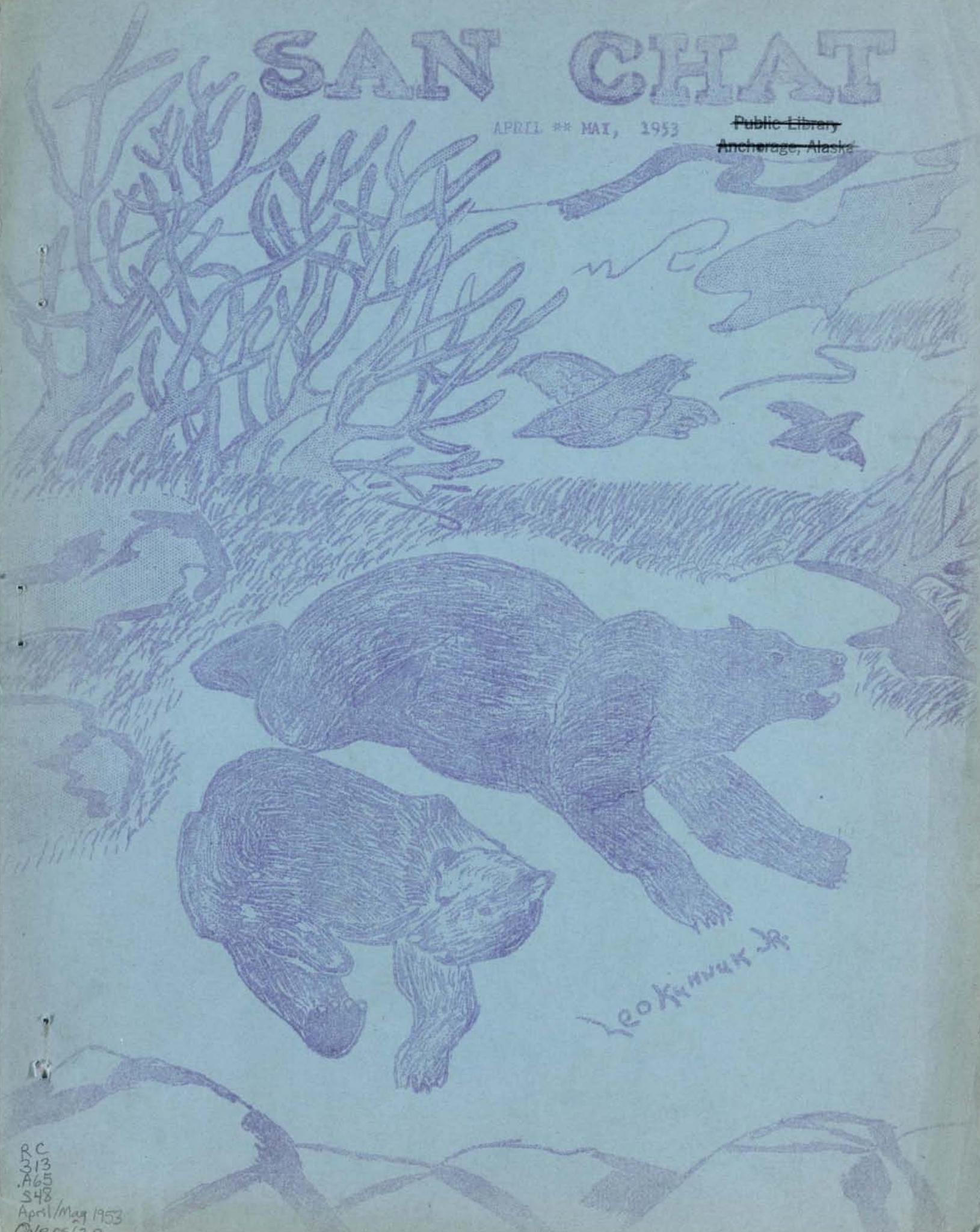


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# SAN CHAT

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SEWARD SANATORIUM  
BARTLETT  
TERRITORY OF ALASKA

Seward Sanatorium is operated by the Woman's Division of Christian Service of the Methodist Church. Patients are hospitalized on a contract basis. The Alaska Department of Health, Alaska Native Service, Veterans Administration, and United States Public Health Service hospitalize patients here at a standard per diem cost. The Woman's Division of Christian Service makes a sizable contribution annually in helping to bear the cost of operating the hospital.

MEDICAL STAFF

Francis J. Phillips, M.D., F.A.C.S., The  
Board of Thoracic Surgery.....Medical Director and Thoracic Surgeon, ADH  
Shih-Shun Chao, M.D.....Tuberculosis Clinician, USPHS  
Joseph B. Deisher, M.D.....Thoracic Surgery Resident, Part Time, ADH  
Jack H. Hittson, D.D.S.....Dentist (Pro-tem) ADH

CONSULTING STAFF

C. Earl Albrecht, M.D.....Commissioner of Health  
Charles L. Anderson, M.D.....American Board of Neuropsychiatry, ADH  
John A. Carswell, M.D.....Deputy Commissioner of Health, ADH  
Milo H. Fritz, M.D., F.A.M.A.....E.E.N.T., Board of Ophthalmology and  
Otorhinology  
Karola Reitlinger, M.D.....Tuberculosis Consultant, ADH  
Merrit P. Starr, M.D.....Cardiology and Internal Medicine  
Wm. B. Macomber, A.B., M.A.....Clinical Psychologist, ADH  
Edward T. Blomquist, M.D., F.A.M.A.....Chief, USPHS, Anchorage  
Norman D. Hall, M.D., F.A.C.S., F.A.M.A.....Physician and Surgeon  
Max R. Williamson, A.B., M.S.W.....Chief, Territorial Vocational Rehabilitation  
Mary Lou Frawd, A.B., M.S.W.....Psychiatric Social Worker, ADH  
E. L. (Bob) Bartlett.....Alaska Delegate to Congress  
Maxdm Schapiro.....Concert Artist, Impresario

ATTENDING STAFF

Russell M. Wagner, D.D.....Contract Veterans Dentist

ADMINISTRATIVE STAFF

Paul W. Nelson, B.S., M.H.A.....Administrator  
Ruth Murrell, R.N.....Treasurer  
Ada A. Stuart, R.N.....Director of Nurses  
Frances W. Clark, R.T.....Xray Technician  
Keturah King, A.B., M.S.W.....Medical Social Worker  
Grace V. Uehler, A.B.....Rehabilitation Counselor  
Suzanne Hayward, B.S., A.D.A.....Dietitian  
Helen Friebe, B.S., A.D.A.....Dietitian  
Diana Mackay, R.T.....Laboratory Technician  
Margaret Waterhouse, R.T.....Laboratory Technician  
Florence Ayles, R.N. R.P.T.....Physical Therapy (Part Time)  
Elizabeth Hittson, A.B.....Dental Technician  
Chrystine Meredith Rouse, A.B., M.A.....Director of Recreation

VOLUNTEER STAFF

Mrs. Ray James.....Chief of Staff, and  
Ward Three Librarian  
Mrs. Bob Muller.....Ward Three Librarian  
Mrs. Charles Malin.....Ward Two Librarian  
Mrs. Victor Mahan.....Ward Two Librarian  
Mrs. Esther Chipman.....Ward Two Librarian  
Miss Sarah May Garrett.....Ward Two Librarian  
Mrs. Norman Hall.....Ward One Librarian  
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Mrs. Fred Brossow.....Ward Four Librarian  
Mrs. Robert Lintz.....Ward Four Librarian

# San Chat

MEMBER OF THE ASSOCIATED EDITORS OF TUBERCULOSIS PUBLICATIONS

SEWARD SANATORIUM

1953

BARTLETT, ALASKA

APRIL

HOSPITAL DAY, MAY 10

MAY

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patients receive one copy free.

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## SENTENCE EDITORIAL

If you work for a man, in Heaven's name work for him, and that goes for an institution, also. If you are paid wages that supply your bread and butter, work for the man, or institution, who pays them. Work for that man, or institution, with every thing you have, speak well of him, think well of him, stand by him, and stand by the ideal he represents.

If we are working for Seward San, then in Heaven's name let's work for it! Let's work for Seward San and everything it stands for, not just part of the time, but all of the time. Let's give it our undivided service or nothing!

If put to a pinch, everyone knows that an ounce of loyalty is worth four pounds of exquisite cleverness!

If any of you must condemn, vilify, criticise, and eternally disparage what goes on here, why, resign your position, leave, and when you are outside, then damn the place to your heart's content.

But, I pray you, so long as you are a part of this institution, do not condemn it. Not that you are likely to injure it in any way—oh, no, not that—but when you gripe, and criticise, and condemn something of which you are a part, you are only disparaging yourself, knocking yourself to pieces!

HOSPITAL DAY  
- MAY 10, 1953 -

Hospital Day has arrived again. This time there is even more to write about.

Rehabilitation has become an active financed program at last. No longer will we be dependent upon volunteer workers for the folks who want to learn to do a new job. We owe a great deal to the volunteer workers in the past. Their efforts did much to make it possible to convince the legislature that rehabilitation was a good practical idea. Even though the total amount asked for was decreased by the currently retired legislature we did get something and we will be able to go ahead with a program. The warehouse is being made over into a sheltered shop. Another milestone in progress at Seward Sanatorium.

Already we have established a Board of Directors who will watch over and manage the SEWARD SANATORIUM VOCATIONAL REHABILITATION CENTER. They consist of a Medical Consultant, Vocational Counsellor, Functional Recreation Director, Medical Social Worker and Administrator. These constitute the on-the-grounds directors.

A patient council has been organized. New ideas are coming from this. New ideas are going to the members of the council. It is a good give and take group. Much hope is placed in the help of such a group.

Orientation booklets have been finally finished. A rules and regulations with explanations is what the book really amounts to in this case. It has taken much time and study to get this completed. Our hospital requires rather different rules in some cases. Some of our rules are pretty strict. They are so because we want all our patients to get well. Getting well is serious business.

Along with the orientation booklets for patients, colored pass cards have also been put in use. These prevent misunderstandings and insure recognition.

In the past hospital year, we have been especially fortunate in that several pharmaceutical houses have contributed new medicines to us for clinical trial. We have made good use of them. Several of our patients have benefitted from the study we made on the use of certain blood building vitamins. We have learned a little about isonicotinic acid hydrazide. Some patients are now getting better as a result of that drug. We hope to do even more for you patients. As new drugs come out and have any probable value we will get them.

The Adams type thoracoplasties have been quite successful. All patients for whom the operation was chosen as the treatment of choice have benefitted. Many have had sputums converted to negative. One has gone off to the States to school. Our surgery nurse has just returned from a vacation in Scandinavian countries. Now we will get to work again. One patient has gone to his home in Seward. This operation is a very worthwhile addition to our treatment program.

The San Chat is getting bigger all the time. This time it is made up of two months writings. Part of it is written for the people who will visit our Sanatorium and also the people who will want to learn more about our Sanatorium. Usually, the San Chat is written primarily for the patients. We hope you like it.

Dr. Phillips

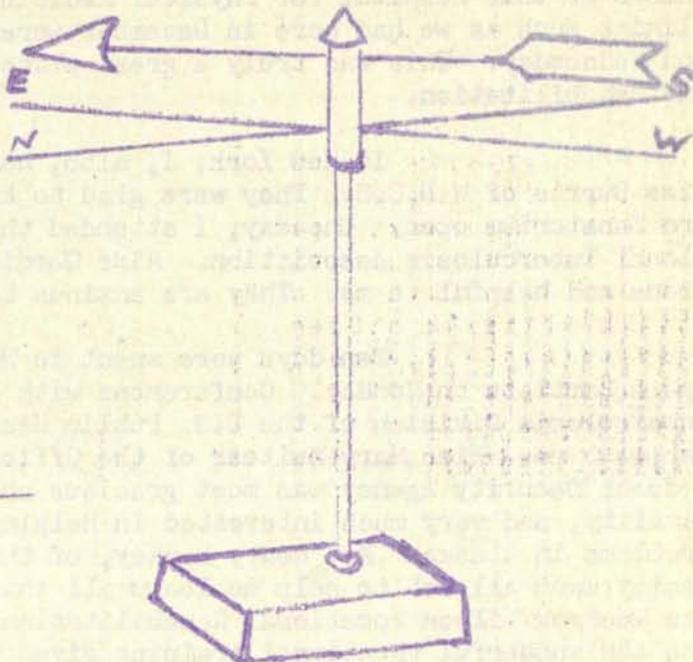


Dr. Francis J. Phillips, Medical Director of Seward Sanatorium, as portrayed in a pencil sketch by patient artist, Noah Phillips, of the San Chat staff. Dr. Phillips who came to Seward San as medical Director in June of 1950, is a member of the Board of Thoracic Surgery, A Fellow of the American College of Surgeons, and a member of the American Trudeau Society.

Before coming to Seward, Dr. Phillips served as Thoracic Surgeon at Sanatoria in Shreveport Louisiana. He served as Thoracic Surgeon at the Veterans Administration Hospital at Temple, Texas, and was Superintendent of Marquette County Hospital at Marquette, Michigan. He spent a year as instructor of thoracic Surgery at the University of Chicago Medical School.

Dr. Phillips also served his country for five years in the Army Medical Corps during World War II. Eight months of that time he spent on Atka in the Aleutian Islands. Noah Phillips, who copied the above sketch in pencil from a small snapshot of the doctor taken in uniform said, "I like Dr. Phillips in that uniform."

Dr. Phillips attained the rank of Lieutenant Colonel before he was separated from service.



As usual there is too much to write about for the space in the San Chat.

The month of February I used in travel and attending clinics Outside. Also, spent some time at Juneau. Believing that the care of the teeth of the tuberculous patient is a very vital part of the treatment program, this time appeared to be the correct time to try to get something done about a dentist. To be sure, we have Dr. Hittson here at this particular moment. How long he will be here we do not know. The local dentist downtown has a long waiting list. We can't hope for much help from him. We were sorely disappointed and psychologically confused that the Dental Board of Alaska should have flunked Dr. Hittson on his Dental Board examinations last summer. All of you who have had dental care done by him seem to have no complaints. Well, anyway, we think he is a good dentist. As a result of the efforts of Dr. Lee McKinley, and a few others, it has been possible to have some liberalization of the Dental Board examination by enactment of a new Dental Law. We hope this helps us solve our dental problems here at Seward Sanatorium. That was one of my projects on my trip Outside.

