc., exactly like a rugby coach on his holidays.

Bette, deciding the view was much more educating from the windows of 211, moved in—bag, baggage and half a dozen strange cactus plants. Now our visitors gaze with awe and softly ask, "What's that?" and we never really know if they are gazing raptly at Bets or the various cacti.

The green-eyed monster has reared its ugly head. Those dreadful characters, Bud (who is rapidly developing into a blossom of some mean species),

### DRINK MORE MILK

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## LETTERS

To the Editor:

I wish to express my sincere thanks to Dr. Campbell, the Matron, Nurses and the staff of the Dynevor Indian Hospital for their kindness and care shown me during my stay there.

I wish all my San. friends a very speedy recovery.—Sincerely,  
CHARLES MALCOLM.

Reedy Creek P.O., Man.

To the Editor:

Sorry I've been so long in sending my subscription in to *The Messenger*. I wouldn't want to miss an issue of it now as it always contains valuable information at all times and of course it keeps one in touch with Sanatorium doings.—Sincerely,

(Mrs.) GEO. MITCHELL.

Box 203, Rivers, Man.

To the Editor:

May I take this opportunity to express my sincere thanks and appreciation to the Reverend Sister, doctors, nurses and fellow cure chasers at the St. Boniface Sanatorium for the excellent care and kindness to my husband during his illness.

Sincerely,  
(Mrs.) ALDOUS BROW

Boss—"I'm surprised at you. Do you know what they do with boys who tell lies?"

Office Boy: "Yes, sir; when they get old enough the firm sends them out as salesmen."

\* \* \*

Virginia—"I hear the chief of police is going to try to stop necking."

Dott—"I should think he would—a man of his age."

Ole Bill (who will be looking for a better 'ole shortly), Jimmie (he barks like a Great Dane and begs (?) like a Peke), and Johnny (the unspoiled child of nature) have been receiving too much attention (the thing you have to stand at or pay for), also taking up too much time (that stuff we have plenty of). The poor lad who *isn't* receiving enough "time and attention" should apply on 2nd, where the two commodities are always at a premium.

Little Maudie E. returned from her holiday declaring a month wasn't half long enough for all she had to do. Trudy Le B. is having clam trouble. After rearing Clarence to believe this is a friendly world to live in, Skippy discovers his taste has always been seafood and licks up that lovely mollusc completely. Charlie (not to be confused with the one belonging to Maudie) brought home Clarabelle (a bigger and better clam) for Trudy. Aunt, erroneously misled by the odor, promptly buried C. the C. in the garden, but Charlie to the rescue! The question is now, "Will this clam ever be chowder"?

My father calls me William; mother calls me Will; sister calls me Willie—wonder what Isobel calls him?

It is a little late in the season for gardening, but harvesting is very good. Big bags of the very finest vegetables now adorn the suites of the "Three Little Maids of Lee." Shades of lumbago and suffering muscles!! Miss S. has so far to bend, Miss C. just should never bend, and Mrs. A. had to carry the loot.

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## Sit There, Please

A girl who went out with a sailor realized ten minutes later that he was A. W. O. L. F.

\* \* \*

### Didn't Know

On a British warship in the North Sea there was a sudden cry: "Man over-board."

At once the captain shouted: "Throw out the buoys."

A new Irish recruit seized a couple of lads and threw them into the sea.

"You ass!" roared the Captain, "I meant the cork buoys."

The Irishman retorted: "How the devil was I to know whether they came from Cork or Belfast?"

\* \* \*

The M.O. had examined the recruit and was filling in the History Sheet.

"That's everything except the sputum test," he said. "Just expectorate in one of those little bottles on the shelf at the far end of the room."

"What do you mean, doc?" asked the recruit with a funny expression.

"Spit in one of those bottles on the shelf at the other end of the room."

"What! All the way from here?"

\* \* \*

Old Friend—Where have you been the last few years?

Student—At college, taking medicine.

Old Friend—And how do you feel now?

\* \* \*

A sailor standing on deck beside a landlubber was making casual conversation as the boat neared the end of its journey.

"I guess we've dropped the anchor," said the sailor.

Replied the landlubber, "I knew we'd lose that darned thing. It's been hanging out ever since we left New York."

This is the story of Johnny McGuire, Who ran through the streets with his trousers on fire.

He went to the doctor and fainted with fright

When the doctor told him his end was in sight.

\* \* \*

When God gave out brains I thought He said trains and I missed mine.

When He gave looks, I thought He said books and I didn't want any.

When He gave out noses, I thought He said roses, and I ordered a big one.

When He gave out legs, I thought He said kegs, and I ordered two fat ones.

When He gave out ears, I thought He said beers, and I ordered two long ones.

When He gave out chins, I thought He said gins, and I ordered a double.

Boy, am I a mess.

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