Three days were spent at the University of California at a Seminar where the best lung physiologists in the country gave lectures and demonstrations on the new methods of studying the breathing apparatus, the lungs, in our bodies. This was a very intense course, but very informative. While there, I saw an artificial kidney at the Palo Alto Naval Hospital. Patients with severe burns, or kidney injury, are connected to this apparatus from an artery and a vein in the arm and have their blood purified over a period of several hours.

After three days there, I made an overnight trip to New York City to attend a five day Institute on Physical Medicine and Rehabilitation at the Institute for Physical Medicine and Rehabilitation of New York University. There, I met Dr. Howard Rusk who directs this great Institute. Also, many other famous doctors and workers. This was the most enthusiastic group of workers that I have

Cont'd next page.

ever seen, anywhere. Handicapped people are really being rehabilitated there. Long time bedridden heart patients have been taught to live with their disease and even work. People with paralyzed legs. Children without hands and arms. People with loss of speech. Yes, in fact, any kind of handicapped person was given a chance at this hospital for Physical Medicine and Rehabilitation. Group Evaluation Clinics such as we had here in December were held regularly every week on Monday and Wednesday. This was truly a great place to see the best in Physical Medicine and Rehabilitation.

In New York, I, also, had conferences with Mrs. Stewart and Miss Burris of W.D.C.S. They were glad to know that we were still keeping the Seward Sanatorium open. One day, I attended the Board of Directors meeting of the National Tuberculosis Association. Miss Gerdings and Miss Bishop were especially gracious and helpful to me. They are anxious to help us here in Alaska all they can.

Ten days were spent in Washington, D.C. I had lunch with Delegate Bartlett on Monday. Conferences with Dr. Robert Anderson, Director of the Tuberculosis Division of the U.S. Public Health Service, who was unusually hospitable to me. Miss Mary Switzer of the Office of Vocational Rehabilitation of the Federal Security Agency was most gracious and helpful. She is a most dynamic personality, and very much interested in helping us with our vocational rehabilitation problems in Alaska. Mr. Henry Redkey, of that office, took me under his wing and really went all out to help me learn all that was to be learned. He took me to the Woodrow Wilson Vocational Rehabilitation Center at Fishersville, Virginia, to see the wonderful vocational training given the handicapped there.

Thence, on to Chicago, where I visited at the University of Chicago Clinics. I was inside the new Atomic Research Hospital for a few minutes. I was a guest of Dr. William E. Adams while there. Also, in Chicago, I spent one half day with the National Association for Crippled Children and Adults. They are now able to help the polio program more in Alaska, as I was able to tell them many things about Alaska that will help them to understand our problems better.

There were many meetings with important people; committee meetings at several places. Mr. Williamson had a committee meeting in Juneau with Dr. Whitehead, Mrs. Paul, Dr. Carswell, Dr. Blomquist and me, regarding the budget for Vocational Rehabilitation in Alaska. As you now know, we did not get the amount asked for. We asked for only what we thought we could use efficiently. Now, we will have to tighten our belt strings and try to make what we got reach as far as possible. We got more than three times as much as was agreed upon two years ago. Maybe we can borrow some from the Alaska Visitors Association--they fared very well! Also, I was called for a hearing with the Alaska Board of Health. It is good to know that we still have an Alaska Department of Health. In Washington, I had about two hours with Dr. Robert Smith who used to be in Anchorage as the Assistant Commissioner of Health. He would like to be back in Alaska!

Everywhere I went I was treated with kindly graciousness, enthusiastic hospitality and dignified courtesy. It was good to learn that Seward Sanatorium's record is good enough that I should be so treated. This gives me courage to go on. We will continue to keep improving the medical and physical care of the patients here. Even if the new Alaska Native Service Hospital opens in July, as it is now predicted, we will keep right on working here. Next week, I go to Juneau to help decide who of the patients waiting for admission to the hospitals should be given a bed. Those of you who are in tuberculosis hospitals are fortunate. There are still a few thousand who are unable to get into a sanatorium anywhere in Alaska.

Dr. Phillips.

## ADDITIONS TO THE DEPARTMENT OF NUTRITION

One of our biggest and most appreciated additions to the kitchen this year has been the walk-in cool room where we can put all our fresh fruits and vegetables, eggs, milk, butter, meat and other perishables. We are fortunate to be able to get fresh food weekly, but without refrigeration we never could have a good supply for even a week. By the time another boat was in much food was dehydrated, spoiled, and wasted. This cool room was completely home built, and has a water cooling system which keeps the temperature down and also keeps the vegetables from dehydrating.

With the new cool room in, we next saw a terrific need for a new cooking unit. Last fall we made a change over from the big oil monstrosity to a new and nice modern, compact gas range--with two ovens, a grill, hot top and open burner. The big oil range was well burnt out and the ovens were no longer usable. Actually, all we used the oil range for was heat-expensive heat, too.

We still have our patient training course. Training girls for diet kitchen work. We have had twelve girls taking this training through the past year. Seven of these girls have gone home, or are in school, and should have a better knowledge of food preparation, good nutrition, etc., in their own homes. One of our girls stayed on here as an employee for six months before going home. At the present time, we have four girls from ward six working on ward two in the kitchen. Some of these girls are young, and are profiting in every way from their experience. The girls are in the kitchen 2 1/2 hours, each serving one of the three meals. They are learning coordination, organization, and systemizing of kitchen work, handling of food, learning what a balanced diet is, table setting, cooperation with other workers, and many phases of food preparation.

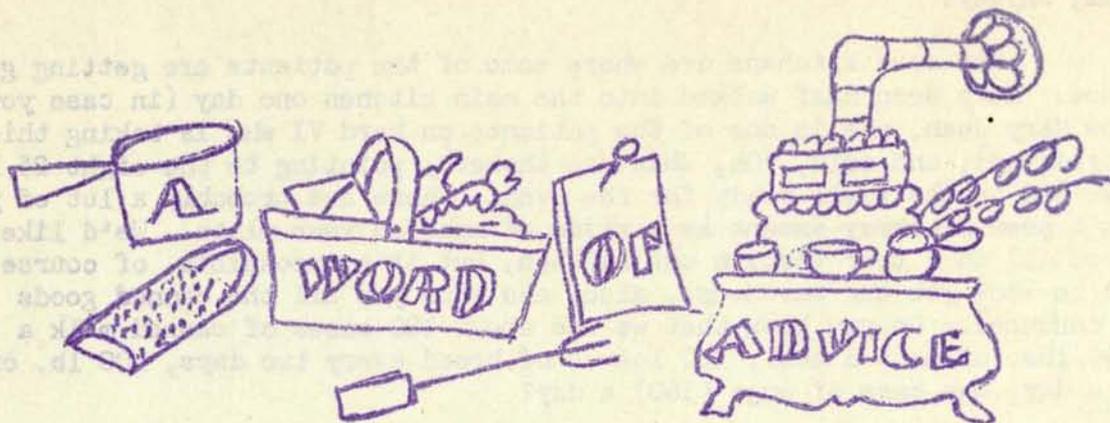
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### OUR LABORATORY

In charge of our two technicians, Miss Diana Mackay and Miss Margaret Waterhouse (who both hail from Canada), our laboratory gives extensive chemistry, hematology (blood) and bacteriology study to each patient on admission and during hospitalization.

Now that broader aspects, including use of new drugs and surgical procedures, in the therapy of tuberculosis are being employed here, the laboratory is striving to supply the facts about the use of all of them, especially the chemotherapy of tuberculosis. Much progress has been made in this study, particularly in the determination of the susceptibility of the micro-organism *Mycobacterium Tuberculosis* (TB germs) to various antibiotics. The importance of these new paths of investigation can, as yet, only be estimated, but it is already apparent that the knowledge which has been acquired here is of essential value in an understanding of tuberculosis and its treatment.

We are fortunate, indeed, to have such a well equipped laboratory, and such well trained technicians, giving us service unequalled in Alaska, and unsurpassed anywhere.



# from the dietary department

BY SUZANNE HAYWARD

There are probably a lot of you patients who have no idea where and how all your meals are prepared. Well, let me tell you something about it. If you are one of the few who are up and have been in the corridors, you might easily find the main kitchen any time of the day by merely following your nose. And, too, you could easily find the direction by following the string of nurses, practicals, janitors and others at 7:30, 12:00 and 5:00 on their way to chow.

It's a busy kitchen. It feeds between 700 and 800 hungry mouths a day. Just get one meal finished when another begins. Bet a lot of you have wondered who the click, click, click down the ramp at about 5:30 AM is. That is our first cook, Mrs. Aldridge, on her way to prepare the feed bag. That is when the activity begins for the day. And it grows and grows until about 6:00 PM when things begin to quiet down again. We have a first and second cook and relief cook who are three busy people getting all of us fed.

Most of the food is prepared here in the main kitchen by our three cooks. Then we have ward diet kitchen girls who bring their little carts to the kitchen to pick up the food, rush back to the ward kitchens, and from the hot steam tables dish up trays for patients on their ward. Probably a lot of you patients know the girls in your ward kitchens. There are five ward kitchens each serving about 30 patients.

Now, that isn't all there is to this food business. The potatoes have to be peeled, the pork chops cut, the fish dragged in, and hundreds of cases of canned goods packed around. And, of course, you all know that there is that everlasting job of pot washing. And dishwashing.

Our kitchen doesn't close down at 6:00, either. The night and PM shifts of employees have to be fed. Bernice Devlin, one of our former patients, is our night cook. She keeps them all mighty happy, too. Oh, yes, and she's the gal responsible for your ice cream. Right now, however, the freezer is being obstinate. With one last groan and kick it stopped dead. So, until the needed repair parts come from Outside, we'll just ignore it's stubbornness. Too cold for

ice cream, anyway.

Our ward kitchens are where some of the patients are getting good experience. Mary Jean Haaf walked into the main kitchen one day (in case you don't know Mary Jean, she is one of the patients on Ward VI who is taking this kitchen training), and said, "Oh, what are those?", pointing to the eight 25 lb. turkeys we had on the table ready for the oven. There are probably a lot of you who haven't seen a turkey except as a slice of meat on your plate. We'd like to take you all on a tour through our kitchen, but it's impossible, of course. We'd like to show you our warehouse, also, and show you all the canned goods that are consumed. Do you know that we use about 100 cases of canned milk a month, 100 lbs. of meat a meal, 100 loaves of bread every two days, 100 lb. of potatoes a day, one case of eggs (360) a day?

In closing, I'll say that Archie Wheeler, another former patient of the San, promises us more seal meat soon; and the herring should be running before long. We've had many requests for both.

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Does eating three meals every day sometimes get a bit monotonous? Even though the food is wholesome, tasty, and attractively served? Consider the case of the oldtime sailor back in the days of wooden sailing vessels - your food will taste better at once.

In the age of feverish discovery, stimulated by Columbus' famous voyage to America, ships spent long weeks and months continuously at sea. Refrigeration was unknown and the food had to be of a kind that would keep. Besides, ship owners and Navy authorities were generally thrifty and held that men of the sea should scorn soft luxuries. In the eighteenth century, rations of the British Royal Navy were standardized. Here is a typical ration for one week for the seaman of that day:

Sea biscuit	--- 7 lbs	Salt pork	--- 2 lbs	Butter	--- 6 ozs
Salt beef	--- 4 lbs	Dried fish	--- 6 ozs	Cheese	--- 12 ozw
		Peas	--- 2 lbs		

The caloric value of this ration is about 4000 calories daily, which is ample for a seaman. However, it was woefully deficient in vitamins, and until lemon juice was added to the diet, British sailors suffered cruelly from scurvy.

The sea biscuit was made of a mixture of wheat and pea flour, baked in circular discs about the size of a saucer. In a few weeks it became hard as a stone. Almost invariably it was infested with weevils. As the sailors sat down to their meals, there was a loud drumming noise, for every man jack began his meal by tapping his biscuit on the table to knock out the weevils. If there were no weevils, sailors became suspicious, saying the biscuit was so poor even a weevil would not eat it.

The beef and pork were pickled in brine and packed in large casks known as "harness casks", because sailors alleged that the meat in them came partly from old horses and that bits of harness and sometimes even a horseshoe were found in the casks. The salted pork was chewy and nourishing, but the beef was hard as wood. A chunk of it looked like a block of mahogany. A sailor needing a tobacco box would carve one out of salt beef. When polished it looked like mahogany carving.

By - Louis H. Roddis --- copied from the  
NTA Reporter

البريد العربي  
البريد العربي  
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D.M.C. THREADS  
CROCHET THREADS



IMPORTED from

FRANCE

McMullens

at Seward

PATRONIZE OUR ADVERTIZERS!!!

ALL PROCEEDS FROM ADVERTISING IN THE SAN CHAT IS USED TO BUY BOOKS  
AND MAGAZINES SUBSCRIPTIONS FOR THE PATIENT'S LIBRARY.

Here at the Seward Sanatorium we have a tremendous accumulation of years spent in training, represented in our personnel. At first thought, this sounds like an exclamation of enthusiasm expounded at a moment of elation, but let's look at the picture first hand and see what we have.

If we start with our Medical Social Worker, we will find it has taken five years of special University guidance to train her to know how to best apply her activities to the best advantage of the patients and the patients' families, and to know how to coordinate her work so it will fit into the overall program.

The Dietitians, we have two, have each trained five years, including one year working as a resident trainee with other dietitians.

Our two Laboratory Technicians have each had four years of training under special supervision to learn with absolute accuracy the tests that enable the doctors to know positively the patients' progress.

Our two teachers each have five years of special training for their job.

We are fortunate to have a Housekeeper and a Laundryman who have an accumulation of many years of experience and training to do their specialties. They had to have the equivalent of three to four years of training to do their work, we know it would not be easy to duplicate their abilities. Nor could we easily find one individual with the varied skills of our Maintenance Foreman.

The Nurses--each has trained a minimum of three years, without salary, to know the job she is doing.

We have four years of special engineering training represented in our steam plant.

The Rehabilitation Counselor and Recreational Director have an accumulation of nine years of special training directed toward the job they are now doing.

Your X-ray Technician has had to take two years of special training, and the Anesthetist five years.

Your Administrator has had six years of special training, including the equivalent of one year with other Hospital Administrators.

Your Medical Director has taken eleven years of training, and your Dentist eight years. The Resident Doctor has also had eight years of training for his job.

Now, let's add them all up:	Medical Social Worker	5
	Two Dietitians : five each	10
	Two Laboratory Technicians	8
	Two Teachers	10
	Housekeeper, and Laundryman	6
	18 Nurses @ 3 years each	54
	Rehabilitation & Recreation	9
	X-ray and Anesthetist	7
	Administrator	6
	Professional staff	33
		<u>148</u>

One hundred and forty eight years of specialized training to do a job here at Seward Sanatorium.

What does it mean to have this accumulation of training and knowledge?

Let's imagine we did not require these standards of training to staff our hospital. Every day prospective employees come to my office for work. Suppose we gave them a job as opening occurred, as a Laboratory Technician, as a Dietitian, as Medical Director---need I say more?

Why do we need this tremendous accumulation of years of training? Because hospitals are one of the most complicated business organizations known. The wide range of varied talents necessary require the most intricate coordination and broad consideration of others problems so that many skills can work together. Their training prepares them for making decisions they can be responsible for to the rest of the organization. Yes, we have a tremendous accumulation of well trained personnel here at Seward Sanatorium. This, to me, means that we are prepared to give the patient the kind of care that will get him well.

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RADIO SCRIPT PREPARED FOR NATIONAL HOSPITAL WEEK, MAY 10-16

This is a program transcribed at the Seward Sanatorium. Henry Kaiser, a patient from Nenana, who is managing the San Radio Station is interviewing Paul Nelson, the Administrator of the Sanatorium.

Question: Mr. Nelson, I understand that we are preparing to recognize National Hospital Week. Can you tell me something about it?

Answer: Yes, Henry, this year hospitals all over the country will celebrate National Hospital Week. National Hospital Week is new this year though hospitals are familiar with National Hospital Day, observed since 1921. These seven days which include the birthday of Florence Nightingale, May 12th, are dedicated to the spirit of good will and understanding exemplified by her service.

Traditionally, the observance has been a time to bring citizens of the community into the hospital and stimulate their interest in how it operates and what its service means to them. Development of that community interest and understanding is now more important than ever before. As our hospitals become more complicated and more expensive to manage, their dependence on public support grows.

That support can come only when the people of the community understand thoroughly their hospital's problems and needs and its importance to their personal and family protection.

Question: What chance is there that the average citizen will need hospital care and what percent of the people need hospital care each year?

Answer: Nineteen million people, or one out of every eight, will go to the hospital this year.

Question: I've heard a great deal about the high cost of hospital care today. Can you explain this?

Answer: In 1952 it cost general hospitals an average of \$18.01 to care for each patient each day. 1.45 more than the average patient paid.

65% of this expense was paid for salaries and we must remember hospitals average nearly two employees for each patient in order to give service 24 hours a day, 7 days a week. We can consider that nearly two employees' salaries are included in each day's expense.

Then, too, we should consider the average stay. In 1946 it was 14 days, in 1952 it was 8 days.

With the new shorter stay, cost per day isn't a fair way to judge a hospital bill. All the special services, such as laboratory tests, xrays, drugs, oxygen, are likely to be concentrated in the first few days a patient is in the hospital. The cost of these services would be the same if he stayed 12 to 15 days. A more objective way to look at a hospital bill, then, is as a whole, giving full consideration to the lessening of pain and suffering, the relief from worry, the fewer days lost from work, and most important of all--the saving of lives.

Cont'd next page

Yes, hospital care does cost money, but you're safer and you live longer. Because of the amazing recent developments in hospital and medical techniques, you can look forward to a much longer life than you could only a few years ago. It is safer to have babies, safer to undergo surgery, your doctors and your hospital are better equipped to combat sickness and disease than at any time in our history.

When you, or a member of your family, goes to the hospital now your chances of complete recovery are at an all time high. In time of sickness you want and must have the best that science can offer. You can't buy it at cut rates. Your health, and that of your loved ones, can't be gambled with.

If hospital care is to be maintained at its present standard, the cost will continue to be high. The lives saved, the reduction in pain and suffering, are worth the price many times over.

Question: Are people better prepared to meet these unexpected, unplanned for, hospital expenses than they used to be?

Answer: Yes, more than 85 million people are now protected against the cost of sickness and accident through membership in voluntary hospital prepayment plans, or hospitalization insurance.

Question: I guess hospitals are mighty important to a lot of people.

Answer: Yes, they are important, not only to the sick and injured, but to the doctor. In the modern hospital, and nowhere else, the doctor has at his fingertips all the complex equipment to supplement his skills and training.

Laboratory and xray departments assist diagnosis and point the way to treatment.....Highly trained nursing and technical staff assures his patients of expert sympathetic care.....Gleaming, sterile operating rooms--the skill of his assistants on the surgical team--make possible the most dramatic treatment of all, surgery.....Blood, plasma, oxygen and carefully compounded drugs are ready on a moment's notice to relieve shock, ease pain and hasten recovery....And many more.

It is important to mother and baby because the hospital is the safest place in the world to be born, safest for both mothers and babies. That's why most babies are born in the hospital.

Doctors and nurses trained and experienced in maternity and infant care staff the maternity department. This section is set apart from the rest of the hospital to protect mother and child against possible infection. In the nurseries, bassinets stand ready to receive the newborn, cozy incubators equipped with oxygen await those born prematurely. Specially prepared formulas get baby to a good start.

It is important to the community because a healthy community is a happy and productive one. Work days lost through sickness and injury mean less wages for the worker, lowered production for industry.

Because of modern hospitals, the expert use of drugs and highly developed techniques of diagnosis and treatment, the average patient spends only eight days in the hospital. Just 15 years ago that average was more than 13 days! Today's medical and hospital care get him back on the job in a hurry.

Your hospital is as important to your town as its fire department, ready day and night, should an epidemic or disaster strike--ready for any emergency.

It is important to you as an individual because vital health protection for you and every member of your family is assured, now and for the future, because of your hospital. You can have complete confidence that should illness or an accident occur in your family, the specialized equipment of the hospital and its trained staff will be ready to serve you.

Con't next page.

A child born today can expect to live nine years longer than one born in 1939. The average length of life in this country is now 68.6 years. Research in the use of drugs and medical techniques makes possible this saving of life.

Question: Mr. Nelson, how is Seward Sanatorium recognizing National Hospital Week?

Answer: Well, Henry, we are going to observe Hospital Day on Sunday, May 10, which will include a tea in the dining room and a tour through the hospital, from 2 to 4 in the afternoon.

Guests will register in the dining room where they will enjoy a welcoming address, after which they will be divided into groups and conducted on a tour of the building by Miss Stuart, Supervisor of Nurses, and her staff who will explain the work of the various departments. Hospital information literature has been compiled and will be made available to visitors, articles made by the patients will be on display and there will be an interesting exhibit of actual x-ray studies.

Question: Mr. Nelson, you have been here for several years. Can you tell me something of the history of Seward San?

Answer: Seward Sanatorium opened its doors for the admission of patients seven years ago. The buildings were secured from the federal government by the Territory of Alaska and are a part of old Fort Raymond where our soldiers were housed during World War II. Although rambling and of wood frame construction and a far cry from the imposing brick structures of many hospitals in the States, these buildings now accommodate 154 patients and have the essential equipment and skilled staff to give these individuals the advantages of the latest devised methods of treatment. Seward Sanatorium is administered under the auspices of the Woman's Division of Christian Service of the Methodist Church. Financial responsibility for payment of hospital care for patients who are unable to pay all, or a part, of the expense is assumed by the Alaska Native Service, the Veterans Administration, the United States Public Health Service, and the Alaska Department of Health. The latter also furnishes the doctors and the Medical Social Worker for the Sanatorium and the Territorial Department of Education provides two school teachers.

Question: That is information I am glad to know. I often notice people representing local organizations out here at the Sanatorium. What is their connection with the work here?

Answer: I'm glad you asked that, Henry, because no story about Seward San would be complete without mentioning the invaluable contribution being made by volunteer groups. We have a group of volunteer women that assist in the library and in the distribution of books and magazines to the patients, to say nothing of the many small kindnesses that mean so much to the individual patients.

It is not amiss to state that the visits of these workers have contributed greatly to the well being of the patients and their acceptance of medical care.

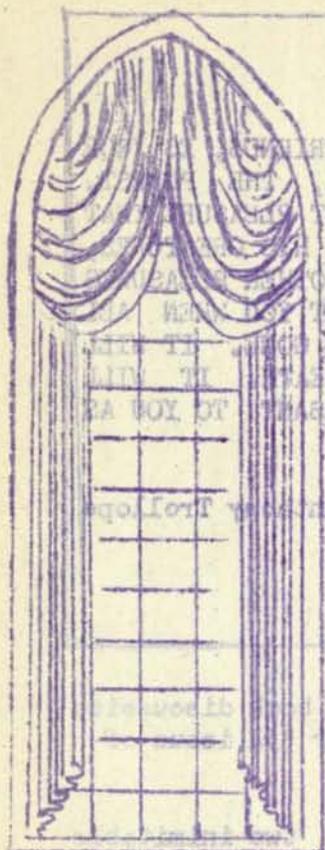
The American Legion and its Auxilliary, the Lions Club, the Elks Club, the Junior Womens Club, the Seward Chapter of the Alaska Tuberculosis Association, the Red Cross, and other local organizations and individuals have been most generous with help to relieve the tediousness and monotony of hospital life.

Question: Well, it looks like you will have a worthwhile hospital day.

Answer: Yes, Henry, and we hope that all those who can will attend our Open House on Sunday, May 10th, from 2 to 4 PM at Seward Sanatorium.

# Chaplain's Corner

BY REV. CHARLES MALIN, JR.



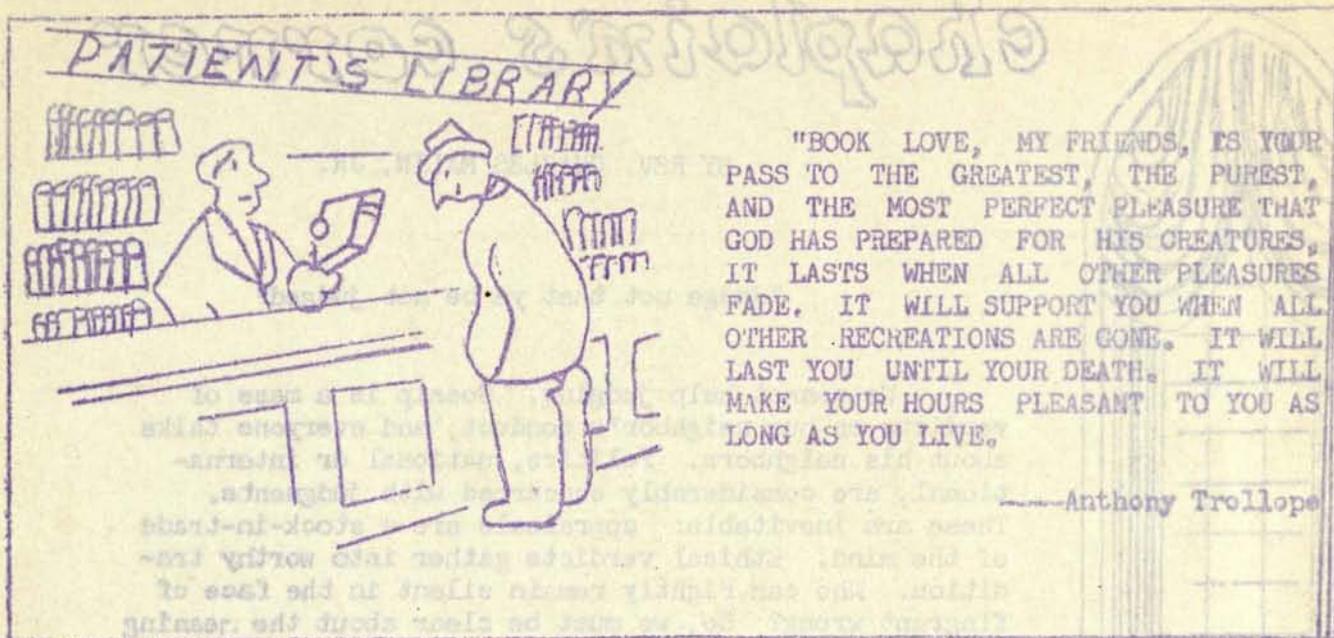
"Judge not that ye be not judged"

We cannot help judging. Gossip is a mass of verdicts on our neighbor's conduct, and everyone talks about his neighbors. Politics, national or international, are considerably concerned with judgments. These are inevitable: appraisals are a stock-in-trade of the mind. Ethical verdicts gather into worthy tradition. Who can rightly remain silent in the face of flagrant wrong? So, we must be clear about the meaning of this word: Jesus here speaks of censorious judgment and too quick condemnation. He draws a line between ethical appraisal and sharp-tongued criticism, and bids us keep on the right side of the line. He says that critical censure is a boomerang.

The censure might be wrong--and thus recoil upon us. During World War II, a captain and three sailors escaped from a sunken submarine. The captain was under a shadow--he seemed to have broken a noble rule of the sea by deserting his men. Later, it was found that he was not the captain of the vessel, but an observer for the construction company and that he had volunteered to go by the safety-outlet when he knew the ship was fifteen miles from land. Almost certainly he would be drowned, but he took the risk in hope of attracting attention from some passing ship. His seeming cowardice was actually finest heroism. Even when a man has done wrong, our judgment should be slow, for, as the poet Burns says, "What's done we partly may compute, But know not what's resisted". The mast of the vessel is broken and the decks in chaos--but is it through neglect, or from a storm? Thus ignorance may blind judgment.

Besides, in every censure we reveal ourselves. If we call someone lazy, we confess that we know what laziness means. How? Presumably, by being lazy. Thus, our censure is often directed to the fault in others that is first in us. By "transfer" we blame a neighbor in order to escape the realities of self-blame. The liar is always on guard lest others should lie to him. This is an issue that all of us should think about. We shall do well to trace the line between righteous indignation and censorious blame, and to live on the right side of the line. Compare Christ's "Judge not" with His "Father, forgive them, for they know not that they do". The two bear comparison.

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"BOOK LOVE, MY FRIENDS, IS YOUR PASS TO THE GREATEST, THE PUREST, AND THE MOST PERFECT PLEASURE THAT GOD HAS PREPARED FOR HIS CREATURES, IT LASTS WHEN ALL OTHER PLEASURES FADE. IT WILL SUPPORT YOU WHEN ALL OTHER RECREATIONS ARE GONE. IT WILL LAST YOU UNTIL YOUR DEATH. IT WILL MAKE YOUR HOURS PLEASANT TO YOU AS LONG AS YOU LIVE.

—Anthony Trollope

At the risk of being called "Copy Cat" we are borrowing our book discussion this month from a delightful article which appeared in the September '52 issue of Firland's Pep.

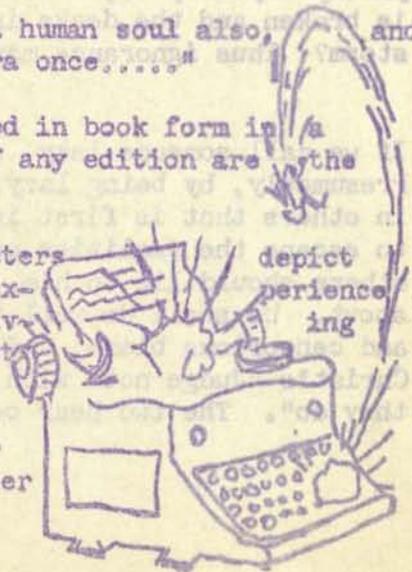
Some of our readers, no doubt, are already familiar with those two inimitable characters, Mehitable and Archie, created by Don Marquis in the New York Sun somewhere back there in the roaring twenties, but if there be any, (Heaven forbid) who've yet to meet Mehitable and Archie, ask your ward Librarian to bring you the book, you have a treat in store.

"Expression is the need of my soul, I was once a vers libre bard," began Archie in the first of his literary efforts years ago. You see, archie is a cockroach in whom resides the reincarnated soul of an early greek poet. Don Marquis passed on the sayings and writings of archie in a column in the New York Sun, a newspaper no longer in existence, which he called the Sun Dial. For a long time archie was the star of that column.

"Mehitable, the cat," wrote archie, "Claims she had a human soul also, and has transmigrated... She accuses herself of being Cleopatra once...."

The writings and sayings of Archie have been collected in book form in a number of editions. Some of the most interesting parts of any edition are the sayings of Mehitable, the cat, as passed on by archie.

These lovable, if slightly the worse for wear, characters depict the over-sophistication of our time in the very human experience of a cockroach and an alley cat. These characters both having transmigrated into this life and these forms from some past human existence.



Don Marquis, a promising young newspaper reporter for the New York Sun created Archie and Mehitable and many other characters, including The Old Soak, quite by accident. A lucky accident. It made him famous.

It seems that young Marquis, early in his career as a reporter had been sent from New York City up to Dobbs Ferry on a news assignment. While he waited around

one evening in a large damp, basement where he kept his typewriter while waiting for "Spot News" to break, he noticed an oversized cockroach crawling along the table edge where crumbs from last night's sandwich had fallen. He watched the giant insect for a moment and then went to his typewriter and turned a sheet of paper onto the roller. He relates the beginning of some of literature's most notable characters thus:

"We came into the room earlier than usual that evening and discovered a gigantic cockroach jumping upon the keys... he would climb painfully upon the framework of the machine and cast himself with all his force upon a key, head downward, and with his weight and the impact of the blow, which were just sufficient to operate the machine, he could write one slow letter after another."

Consequently, since he couldn't work the shifts on the machine, he couldn't operate capitals nor punctuation marks. He wrote entirely in lower case and without benefit of punctuation. He wrote vers libre, too, all of which contributes to easy reading.

After the death of Don Marquis a few years ago, his club met at the Lamb's Club in New York City to pay their last respects to this famous member. At the close of this meeting, someone noticed a huge cockroach scurrying along the bar near by. They watched in mute astonishment as the insect climbed the wall and twice encircled the pictured face of Don Marquis which hung with other celebrities along the wall.

Legend you say? Well, perhaps, however some very well-known gentlemen of the press swear it is true. Some of them even go a step further and claim to have been present at the meeting.

At any rate the story of Mable and Archie makes very good reading.

Your patient library has one copy already of the book and we expect to have several others soon.

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The patient's library wishes to thank our book donors this month for their generous contributions.

To Mr. Kenneth Porter of the Alaska Railroad, our hearty thanks for a dozen current best sellers which he recently donated.

To Miss Patricia Lambert, associate patient editor of the San Chat, our thanks for several best sellers, and to Miss Præbe our dietitian, thanks for her donation. All these are a big help and we are very grateful for the interest shown in building up our patient's library. We need many more books and magazine subscriptions.

Our thanks and appreciation goes out also to the local Red Cross for their generous donation of funds to buy books and magazines for our patients.

We would like to thank Miss Garrett, of our supply staff for making a list of books for each patient so that ward librarians may have something to guide them in selecting books for their wards. The lists are also an invaluable aid to the patients who do not have access to our card catalogue.

All the wards express unanimous thanks and sincere gratitude for the untiring efforts of the ward librarians who come out in all kinds of weather to serve the book carts and bring them additional reading matter. It is a much needed service, and patients and staff alike express gratitude to these ladies who so willingly volunteer this service.

Mrs. Troy Bogard of Seward has made and donated a picture scrap-book, one already in circulation on the wards, and has promised more if the patients like them. Let her know what you think. The Library wishes to thank Mrs. Bogard for her interest in our reading problem.

The library also wishes to thank Mrs. Aldridge, from our main kitchen, for her splendid donation of a set of prints from the old masters to be circulated on the wards.

And to Bill, the Deck Steward from the SS Baranoff, our special thanks for his donation of magazines for the past year. Bill is going now on vacation, and won't be making the trip on the Baranoff for a few weeks. In a letter to the Patient's Library, Bill says:

"Now comes the time for me to take my much needed rest and vacation; so this will be my last contribution of magazines to you until I return to active duty again aboard one of our Alaska lines."

The Library, which includes all the patients who have received your magazine donations, Bill, join in wishing you a grand vacation, and a wish that you will be with us again soon on one of the Alaska Lines.

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## BOOKS AND TB GERMS

Many of our readers have inquired lately about the possibility and extent of books and papers becoming infectious after use by tuberculous persons. The following articles from the ATA News and "The Oregon Pulse" via The Arroyan will, no doubt clarify the question somewhat.

From the ATA News:

With all but the most ignorant and careless advanced cases, the amount of germs deposited is exceedingly small and the chance of infection remote.

Droplets that are deposited, however, are difficult to dislodge. Barring large amounts of pus and sputum, the danger of infection may be disregarded after two days. But with a massive deposit the time should be extended to four to six weeks.

A completely safe way is to sterilise by exposure of the surface of the paper to direct sunlight for an hour or two.

From "The Oregon Pulse"

Are books and magazines, papers etc., infected is a question frequently raised in the minds of patients and visitors alike. Usually it is the visitor that is the alarmist---if they were half as particular about letting anyone pick up their children or give them candy, etc. as they are about procedure in the San, they would be really aiding in the prevention of tuberculosis. So, good people, take note:

According to a statement by NTA (National Tuberculosis Association) it is possible to transmit tubercle bacilli in books; but that it is probable is another matter. The bacilli, like all life, have to have air and moisture to live. In careless usage, sputum would alight in a book in small quantities in the shape of fine spray, and therefore dries and dies quickly. Numerous experiments have been carried out, with the following results: Four patients with uncontrollable cough were asked to be

(continued next page)

extremely careless with certain books, coughing into marked pages. These were carefully scraped, cultures made, and sixteen guinea pigs inoculated with the resulting culture; but not one contracted the disease. A similar experiment with contaminated garments, in which guinea pigs not only breathed but were inoculated with the dust, had equally negative results. Acknowledged, patients don't deliberately cough into books; they apply hygiene in this as any other precaution they are taught. The very sick do not usually read much. It follows then that few books are infected; and even if they were could not damage lungs, as germs must be breathed to start pulmonary tuberculosis. It is the direct personal contact that plays havoc in this disease. This is the chief source about which we should all be concerned.

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## literary tid-bits

In the literary "Bull Sessions" that sometimes take place on the wards and often in the library, sooner or later the old argumentative standby is sure to crop up, and someone wants to know, "Well just what IS poetry anyhow?" So many different literary tastes are in evidence that no set rule can ever be laid down or established. However, from the NTA reporter we have gleaned the following bit which may answer the question to the satisfaction of some.

"Poetry is not merely rhyme and metrical alliteration. Poetry, whether in the form of a sonnet, a canvas, or a cathedral is a means of expressing truths not discernable through the five senses. These truths may be as significant as the facts discovered by the scientist and checked by test tubes and mathematical equation. Poetry interprets things felt; it speaks to the emotions-- and who shall say that the intelligence of the emotions is less trustworthy for perceiving reality, than cold logic?

The poet is not blind to reality. He sees what is about him, but, like the eagle, he has keen distant sight as well. The vision of the poet is the sharp perception of tangible things as they are in their stark reality, but extended into distant perspectives."

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Numbered among the San poetry lovers is Alumni Editor Patricia Lambert, who contributes the following from her collection of favorites.

By James J. Metcalf:

Each morning I behold the sky... And tell myself anew  
 That I will honor God on earth... And keep my promise true  
 That I will live unselfishly... And I will do my part  
 To serve my every neighbor with... Sincerity of heart  
 And though I do not always keep... The promises I make  
 I try to do my daily best... For his beloved sake  
 To cherish those who love me... And forgive the ones who hate  
 And make amends when I am wrong... Or negligent or late  
 Because I do adore my God... And by His holy will  
 I know that he will hear each prayer... I ask him to fulfill.

And from KSAN disc jockey, Henry Kaiser, the following from his favorite collection

(Continued next page)

of authors:

"Literature is my Utopia. Here I am not disfranchised. No barrier of the senses shuts me out from the sweet gracious discourse of my book-friends. They talk to me without embarrassment or awkwardness."

-----Helen Keller.

Thanks for this contribution Henry, we're sure these inspiring words from Helen Keller will be a challenge to all our readers. Incidentally, those who are not familiar with the life and works of Helen Keller, will be glad to know that the Library will be getting copies of her works and biography soon-----Ed.

# Volunteer Staff

Mrs. Ray James, of Seward, chief of the Volunteer worker's staff recently returned from a month's vacation in the States. The San is happy to welcome her back to work again. We can think of no better way to begin a resume of Volunteer worker's activities than with this thought written and contributed by Mrs. James:

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Help me, Oh God, to remember to be grateful for the Faith that sustains men. If that Faith differs from my own, help me to respect it for the strength and comfort it gives others whose need may not be the same as mine. Help me to remember always that the only way I can rightly influence another to accept my own Faith is by the example of a life so well lived that it inspires him to seek the Source of my strength.  
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-----Luella James

Mrs. James has acted as ward Librarian for Ward Three for many months now and comes out in all kinds of weather, as do all our ward librarians to render this important and much appreciated service to our patients. Mrs. James also acts as Chief of staff to recruit and inspire new workers for the wards when there aren't enough to go around. While Mrs. James was away on vacation, our gratitude is extended to Mrs. Emil Nelson, Mrs. Bob Muller, Mrs. Les Fink, Mrs. Fred Brossow, and Mrs. Robert E. Lentz who took turns on the ward for March. The girls did such a splendid job, they have been persuaded to continue. Mrs. James, Mrs. Bob Muller, Mrs. Fred Brossow and Mrs. Robert Lentz are responsible for Ward Three. Mrs. Brossow and Mrs. Lentz substituting when Mrs. James and Mrs. Muller are absent.

Rebekah Lodge No. Six A of Seward have taken Ward Four as their special librarian charge. Mrs. Fred Brossow, Mrs. David Blume, Mrs. Les Fink, and Mrs. Robert Lentz have volunteered for this project. Patients on Ward Four have expressed their gratification at the fine work these ladies do with the book cart every Tuesday.

According to Past Noble Grand, Faye Culverson, and Noble Grand Emma Jones of the Seward Rebekah Lodge, the resolution to sponsor Ward Four was placed before the assembly of members at the last meeting and passed without a single dissenting vote.

There was also a request for books and magazines for use at the Sanatorium to be

left at I.O.O.F. Hall to be picked up and distributed by the Rebekah Ladies. The San Chat on behalf of the Sanatorium extends thanks to these ladies for the very fine work they are doing.

Ward Two is being sponsored by the ladies of the Methodist Parish. Mrs. Charles Malin Jr., wife of the San Chaplin with the assistance of Miss Sarah May Garrett, of the San staff serve as ward librarians on this ward each Thursday.

Ward One is under supervision and sponsorship of the Lutheran Ladies. Mrs. Norman Hall has been very faithful in her untiring weekly trips to serve as ward librarian and in collecting new books and magazines for her ward.

And to all those other volunteers who in the past have spent so much time and effort to lighten a little the hours of San Patients, we extend sincere thanks and appreciation. A few of the names which we were able to uncover from our files are; Mrs. T. C. Inglis, Mrs. Victor Mahan, Mrs. Vance Hitt, Mrs. Harold Jacobs, Mrs. Roger Osbon, Mrs. Thomas Aldous, Mrs. E.H. Donohue, Mrs. O.M. Gilbert, Mrs. Forest Rustad, Mrs. Charles Malin Sr., Mrs. Ida Mayer, Mrs. Howard Christensen, Mrs. Leland Miller, Mrs. Hans Hafemeister, Mrs. James H. Smith, Mrs. Everett Mauger, Mrs. Robert Close, Mrs. Herman Kramer, Mrs. Harold Campen, Mrs. Lewis Hasty, Mrs. Earl Cass.

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Mrs. Ray James was hostess at a luncheon for volunteer workers at the Diner in Seward recently.

The luncheon was planned by Mrs. James as a means of get-together with her volunteer staff and Mrs. Clyde King, San Medical Social Worker, to discuss feasible means of increasing San Library facilities.

After the luncheon which was tastefully served in the private dining room of the Diner, Mrs. James announced that the local Red Cross has made available a substantial sum for use in the patient's library to buy new books and magazine subscriptions. A committee was selected to determine titles for the new books and magazines. It was suggested by the appointed committee that a large number of "pocket books" be purchased for the benefit of bed-patients who are not yet strong enough to manipulate a heavier binding.

At the close of the luncheon Mrs. King discussed how much the Sanatorium, patients and staff alike, appreciate and benefit by the fine work being done by Mrs. James and her volunteer workers. She praised the volunteer workers also for the roles they are playing in public relations by bringing the citizenry of Seward into awareness of San needs.

"We have been led to believe that we could be of some help to patients out there," one of the workers remarked. She was assured by Mrs. King and Mrs. James that work done by the volunteers here at the San is no small item, and would be sorely missed both in patient inspiration and actual service on the book-carts.

"A service we couldn't very well do without," Mrs. King concluded.

Attending the luncheon were; Mrs. Charles Malin, Jr., Mrs. Clyde King, Mrs. Fred Brossow, Mrs. Les Fink, Mrs. Robert Lentz, Mrs. Innolee O'Brien, Mrs. Vance Hitt, Mrs. Norman Hall, and Mrs. David Blume.

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#### SENTENCE NUGGETS

Reading maketh a full man, conference a ready man, and writing an exact man.

-----Francis Bacon

STATION KSAN BROADCASTING



PROGRAM

MONDAY, 10:15 to 11:15 AM, Your record requests. Please send all record requests to Henry Kaiser, care KSAN studio.

WEDNESDAY, 10:15 to 11:15 AM, Your Ward reporter. Send news items for this broadcast to Henry Kaiser, KSAN studio.

FRIDAY, 10:15 to 11:15 AM, Your educational program, and TB quiz. Send all questions to Miss Ushler, KSAN studio.

Station KSAN welcomes all suggestions as to programs, records, material for discussion. Let us have your reactions to our programs. Remember, KSAN is for your listening pleasure, why not use it?

Here is a printed copy of a KSAN broadcast of sometime ago which we thought some of our readers might like to keep for a re-reading. It is well worth a second perusal.

For the benefit of some of you who may not have tuned in on this one, here's the pitch:

Walt Welch, a tuberculosis patient who is approaching discharge from this hospital is interviewing Max R. Williamson, Director of Vocational Rehabilitation for Alaska, central office, Juneau; general office, all over Alaska. Here they are:

Good Morning:

This is KSAN, the Seward Sanatorium in-the-hospital communication system. The following program is an interview between Mr. Walter Welch, a tuberculosis patient who is approaching discharge at this hospital, and Mr. Max R. Williamson, Director of Vocational Rehabilitation for Alaska. Mr. Williamson's central office is Juneau but his general office is Alaska. Here they are.

This morning we have with us Mr. Max Williamson, who is the head of the Department of Vocational Rehabilitation for the Territory. Mr. Williamson is a very enthusiastic man, working on this program which is to be directly beneficial to each one of us here in the sanatorium. Just how these benefits can be derived is going to be explained right now. I think the best way to start out, Mr. Williamson, would be for you to tell us just what is this Vocational Rehabilitation?

Actually, Mr. Welch, Vocational Rehabilitation is a plan whereby your Federal and Territorial Governments work together for the prime purpose of finding a job for physically handicapped people. A job that is suitable to their handicap, and is of the type or nature of work that you can do with, and in spite of, your handicap.

In other words, when the patient is ready to be discharged, and isn't physically capable of going back into his former line of work, he can take advantage of this program and learn a new vocation?

Yes. We attempt to find, or to determine, and find out, what type of job this person should hold, and then we attempt to prepare him to hold that job.

Sounds like a pretty good deal. We'll have to find out more about it. It has been only recently that we've heard anything about it. Is it a new program, or just a Territorial program, or is it a little wider than that?

Actually, Mr. Welch, Vocational Rehabilitation has been operating in the States since 1920. The Territorial Government has just established the program as of the first of this year. It finishes the complete picture of vocational rehabilitation in all of the states and territories. Puerto Rico and Hawaii have been in operation for several years.

In other words, we are just now getting in on something that has been going for a long time.

That's right. Uh huh.

Well, we're certainly glad that the program has been extended to include the Territory. You state, in there, that you will train people for a new job. Let's take a hypothetical case here, shall we, and find out just how much it applies to us. First, say we have a patient who is to get out, and you come to the point where it is time to talk to him. What would you tell him that you have to offer?

We would tell him that we want to go over his background, aptitudes, amount of education that he has had. We want to know quite a bit about him, personally. We want to know where he is going to live after he gets out of the sanatorium, what type of work he did before he came in here--to see whether or not he might return to that type of work, or to a job that is close to it, or related to it, as we'd say. Then if we determined that that person cannot go back to his former job, we try to find out what type of job would be the best for him.

How do you find that out?

We do that by vocational counselling and guidance and aptitude testing. We try to pull together, as we say, the patient's background. We try to give him vocational aptitude tests which tell us, sometimes, things about the person that he didn't know himself. Sometimes we discover that he has skills and ability that he didn't dream that he had.

That's shown from these aptitude tests?

It is. Uh huh. Then, using all of that information, we just act here to try to bring this information together, and to present it to the patient. He makes his own decision, because it is his own life that he is going to lead after he leaves the sanatorium.

Well, you don't say--after taking this test, then--that you're particularly fitted for one type of work and that's the work you are going to do?

Oh, I'll say we don't, Mr. Welch. As I say, we just try to help out around the edges, but the actual decision as to what the person's going to do depends entirely upon himself, with the advice of his doctor. And his doctor, of course, has a great

Cont'd Next Page

deal that he can tell him about the type of work that he can do, or the type of work that he should not do. And, of course, we have to rely a great deal--or we do rely a great deal--upon the doctor's opinion.

Well, we're relying upon the doctor completely, right now! And he certainly has the know-how and the ability to guide us a little further when we get out. So, that's a good idea.

There was one thing that I did want to say here. This is my first visit to Seward and Seward Sanatorium, and I find out that the people who are here have been doing an excellent job of finding jobs for those people who are leaving the sanatorium. There is a complete rehabilitation program in operation here, already. All that I want to do is to see where I can sort of fit in around the edges and add, or supplement, what is already being done.

Well, let's go a little bit further into that, and go back to our hypothetical case. Say that our patient has received his aptitude tests, and his counsel and guidance, and finds himself particularly adapted--oh, let's take two cases. Say, one man is particularly adapted in, oh, we might say art, painting, drawing, something of that nature; and the other man is in a more practical field such as radio repairing. Would those courses be open, too?

Yes, Mr. Welch, we have the money available--and again I should point out that right now our program is set up with just enough money to get it started. Of course, in years to come, why, we hope that we are going to have most of the money that we need to carry out this program. There are two ways that we might train these two cases--these two men who are looking for jobs. We might, first, find what we call on-the-job training for your radio man. We might find a man who is in a radio shop already who would be willing to take him in and give him actual practical training. Also, if the money were available, and we felt that the man--the patient himself--felt that he needed it, wanted it, we might be able to send him to a technical school for awhile to give him the theoretical background that he would need to go into this field of work. In every case it depends upon the individual person and what his needs are. This person who has a certain ability in art, we sit down with him and we attempt to help him to find out whether or not he thinks he can make a living in--with--his art work. Maybe he does--we attempt to do what we can to help him toward that aim of making a living, or even to provide for lessons from an artist, or perhaps in some cases where the money would be available, we could send him to an art school.

There isn't any such thing as, oh, a school in the sense that we think of as going to college, or going to a boarding school? Each case here is set out to where its best adapted to that particular case, it isn't just a generalized procedure, is it?

No, no. There is no central point. We consider each case as an individual, again, and we attempt to help that person to find the place where he is going to get the training that he needs. One of the services of our office includes a library of materials, catalogs on schools which are available to the patient to help him make his decision about the school he wanted to go to. Also, we try to find out what we can about these schools--and how--what type of job--they are doing on placing their graduates and that sort of thing.

Um hmh. Well, now, say that you have talked to this person and he has set, and started on, his training for his new vocation. Does your program end there, or do you go farther?

Yes. As I said, have said before, I am here for two purposes. One is to find those people who might be in immediate need, or might be able to use vocational rehabilitation services right away, and whose needs are such that the amount of money we have available now will suffice. Then, the second reason, and the chief reason, is to find out just how many people there are in the Territory who eventually are going to need vocational rehabilitation services. Find out how much money we are going to have to invest in handicapped people. I hope to take that information that I get before the Territorial Legislature, and base my next financial request upon this information which I have gathered. It is apparent that because Seward and Anchorage are population centers of Alaska, that there are a great many people here in need of vocational rehabilitation services. How many, exactly now, it is hard for me to tell. But, I am getting quite a bit of information. It is a matter of people knowing about our services so that they will come to us and ask for them. That's what we like to have--we like to have people make a request on their own for our services.

Well, we certainly wish you all the luck in the world along that line. That goes without saying. One question came to mind while you were talking. In this relationship to the job finding--now, we're all classed as handicapped persons here, and there are so many well and able bodied people on the market, and looking for jobs. How does the chance of a handicapped person stack up?

Mr. Welch, I am proud and happy to say that we have very little difficulty convincing the employer that the handicapped worker is a good worker. One of Alaska's biggest needs is a stable working group. That means people who are willing to take a job and to stay with that job and work for their, and with their, employers without this attitude that so many people have of coming to the Territory cleaning up, and getting out. And I am sure, from my experience in talking with employers since I have been here, and from my previous experience in seeing handicapped people on jobs in the States, I am sure that we are going to have no problem there at all. I had an opportunity in Juneau, a month or so ago, to speak to a group of business people. I hadn't been back in my office for half an hour after I talked to these people, when three employers called me up and said, "Can't you find me a handicapped person to work in my business?".

They actually asked for them?

They actually asked for them. Because it is easy for them to see that handicapped people are picked, hand picked, and hand trained for the job, and are going to be good for them. And a physical handicap doesn't have to be a vocational and occupational handicap. Sometimes, a physical handicap is a definite asset on the job. There are certain types of work at factories in the States where people, who for example are hard of hearing, fit better because the working conditions are so noisy that people with normal hearing couldn't work there in those conditions, so consequently there a physical handicap becomes a vocational asset.

There's a lot of angles to this thing when you start considering, aren't there?

There certainly are. But, we feel, we definitely feel, that we will have no problems at all in convincing employers that physically handicapped people are good workers and worth every cent that they can pay them.

Well, it certainly sounds mighty good, Mr. Williamson. You stated that you are making a survey now, more or less, and then have to present your findings to the legislature. Does that mean that, after this visit, your program is going to be at a standstill until the legislature acts?

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Oh, no, Mr. Welch. We say that the final end of the whole vocational rehabilitation process is finding a job, and the right job. Of course, it is not always finding a job. In some cases it might be indicated that--take for example this radio man we were talking about--we might find that he should set up in his own shop instead of going to work for someone else. Perhaps there might be some town where there is no radio repair service already in operation, but the people in the town tell us that they need and can support a radio repair man. Then, at that time, we attempt to help this person to set up in his own business. If this radio man, or this artist again, wants to go work in a special type of job, then we go out and we try to find employers who will hire him, and to help him in every way possible to find the right kind of job, and the kind of job that he needs, and the kind of job that he wants.

This is all sounding mighty good, Mr. Williamson, but there is a question, now, that comes to my mind. You speak of sending a person for training. You speak of setting a man up in a business, if it is necessary. This is all going to cost a lot of money. How does the man pay that money back?

The man doesn't pay it back, directly. We say that--I tell people that--I am kind of like an investment broker. That I am investing Territorial and Federal funds, Federal money, in people. And those people, Mr. Welch, do pay it back. They pay it back in income tax. If we can take a person who has not been working, we'll say because he has had a physical handicap, and we can find the type of job that he can hold, and help him to find that job, through training or through any of our other services, get that man employed--we'll say the person might be making \$4,000 a year, where previously he hadn't been making anything. Well, you can just figure out for yourself what that man is going to return to the government in the form of income tax.

At present standards, it is going to be plenty.

And that's the way we say that people who use vocational rehabilitation services, we say that they do pay back the money. That's the reason we say that our program isn't charity or welfare. We're just investing money in people and we know that we are going to get it back. And we can prove on the basis of our figures in the States that people pay it back through income tax as much as 500% in five years.

More than was put into their training.

Right.

Well, that makes a wonderful deal for the government, and the individual, too.

Why, it definitely does. And the average cost of rehabilitation for a client, as we say--we speak of people who are using vocational rehabilitation services as clients--the average cost of rehabilitation per client in the States is a little bit over \$500. However, I think it will be a little higher here in the Territory, where things cost more and where, in many cases, we are going to have to send people outside to the States for services that they can't get here.

Um hmh. Well, this is all sounding very, very good. You made a statement, just recently, that at present you were looking into immediate needs, that you were somewhat limited in what could be done at present. Could you kinda tell us just what you are doing? I understand that you have made quite an extensive tour throughout the Territory. And could you tell us what you found out, and what has been your program there?

Cont'd Next Page.

No, fortunately, we do have enough money to keep us going throughout the next fiscal year, till July, 1953. But, to keep us going on a limited basis. Again, it is a matter of selecting those people who are in an immediate need of our services, to try to spread the money that we have over the greatest number of people possible.

Um hnh. Well, then we can expect you back here.

Oh, yes, I plan to be back here, if I can possibly, sometime in July, and I do believe that I will be making regular trips here to Seward and during the rest of this year.

We certainly hope that you can make Seward a port of call, because we are all very much interested in this program.

Well, thank you. It is good to know that people are looking forward to seeing me.

Well, Mr. Williamson, I certainly want to thank you for taking time out today, from your very busy schedule, to tell us all about this program. Do you have a final word?

Mr. Welch, I don't know. I think that I have said about all that I have to say here. I might summarize a little bit, and say that just because a person has a physical handicap, whether or not it might be tuberculosis, hard of hearing, or his eyesight might be bad, or might have lost an arm or a leg, it doesn't really make any difference, any more, as far as that person's ability to make a living is concerned. We recognize that physically handicapped people are a tremendous asset to our whole economic system, particularly here in Alaska. And they are needed in Alaska.

Well, we certainly agree with you there. Of course, we can't help but agree. Mr. Williamson is a man that certainly knows his subject. He has marvelous enthusiasm for it. I am certain that every one of us can look forward to the time that when we become rehabilitated, or in the process, that he will give us his individual and wholehearted attention. Thank you, very much, Mr. Williamson.

Thanks for the opportunity, Mr. Welch.

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According to the engineer, carpenters and painters, the new KSAN studio will be ready for occupancy sometime this month. Most of our patients are looking forward to this new, centrally controlled radio broadcast. The studio will contain a piano and musical instruments so that more live music can be used on these inter-comm broadcasts. New additions to the KSAN record collection has been indicated, also.



# THE X-RAY

BY FRANCES CLARK, R.T.

"Take in a deep breath-- now hold it--(click)--alright, that's all, now you may breathe. That's fine, and thank you.

To every patient in, and employee of, the Seward Sanatorium those are familiar words. Each new patient upon entering the Sanatorium has an admission xray, usually before being taken to the ward. Additional xrays for the patients are taken upon orders from the Medical Director. Each new employee has a "beginning employment" xray, also. Additional xrays for the personnel are taken at stated intervals, and they are requested to report to the xray department by the technician in charge. Likewise, a final xray is taken of each patient upon discharge from the Sanatorium, and of each employee when leaving the employment of the Sanatorium.

To produce the best results, each xray taken is carefully calculated; exact measurement of the chest is made, and upon that measurement is determined the amount of xray energy necessary to be used. Each film is dated and numbered at the time of the examination upon exposing the film. This is but the beginning and is followed by processing the film in the dark room. The solutions are kept at a certain temperature, regulated by a thermostat. The films are developed at a given, predetermined, measured time, thoroughly rinsed before immersing in the hypo or fixing bath, and then, after an interval, are put into a wash tank with circulating water to insure eliminating all of the solutions used to bring out the desired image on the xray film. Finally, they are put into the electric drier; then, when dry, the name is printed in white ink on the film, and it is taken to the office of the Medical Director. Here he reads the film, and determines further treatment.

Sometimes a patient will say, "It's been a long time since I've had an xray", or "another xray so soon again?", or "I'm so anxious to know what my xray will show this time". To which remarks the technician explains in words to the effect that all the examinations are made upon orders from the Medical Director and that he will advise them on their progress.

Briefly, then, this is the outline of procedures for taking xrays of the chest. Here at the Seward Sanatorium during the course of the year some 2500 xrays are taken. The Sanatorium has the best and most up to date equipment in the Territory, so that the various xray procedures can be carried out. Visitors from the States are greatly surprised to find such a well equipped xray department. Other examinations, besides fluoroscopic examinations, including stereograms, bronchograms, laminagrams, gastro-intestinal studies, and all phases

of orthopedic examinations are also made upon requisition from the Medical Director.

It sounds simple - merely to have the patient stand, or sit, in front of the film, held in the cassette, click the timer, dismiss the patient, and then disappear in the dark room. Actually, many years must go into the training of an Xray Technician. Intensive courses of study in an approved hospital under a Radiologist must be pursued - classes in physics, chemistry, anatomy, fundamentals of xray technic and positioning, and psychology, too, for each patient must be considered individually. It is the technicians duty to put the patient at ease, explaining the procedures to be followed, and how they can do their part in co-operating with the technician to secure the desired results. Then, as a climax to the training, to become registered, the technician must take a rigid examination, outlined and supervised by physicians appointed by, or designated by, the American Board of Radiology.

A final word must be said about the children in the Sanatorium. Yes, even babies are xrayed. It is especially interesting to take these xrays on the children. It is a game with them, and they delight in showing how well they remember just what to do - and how to position themselves. Even in the ward, they sometimes assume the position when having their xrays taken, and say "Xray". Such cooperation--it is really wonderful, and so rewarding.

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Can you think of a discovery or invention that has taken more guesswork out of the art of medicine than the Xray? Scientific medicine rests on the proper understanding of the causes of disease; of what lies back of the symptoms. That understanding depends much on what the eye can see--and the Xray machine makes visible practically every hidden structure of the body.

The Xray does not automatically answer the doctor every question, but it does often give him a picture that aids him greatly in making diagnosis.

To understand the Xray it is well to go back a hundred years when the Abbe Nollet in France made a toy called the "electric egg". From this bulb the air had been pumped and then the opening was sealed. An electric charge was then passed through the vacuum of this bulb causing it to become luminescent like the glow of a firefly. Neither Nollet, nor anyone else, understood the phenomenon.

In 1879 Sir William Crooks placed two metallic discs in such a bulb and connected them with an electric current. When the electric charge "jumped" from one disc (cathode) to the other (anode) a luminescent light was produced.

The mysteries of Crooks tube fascinated a number of scientists, among whom was William Roentgen, Professor of Physics at the University of Wurtzburg of Bavaria. Hewas, at the time, studying light rays, and, among the experimental materials he used were various fluorescent substances. One of them was a screen of barium-platino-cyanide, and an excellent fluorescent substance. This screen was lying in his laboratory about ten feet from the Crook's tube with which he was experimenting. The tube was enclosed in a light-proof black cardboard box. The room was pitch dark. But, when he turned on the electric current the barium

screen began to flow with an uncanny light. Strange, indeed!

Checking the light-proofness of his apparatus, he wondered why the screen glowed and concluded that the Crookes tube was giving off rays of some kind that were invisible, but that had the power of penetrating opaque substances and stirring up visible rays on the screen. He called these the unknown or "X" rays. That was on November 8, 1895.

Years later, Roentgen was asked what he thought when he first saw the light. "I did not think; I investigated," said Roentgen.

Roentgen soon found that the rays would fog sensitive photographic plates left in their light-proof cases. According to one, probably legendary, story, he made this discovery accidentally when he developed a plate that had been lying under a book on which a Crookes tube rested. The plate was fogged, but also bore the distinct shadow of a key, which he then found inside the book. We do know that Mrs. Roentgen was the first, after Roentgen, to see the wonders of the X-ray. There still exists the X-ray photo of Mrs. Roentgen's hand with the sharp outline of her wedding ring. It is said that Frau Roentgen, impatient with her husband after the delicious supper she had prepared had grown cold, remonstrated with him. To appease her he smilingly took her down to his laboratory and showed her the work that was so entrancing him. Then, he x-rayed her hand over a photographic plate. It is easy to imagine the shivery amazement of Frau Roentgen when she saw shadows of the bones of her own fingers with the wedding band hovering around one of them like the rings of Saturn.

One of the first in this country to appreciate the real value of the x-ray was Dr. Henry L. Smith, of North Carolina. When the news was cabled to the United States, Smith was teaching physics at Davidson College, and he had in his laboratory a Crookes tube with which he "played" like so many other scientists. Promptly, he went to the dissecting room of the medical college and brought back a human hand. He shot a .22 caliber bullet into it, and then photographed it--and obtained a perfect picture of the dead hand with the bullet in it. He was one of the first to use the x-ray in surgery. Dr. Smith died in 1951 at the ripe old age of 91, and lived to see the x-ray become one of the most valuable tools of medicine, to say nothing of its immense contributions to industry.

-----NTA Reporter

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#### SWALLOW HARD

In re the medication

That's used to treat the ill:

Sometimes, alas, the patient

Turns out to be the pill.

--Mildred Mason

## EVALUATING DENTAL SERVICES

### SEWARD SANATORIUM

It is obvious to the Dentist that the vital circumstances and way of life which accompany tuberculosis also foster disease of the teeth and their supporting tissues. The indication for basic dental treatment, i.e., extractions, restoration, and dentures, is much higher among TB patients than among similar groups of healthy individuals. This fact, so commonly acknowledged, places a singular significance upon the evaluation of dental services given patients at the Seward Sanatorium. It is felt this service requires evaluation with special regard for the differences between TB dental care and general dentistry.

Included herein are some of the obvious factors affecting an evaluation of such services as I have sought to provide these patients. It is my sincere desire that they may serve a dual purpose, as a set of values for my approach to the dental problem here, as well as a useful guide for those medical authorities concerned with the general treatment of tuberculosis patients in the Seward Sanatorium.

In the absence of documentary evidence that the removal of oral disease foci and restored oral function are directly reflected in the TB patient recovery, let it be simplified to a basic observation: Disease in, or loss of function of, any part is reflected in the whole.

Assuming that dental service, as a health promoting entity, stands without challenge, I will proceed with other factors which, to a lesser degree, affect the evaluation of my work here.

The mere machinations necessary in handling tuberculosis patients receiving dental treatment, place certain limitations on the output of any one operator. These patients must be transported by wheelchair or stretcher from wards to dental clinic. Their delicate conditions prescribe slower procedures and more visits than are necessary for ordinary healthy dental patients. By the same token, much time and work is spent in observing the rules of sterile technique, protecting operator and assistants from frequent contamination with tuberculosis organisms. These, and other manifest problems incident to organized handling of tuberculosis patients, should be considered when evaluating service rendered versus time consumed.

Any complete evaluation of technical service must take cognizance of the skill and competence of the operator. Suffice it to say that institutionalized patients are entitled to as high standards in this respect as are available to the public at large. The dentist must not be expected to sacrifice his professional ideals for the sake of impressive statistics.

Another factor affecting the value of these dental services is the low cost with which they may be administered here, as compared with the expense of extending similar service to Alaskan native villages.

The Dentist cannot be justified in treating one tooth in a mouth replete with caries and periodontal disease. His labors are of much less value if he works in terms of individual teeth rather than the whole oral cavity. This means that, at any given time, the major portion of his effort must be concentrated upon a relatively small percentage of the total patient population if his service is to reach maximum value. Further, this may mean that one patient will have ten to fifteen

Cont'd next page.

hourly visits for dental treatment, while other patients will be receiving only emergency care, the latter awaiting their turn for full mouth rehabilitation according to requirements.

Lastly, let dental service be evaluated in the light of monetary considerations. There would appear to be no means of supplying highly technical services at a low financial output. As the scientific accuracy of dental techniques is established, the cost of such applied services will increase. This is to say, it may have cost little to plug a tooth cavity many years past, when little was expected of the end result. However, in view of current, scientifically supported theories of tooth restoration, the technique becomes more intricate, more permanent, and more expensive.

The average practicing dentist cannot offer dentures to his patients for less than one hundred dollars. Under this program, twentyone such dentures were provided for patients at Seward Sanatorium during a four month period. It is likewise unusual for any dentist to restore an individual tooth with silver or allicate for less than ten dollars; yet, at the Sanatorium, 234 such services were given during the last four months. While it is more difficult to estimate a generally accepted fee for dental surgery involving the removal of 207 teeth with much infected bone and soft tissue, it will serve to state that the average dental practice does not include so much routine surgery in a year. In considering these figures, one should be mindful that each represents an operation with a certain finality; something is taken from or added to a patient's mouth. As in the case of all dental treatment records, a spot check with a few patients would reveal any discrepancy between the dentist's account of his services and his actual output.

I sincerely hope the foregoing statements may assist those interested in statistical reports of dental service to view such figures in their true light, and trust this narrative will add significance to statistical reports for this period.

The present plan is to continue the dental program according to the patient needs as determined and reported in October, 1952. Work with the Rehabilitation Training Program will be continued for benefit of the Seward Sanatorium patients.

Rehabilitation Training Program initiated February 1, 1953: On the job training for four patients: 10 hours weekly, two students.  
5 hours weekly, two students.

REPORT OF DENTAL SURVEY - SEWARD SANATORIUM

A general assessment of the dental needs of Seward Sanatorium has been made. Dental treatment has been divided into five categories, the patients examined and classified according to their obvious needs. Those patients having no obvious requirement for dental treatment have not been included; yet, a patient may fall into more than one category, depending upon the problems of the individual case.

<u>Class</u>	<u>Definition</u>	<u>Number of Patients</u>
I	Emergency relief from pain	12
II	Periodontal treatment for disease of gums	22
III	Operative, C & B (Fillings, crowns and fixed bridges)	87

Cont'd next page

IV	Extractions and surgery	79
V	Prosthetics (Dentures and removable bridges)	42

Examination of patients in the Sanatorium reveals the need for 242 dental treatment plans, each requiring one to six visits to the dental clinic. Considering the average case to absorb four hours, there is needed 968 hours of actual operating time. The estimated dental laboratory time required by Class V patients is 900 hours (per Hanau theory and techniques). Based on the 38 hour week, over a year is necessary to fulfill the present dental requirements of the Seward Sanatorium. Factors tending to increase this requirement are:

1. New patients being admitted to the Sanatorium.
2. Insidious oral disease manifestations not detected at present.
3. Maintenance of good oral health and hygiene.
4. Prosthetic requirements created by present indication for extractions and surgery.
5. Length of time a patient is confined for treatment at the Sanatorium, which may vary from several months to several years.

Conclusions:

1. In the modern treatment of tuberculosis, all factors contributing to the general health of the patient must be considered.
2. Patients at Seward Sanatorium require 1868 hours of dental health service at the present time.
3. This requirement is being constantly increased by certain variable factors.
4. The evidence of a great need for dental health service over an extended period of time indicates the necessity for employing a dentist on a full time basis by the Seward Sanatorium.

WORK SUMMARY  
OCTOBER 1, 1952 - MARCH 31, 1953

Sittings	551	Tooth surfaces restored	281
Teeth filled	234	Upper full dentures made	10
Teeth extracted	207	Lower full dentures made	8
Partial dentures made	3	Dentures repaired	3
Dentures relined	3	Four unit, precision case fixed bridge	1

Hours spent on Jesse Lee children during the time patients in Sanatorium sleep in afternoon:  $1\frac{1}{2}$  hours, three times weekly; total  $4\frac{1}{2}$  hours a week.

In addition to the above, most of the laboratory work incident to dental prosthetics has been done evenings and holidays without accurate recording of time.

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"Yeah, Herbert has a split personality; and neither of them is worth a darn."

# FROM THE DENTAL CLINIC

## THOSE TEETH THAT DON'T ACHE

"Why bother about my teeth, Doc? They don't even ache!"

This query is heard so often from patients who actually need many hours of a dentist's time.

The story begins back in 1912, when a famous medical scientist discussed a topic called "Focal Infection". He was talking about small areas in the human body where disease germs can take up residence, reproducing their kind, and pump harmful poisons into the blood stream.

He pointed out that many serious diseases are caused or affected by these quiet, painless, unnoticed infections.

One of the principal results of fifty years of study, research and practice in this concept is the increased responsibility of dentistry as a health service.

This is more understandable when we learn that, of the whole body, the tissues about the teeth are the favorite location for focal infections. As stated in the January Medical Journal, these are: (1) gum infections, (2) pus pockets around teeth, (3) infected tooth pulp, (4) dead teeth, (5) infected bone at tooth root tip, (6) old infections within the jaw bones. Other than in the mouth, such infections may occur in tonsils, sinuses, ears, intestines, bones and many other places.

It is known that these quiet infections may cause or affect the course of disease in several ways, and among the related diseases are: (1) types of arthritis and lumbago, (2) infectious diseases of heart valves and lining, (3) some eye diseases, (4) tuberculosis, as well as many others.

Forty years ago, the absolute cure for many of these diseases was supposed to depend upon removal of foci of infection from the body. As a result, many over-enthusiastic doctors worked overtime removing teeth, tonsils and other accessible parts suspected of harboring disease germs and their poisonous products. But through the years, it became evident that desired cures are not always forthcoming, despite the removal of such diseased parts. Today, it is realized that people react differently to focal infections, and many diseases do not improve even after such harmful infections are eliminated from mouth tissues.

But, you can see how the wise application of this knowledge can increase the service of physician and dentist to you. By consulting them often and following their suggestions for treatment and hygiene, you may escape the tragic effect of focal infections.

J. H. Hittson, DDS

# I'VE GIVEN



## TO Red Cross for '53

### have you ?

In the Red Cross booklet called "Facts For 1953" is this statement, "The Red Cross is people helping people....it is the heart beat of America."

We like to think of the heartbeat of America as an organization based on the willingness of people to help others who may be less fortunate than themselves, and there are few who do not realize that this personalized heartbeat of a nation, perhaps of the whole world is the RED CROSS. Some, however may not realize the scope of help for others extended by the Red Cross, perhaps some do not even know that the Red Cross maintains a world-wide net work of communications to discover and extend help where it is needed the most.

And there is no better time to begin a discussion of Red Cross as the heartbeat of America than the time when we celebrate Hospital Day, or Hospital Week, the time set aside to honor the birthday of Florence Nightingale, founder of Hospital nursing service. The two movements are very closely connected. From the Sept. 1951 issue of NTA Reporter here is a reprint of a brief article:

Many people believe that the Red Cross was founded by Florence Nightingale-- a statement to that effect was made some time ago in a widely-read health magazine. But it is not the renowned founder of nursing service to whom the credit goes, it is M. Henri Dunant of Switzerland who deserves that honor. The error probably arose out of speech by Dunant in 1872, in which the following statement was made:

"Though I am known as the founder of the Red Cross and the originator of the Convention of Geneva, it is to an English woman that all the honor of that convention is due. What inspired me to go to Italy during the war of 1859 was the work of Miss Florence Nightingale in the Crimea."

Although Miss Nightingale was not the actual founder of the Red Cross, she was in the words of the founder, "The inspiration of it," and it is certainly fitting that a movement which enables all of us to express the universal desire to help a less-fortunate neighbor, whoever and wherever he may be, should have a small corner in our Hospital Day Commemoration.

No matter how small or large your contribution to Red Cross may have been this year, if you haven't given yet, no matter what sum you plan to give, one or several of the millions of calls for your help and mine will be answered; the call of a

troubled man in uniform...the helpless veteran patient...the service wife overwhelmed by domestic crises; Or maybe the call comes from a transfusion bottle that means life to hundreds of men and women and children...a wounded marine in Korea...a mother in childbirth...an accident victim,(your own call could be anyone of these).

Or maybe the call to which your donation is the answer comes from the place where disaster strikes without warning...smashing homes and lives...a family crushed by disaster must have aid to rebuild a tornado-smashed home...a tired doctor needs blood to save a child's life...a soldier in Korea anxiously awaits the reassuring word that his wife's recovery from illness is certain...an accident victim needs quick sure first aid if he is to live.

All these voices of despair, and many more call for help every hour of the day or night, and none of us can tell when our own voices may be added to the cry, and through the organization known as the Red Cross, most or all of them can obtain at least a measure of relief.

Whether we have much or little to give in this great work begun by our hospital Day founder and M. Dunant, we at least can join forces with them in dedicating our lives to that great precept, "Thou shalt love thy neighbor," and live by the rule found in the Sermon on the Mount, "Do unto others as you would be done by."

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ABRAHAM LINCOLN ON DOING RIGHT

I do the very best I know how - the very best I can; and I mean to keep doing so until the end. If the end brings me out all right, what is said against me won't amount to anything. If the end brings me out wrong, ten angels swearing I was right would make no difference.

FROM LINCOLN'S SECOND INAUGURAL - "With malice toward none, with charity for all, with firmness in the right, as God gives us to see the right, let us strive on to finish the work we are in, to bind up the nation's wounds, to care for him who shall have borne the battle and for his widow and his orphan, to do all which may achieve and cherish a just and lasting peace among ourselves and with all nations."

HIS DESCRIPTION OF HIMSELF "If any personal description of me is thought desirable it may be said I am, in height, six feet, four inches, nearly; lean in flesh, weighing on an average one hundred and eighty pounds; dark complexion, with coarse black hair and grey eyes. No other marks or brands recollected."

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\* PERSONALITIES \*  
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Just a few short years ago, Jack and Ethel Short might have been known as Mr. and Mrs. Typical American. They were an average American family with average hopes and ambitions. Their children had grown up and gone out on their own, and the Shorts were looking forward to the remaining years of their lives as their own to enjoy in peace and comfort.

Jack, having hailed from Scotland as a boy, was a miner by trade. He worked in the coal mines in Scotland as a boy, and after becoming a U.S. citizen, had followed his trade in different sections of the States, and finally in Alaska.

At the time our story opens, Jack was working for the Kennicott Mines in Juneau. He had worked for this company in Alaska for 14 years, and, reasonably, expected to spend the rest of his life doing the work he liked best.

But, Jack became ill. "Didn't think much about it at the time", he said, "had been feeling bum for a long time, and had lost a lot of weight, but just didn't pay too much attention to it, although I used to be up half the night coughing".

"Then, one day", Jack went on, "we called in the mine doctor to get something for the cough. He must have had a suspicion of what was wrong, because he insisted on giving me a pretty thorough examination with xrays and everything".

"A few days later he came back, and he looked pretty serious. 'I hate to have to tell you, Mr. Short', the doc said, 'but you have an advanced case of active tuberculosis, and will have to go away to a sanatorium for a good long rest, and you will not be able to do any more work in the mines.'"

"Well, that looked like it was about the end of the world for me", said Jack. "I had two major problems instead of just one. As a matter of fact, I had three. First of all, I had to get cured of the tuberculosis, which according to the doctor would take a long time; my wife had to be taken care of during the time I would be hospitalized; and, even if I pulled through, there was still the problem of earning a living afterward. The doctor had told me I couldn't work in the mines again, and mining was all I knew. At my age, I thought, a man doesn't go out looking for a new profession. Especially, if you'd had tuberculosis".

Here, Mrs. Short took up the story with, "I couldn't let him go on thinking like that. Serious as our problems were, the main thing was to get him well again, and he was really a sick man, and our first move was to find him a bed in a sanatorium. Nothing was available right away, but we were finally informed that Seward San had a vacant bed and Jack could be admitted".

"So, we were soon on our way", Mrs. Short went on. "Naturally, I came along with Jack, because by the time he was so bad I was afraid to let him travel alone, and, too, I wanted to be along to keep him cheered up if I could and take care of him the best I could".

"To tell you the honest truth", she said, with her quiet voice and smile, "I didn't think he'd live until we were across the Gulf, he was that bad. His mental reaction to having the disease had plunged him into the depths of despair, and he

Cont'd next page.

seemed to lose the spirit of fight that anyone must have in order to get well".

"We arrived at Seward San, December 18, 1947", continued Mrs. Short, "a date I shall never forget, because it marked a new beginning for both of us, what had seemed like the worst calamity that could happen turned out to be a blessing in disguise for us. You see, I came out here to the hospital with my husband when he was admitted, and I guess some of the kind members of the Administrative Staff who knew something of our background must have sensed the panic I was in, at any rate they offered to let me train as a Nurses' Aide and become a part of the hospital staff in order to be near my husband, and to give me a chance to earn my livelihood. So you see, a good part of our problem was solved on the spot".

"That was a year after the hospital here opened", Mrs. Short went on, "and it has been a real thrill to me to watch the place grow, to see the changes being made in patient care and working conditions, all of them for the better. And to be part of it myself, that was the biggest thrill of all. I have never been treated better in my life, than I've been treated here. Patients and workers, alike, have been wonderful to me. I counted it a great privilege to be near my husband, and I count it a great privilege to work with all the other tuberculosis patients, because, you see, I have become vitally interested in this work because my husband has been so wonderfully healed of it, and I'd like to help other people through their dark days the way we were helped through ours. There is a great Christian influence at work here", she added. "You cannot help but feel the force of it".

Here, Jack again took up the story with as much enthusiasm as his wife had shown. "Yes", he said, "it just goes to show how much good can come out of the darkest experiences".

"Of course, I started to feel better directly after I got here, but I still had to spend 21 months flat on my back before the disease was arrested, and I was still pretty low in my mind about the future. When I was finally discharged, I was told in no uncertain terms, 'You've got to take care of yourself for a good long time; you can't move around the way you used to do, although sometimes you may feel like doing it; and, going back to the mines is completely out of the question'. So, I just didn't know what to do. I got a few jobs baby sitting, but that isn't very satisfactory work for a man that's been active all his life, as I have".

"In those days, there wasn't much talk about a Rehabilitation Program, but I'm sure the staff has been thinking along those lines for a long time. Administrator Nelson, Mr. Green, in the boiler room, even Miss Murrell, Treasurer of the Board, and certainly ever since Dr. Phillips arrived as Medical Director, Seward San has operated along Rehabilitation lines".

"But, I'm getting ahead of my story, that was back in 1949, some members of the Administrative Staff got together and decided that a job for me in the boiler room would not be too strenuous, and yet would supply me with a man's job to do it. They offered me the job and I was tickled to death to get it. Mr. Green taught me the business and he's been giving me the business ever since".

"I think I can speak for both my wife and myself, to say that we have been happier here than we've ever been, anywhere, in our lives. Seward San has helped to give back to us everything we thought we had lost".

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# GRIN AND BARE IT

The tobacco farmer was showing Aunt Emmie around the plantation.  
 "These are tobacco plants in full bloom," he said proudly.

"That wonderful," replied Aunt Emmie. "When will the cigars be ripe?"  
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When a doctor gets sick and another doctor doctors him, does the doctor doctoring have to doctor the doctor the way the doctor being doctor'd wants to be doctor'd, or does the doctor doing the doctoring of the doctor doctor as he wants to be doctor'd?

\*\*\*\*\*  
 "Everyone in town is talking about the Smith's quarrel," remarked the wife.  
 "And certainly ever since Dr. Phillips operated along Rehabilitation lines."

"And," interrupted her husband, "I suppose a few eccentric individuals are minding their own business."

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 Father: "Get up son, the day's half gone. What do you suppose Abraham Lincoln was doing when he was your age?"

Son: "Haven't got the least idea. But I know what he was doing when he was your age."  
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A diplomat is one who always remembers a woman's birthday and never her age.

TAKING THE CURE

I'm shot full of holes where I once used to sit,  
I'm so chock full of pills that I roll just a bit,  
I will never again look a cow in the eye  
For I've drank enough milk to run forty cows dry.  
I get so much rest, I've grown awfully lazy,  
When I start to stand up, my bones think I'm crazy,  
And getting a bed-bath tops any and all;  
A more sloppy maneuver I cannot recall.  
But I'm feeling so good now, I'm really quite sure  
It is all the result of my taking the cure.

---Bill Moore in the Sanatorium Pulse

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Mary had a little cash,  
She kept it in her stocking,  
And everywhere that Mary went,  
Her friends all said, "It's shocking,"  
So Mary took it to the bank  
And there she wisely hid it  
Which brought her far more interest  
Or did it?

---Sanatorium Sun

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THE HIPPOCRATIC CURSE

Quackery, Thackery, flowers, a jug  
Of medicine better to spray a bug,  
Priced at a figure outrageous, per slug--  
Life when abed is a mockery Ugh?

Nurses and hearses that pass in the night,  
A bath for a clam in the dawn's early light,  
A diet of juice and one's ready to bite  
A steak or an orderly impartially. Right?

Furtive, assertive medicinal lot,  
They smile and belittle the ailments we've got.  
It isn't the germ, it's the patient that's caught  
Life when abed is a paradox, what?

---W.C. Colter, in the Valley Echo

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"I don't say that my face in plain," he said,  
"But I have the kind of a face that bores me when  
I see it on other people."

--- NTA Reporter

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\* HOSPITAL DISCIPLINE \*  
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"It is not allowed" frequently irks the patient in the hospital when he wishes to relieve monotonous routine by some unusual activity, or when he craves a special privilege. At home, he might have his wish, but in the hospital he is bound by certain restrictions which may seem to him arbitrary and unfair.

But, rules and procedures are absolutely necessary in a hospital because it is an organization geared to meet the needs of not one, but many, sick persons. This organization is made up of people, the personnel of the hospital, who depend one upon the others as the cogs of a machine mesh with each other. It is a complicated piece of mechanism with its many inter-acting parts working with precision. When one part of the organism fails, the whole is affected. Yet, the service rendered by the hospital organization, unlike that of a machine in a factory, must never become mechanical. It is not turning out a product most efficiently and at lower cost, but serving the human needs of patients. Everyone employed in the hospital is under discipline.

Now that word, discipline, has an unpleasant sound to many ears. Most of us resent interference with our liberties. True discipline imposed on unwilling persons is slavery or, at best, a form of policing. But discipline voluntarily accepted by the individual is the essence of democratic self-government. It is based on respect for the rights of others. Hospital discipline may be regarded as an agreement among the members of a corps to work together according to pre-arranged standards and under the supervision of a directing head. Sometimes a particular rule may be irksome to a worker, but, in a spirit of sportsmanship, he sets aside his irritation for the good of the whole.

Hospital discipline applies not only to the staff but to the patients as well. A patient is not merely a "customer" (who is always right!) entitled to have his way, for when he enters the hospital he becomes part of the hospital organization. Unless the patient cooperates, the hospital staff cannot do much for him. This is particularly true of a patient in the tuberculosis hospital, whose recovery depends very much on the spirit in which the patient joins in the fight to drive out the disease that torments him. All the skill of the hospital staff can help the tuberculosis patient little if he does not play the game honestly and fairly.

Hospital discipline is humanized by what has long been known as medical ethics. There is no mystery about the code that has been respected by doctors since the days of Hippocrates. Properly interpreted we see that this code is simply a set of rules of conduct, all designed to protect the rights of the patient. A surgeon, instructing his medical students, said; "The code of medical ethics is an excellent guide, but you must not memorize it verbatim for it is but the application of the rule you will find in the Sermon on the Mount, namely 'Whatsoever ye would that men should do to you, do ye even so to them'. You will never be guilty of violating medical ethics if you will follow that rule faithfully in medical practice".

It sounds simple, but do "do unto others" in the complexities of our times calls for keen understanding of "others". Try out the rule. Cast yourself, momentarily, in the role of the superintendent. Upon your shoulders now rests great responsibility; questions of finance and policy are determined by you, you select the personnel and direct them; you are answerable to the board and to the public for the hospital's reputation. Like the commander of a ship, you expect every staff member to be at his post, alert, and responsive. And the patient who "puts one over" on you by violating discipline, is not playing the game.

Or, put yourself in the doctor's shoes. Now you are, for the time, the absolute ruler of another person, for sick people surrender, temporarily, the conduct of their own lives. That is a grave responsibility and you must therefore have absolute control. You, and you only, give the orders. They may seem over strict, they may have to be changed suddenly, their purpose may not be clear to the patient--no matter, your orders must be carried out to the letter. The confidences of the patient you are solemnly charged to protect; your lips are sealed. Traditionally, and by right, you are entitled to certain courtesies. You like to be addressed as "Doctor" and you do not like to have the correctness of your diagnosis or the rightness of your treatment judged by any but your peers. Yet, you will accept the critical comments of another doctor cheerfully. How would you like to be done by if you were the doctor?

What would you expect of the patient if you were the nurse? As a nurse you are the executive arm of the doctor, responsible for carrying out his orders in letter and in spirit. You do so in professional manner, according to techniques you have learned at hard cost of labor and study and which are based on long experience. You have a right to expect cheerful acceptance of your services. You don't like to be treated as a menial; to be scolded for not satisfying one patient's whims when others are waiting for needed services. And, being human, you do love a pleasant greeting and an occasional word of appreciation.

There are others in the hospital with whom you come in contact; the social worker, the librarian, the chaplain, the rehabilitation worker, the maid, and all have their special duties to perform. That is easily forgotten in a large institution where efficiency is worked out to a fine point.

Try out the rule on your fellow patients. Sick people have whims. Some of them are sicker than you are and they are all sensitive. "The world looks different from a horizontal position than it does walking about and enjoying health.) Disease is seldom limited to a single organ but usually affects the entire body. Emotional equilibrium is disturbed, there may be worries about the folks back home or about the future. Under such stress a sick person may say and do things which in a more normal state he would prefer to recall or undo. Be patient with your fellow patient, give him a lift when you can. He wants above all evidence of human understanding--the feeling that someone cares. Be thoughtful and generous toward him.

Discipline, then, is not something to which we "bow", either stoically or in blind submission, but a group understanding as to what each is to do. We do it not by sacrificing our own personality, but rather by gearing our personality into the whole organization. The necessity of maintaining discipline in a hospital is not debatable. And, happily, discipline based on respect of the other person is lightly borne.

---NTA Reporter

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#### A WARNING

Here is warning, for age and for youth,  
When your friends say, "Tell me the honest truth!"  
DON'T DO IT! However you want to,  
Or you'll be querying, "Heaven knows,  
Why I'm getting so many foes,  
And, where all my friends have gone to?"

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Sittin' and wishin' won't improve our fate;  
The Lord provides the fishin'  
But we gotta dig the bait.

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A DAY IN THE LIFE OF  
THE MEDICAL SOCIAL WORKER  
Keturah King

8 AM "Anchorage is on the wire, Mrs. King", calls Polly, the Information Clerk, as the Social Worker gets out of her wraps for the new day's work. Mrs. Elshire, the Alaska Department of Health Travel Clerk, is on the phone to say that she is putting a three year old child on the Cordova Airlines plane and will someone meet her. Of course, we will meet her. Mr. Nelson is alerted so that a car from the Sanatorium will be at the airport. Dr. Phillips is told that the new little patient is arriving, and Miss Stuart is notified so that the bed will be in readiness on the children's ward.

8:30 AM Conference with Miss Ushler - Vocational Rehabilitation has arranged for James, who is ready for discharge, to go to Seattle for training. James doesn't have a birth certificate. A phone call to the U. S. Commissioner brought forth the information that a certified copy of identifying information in his hospital record would be acceptable. The social worker makes the required copy, and notarizes Dr. Phillips' signature.

9 AM Nursing supervisor comes to the office to report that a veteran needs to see the dentist. Social worker grabs the Veterans Administration application form for dental care, goes to the ward, writes in the symptoms, the army identifying information, patient signs, and she returns to the office and mails it to Dr. Harris, Chief Veterans Administration Medical Officer at Juneau.

9:30 AM Time for coffee. Over the steaming cups of coffee pleasure and relaxation are blended with more serious Sanatorium activities. This is a good place to catch a word with employees from all departments and save a little "shoe leather". "By the way, Mrs. King, I was going around to your office to tell you Mr. Smith wants to see you about his veteran's pension", says the nurse from Ward I. There is Pat Olson, and this is a good time to ask him to stop at the Alaska Shop and pick up some flowers for Betty, whose mother has sent money for a bouquet. And this is a good time to remind our bus driver, Mike Rice, that he is to take Mary to the railway station to get the train to Anchorage. Mary is going home after 1½ years of taking the cure. Here is another nurse to inquire when Mrs. Jones may come to Social Service--she is worried about her brother who is ill and in an army hospital.

10 AM Mr. Nelson carries our three year old in from the car, and Mrs. Randolph is waiting with her warm smile and motherly manner to take her to the ward. What a pretty little girl she is, in her lovely parka and mukluks! Someone remarks that her mother and daddy must love her very much to have dressed her so attractively. Of course, they love her, and it hasn't been easy to turn her over to the care of strangers so far away from home. They are miles away awaiting word of her safe arrival and the social worker dictates a letter to get out on the next mail and let them know she has completed the long journey and is safe in the hospital. Every month during her long stay the social worker will write parents of her progress.

10:30 AM Mrs. Jones comes to the office. She is understandably disturbed because she has just received word that her brother has been taken to an army hospital, but she doesn't know what is wrong with him. This is a situation for the local Red Cross representative to handle, because she is affiliated with the Red Cross Field Directors with the Armed Services and can secure additional information more speedily than a worker not connected with the military. This means a phone call to Mrs. Lee, the Red Cross worker in Seward.

11 AM Nurse calls on intercommunication, or "squawk box" to ask if she may send Mrs. Brown over to Social Service. Mrs. Brown is in tears. She has received a letter from the family who is caring for her four year old daughter. They can no longer keep her. This is a Child Welfare problem and fortunately Mrs. Hafemeister, the Department of Public Welfare Representative in Seward, is making a field trip and will be in Mrs. Brown's home town within a few days. The social worker sends an S. O. S. to Mrs. Hafemeister, who will investigate the circumstances and work out satisfactory plans for Mrs. Brown's little daughter.

11:30 AM Just time before lunch to take stationery and stamps to those patients who asked for it yesterday.

11:45 AM Lunch.

12:15 PM Correspondence - letters to be written and replied to. Here is one to  
to  
2:30 PM from little John's mother. She writes, "How's my kid? Other kids all come home. How come my John never come home?" This reply requires some interpretation. We know John's mother is disappointed when she sees other children coming home who have been under treatment no longer than John. It is necessary to explain that no two cases of tuberculosis are alike. Some children get well faster and are able to return in a shorter period than others. John's case has been a little stubborn, but if everything goes along satisfactorily, Dr. Phillips thinks John may be able to go home in a few months. Dr. Phillips, however, won't let him go until his chest is good and sound. He thinks it better for John to remain a little longer, rather than to go home, get sick again, and have to come back to the Sanatorium.

Then there is that letter to write to the Public Health Nurse to investigate the home situation of Miss Walker's sister and brother-in-law, who have written they would like for Miss Walker to come to their home at the time of discharge. We would like to know if they are in good

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health and if the house will accommodate another person without overcrowding. What of their financial situation? Will they be able to provide for Miss Walker until she is able to work or should we request financial assistance from an agency? Do they understand about Miss Walker's strength limitations? When an individual leaves the Sanatorium we wish to be reasonably sure that she is going to a place where she will have a good chance of staying well.

And there is that letter to write to the Department of Public Welfare about Mr. Miller's wife and two children. Mr. Miller is a recently admitted veteran whose Veterans Administration pension will not be sufficient to take care of his family's need during his absence. It will have to be supplemented by Aid to Dependent Children, which the Department of Public Welfare administers.

A letter must be written to the superintendent of the children's home where Mrs. Potter's two children are being cared for. The children are becoming negligent again about writing their mother and the superintendent will have to remind them they haven't written their mother for over a month.

The Alaska Native Service must be written to learn whether there will be an opening at Wrangell Institute for Catherine, who will be ready for discharge in a few months.

2:30 PM Dr. Phillips stops in the office to inquire what we have heard from the  
to Public Health Nurse about Jack's parents' home. If he can go to a  
3:00 PM sheltered environment, Dr. Phillips thinks it would be safe to discharge  
him in a few weeks. We have been anticipating his discharge for some  
time, but have to learn about his home situation and the nurse doesn't  
get into his village very often.

3 PM Today, the social worker takes Jane to town to buy new clothing. Jane  
will soon be leaving for an Alaska Native Service school where she will  
finish the required academic work before enrollment in the Practical  
Nursing School. There have been months of correspondence between the  
social worker, the Alaska Native Service, and the local nurse, to secure  
Jane's mother's consent for her to go to school, and to complete the  
arrangements. The Alaska Native Service has sent a check to buy cloth-  
ing for the trip. While downtown, the social worker has glasses repaired  
for Mr. Jonason.

4 PM Return to Sanatorium. Thus endeth one day in the life of the Medical  
Social Worker at Seward Sanatorium.

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A shabbily dressed old fellow entered the clinic for treatment, and  
the doctor on duty took his case history.

As the questioning progressed, the physician asked, "Is your mother  
still living?"

"I never had no mother," mumbled the patient.

"NEVER HAD A MOTHER?"

"No, sir. We wuz too poor."



In the past year many changes have been made in our sanatorium. In the health field, of which we are a part, we all have predominantly the same ultimate goals, the same desires, but we differ on the ways and means of satisfying these desires and reaching those goals. When we first started collecting our thoughts and ideas together for a Nursing Aide Training Course, we discovered a lot of different viewpoints, so after much research and many meetings, we decided to experiment on our R.N. staff. The R.N.'s went to class once a week and received the same instructions that later were to be given to the Nurses' Aides. The program, though it has helped the nursing staff most directly, has stimulated the patients to a greater awareness of their danger to others and so they are now more receptive to information concerning their disease.

Nursing Aide Classes were conducted November, 1952 through February, 1953. During that time, 48 employees of the nursing staff each attended sessions. The course of 30 hours, and covering subjects from bed baths and bedmaking to proper pushing of wheelchairs and cleaning of the same, was successfully completed by 31 of the 48 employees. Just one person out of the group has had no classes during his work period here because of work elsewhere. Six people received no credit, four of whom resigned, the services of one was terminated, and one other was transferred to another department in the hospital. Three people had leaves of absence and will make up the course on return. Several others are progressing with the course at the present time, having entered our services since the initial start of classes in November. Generally speaking, our total number of aides at any one given time is about thirty. Their work on the wards has been supervised during this period. Graded supervision will continue for another three months.

Two factors of major importance in the present notable decline in tuberculosis mortality are improvement in the care of TB patients and increasing success in prevention of new cases. Therefore, we feel that not only should we make provision for basic instructions that all nursing employees should have on a disease of its importance, but also for specialized training in TB nursing technique. TB is an infectious disease, not only affecting the patient himself, but endangering all those in contact with him.

The requirements for good TB nursing are many. The nurse must be well informed on her subject, quick in her appreciation of the needs in each individual case, skillful in instruction on the danger of tuberculosis, and patient and persistent in her relations with those under her care. But, the success of these efforts depends, in the last analysis, upon the patient himself.

We are very proud of our aides and our patients since this course, and it

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is surprising the difference we notice in bedside care and teamwork between both patients and employees.

We all will play major roles in carrying out a great task and the results will be written in terms of constantly increasing benefits for everyone.

Other improvements are:

- A new medication system and medication trays.
- A safe system for administration of medications.
- A system that will provide that medication cards are correctly made and properly used.

New dressing carts for better asepsis in changing dressings.

Central Supply has been remodeled and painted and we now have much more space for our medicines and equipment.

New methods of cleaning and taking care of syringes and needles and many new medicines are now in our stock.

Immunizations against typhoid-paratyphoid have been given to all patients and employees who desired them. Diphtheria, pertussis and tetanus combined vaccine, also typhoid-paratyphoid was given to all the children on Ward V.

At the present time the nursing staff consists of 15 registered nurses, 32 nurses aides and 3 orderlies.

Ideas and cooperation both from employees and patients are priceless. To all who have so generously shared their creative efforts, I acknowledge my gratitude.

Ada A. Stuart, R.N.  
Director of Nurses

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The oldster had suffered a foot injury, but it was nothing compared with the injury to my nostrils when I removed his shoes. With all the delicacy I could muster, I asked if the old fellow ever took time out to wash his feet.

"No," he said, "I never put 'em in water."

"You don't like getting them wet?" I asked.

"No, it's not that. The doctor told me never to put 'em in water."

Baffled, I asked, "How did that happen?"

"Well, you see, I'd froze my feet, and my folks was just going to put 'em in some warm water; but the doctor said, real emphatic, 'Don't ever do that to feet like that.'"

"How long ago was that?"

"Oh, that was when I was a boy."

Fifty years late, I prescribed warm water--and soap!!!

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"Now I know just what you nurses go through to learn your profession. I've just completed two weeks of my first-aid course!"



BY GOLDIE BUSKO

It may be that Dr. James A. Ryan's greatest contribution to the field of education in the Territory of Alaska, and it cannot be denied that his contribution to that field as Commissioner of Education has been vast, it may be that he will be remembered longest for his insight into the need of education for the physically handicapped in Alaska.

It is not known what incident or series of incidents aroused Dr. Ryan's interest in the Handicapped people of the Territory, however, five years ago, he enlisted the aid of Dr. Dorothy Novatney, and together they made a trip to Seward Sanatorium to investigate the possibility of pioneering the new educational movement here.

At Seward Sanatorium, the Administrative heads were well aware of the many problems presented by sheer lack of education among their patients, and then too, a childrens Ward was maintained here where about 25 children were being treated for T.B. ranging in ages from three months to twelve years. Some of these might remain here for years, and unless this system of education could be established these youngsters would be deprived of early training in the three R's, and would have to enter school at a much later date or grow up entirely without education. And that could mean that a handicapped person devoid of education or training for earning a livelihood, even though he is healed of Tuberculosis, might remain a burden on the tax-payers all the rest of his life. This the Administrative Heads of Seward Sanatorium well knew, and they knew also that many problems among adult patients could be resolved simply by a little schooling in everyday use of the English language.

Patients in Seward Sanatorium are drawn from all over the Territory, from the arctic circle to the lower tip of Southeastern and from the Aleutian Chain, there are Eskimos, Aleuts and Indians, some of whom speak little or no English, and although for the most part, are alert, intelligent and very cooperative, a language difficulty might prevent them from understanding just what is required in the process of getting well, and would certainly create another hurdle for the Medical and Nursing staff, most of whom have not had time to learn all the different dialects and patois spoken by their patients who have not yet learned English.

Since the Administration of Seward San has always maintained a forward-looking progressive policy, and even though the institution was doing "An Erie Canal Crawl" to keep it head above water at that time, the visit of Dr. Ryan and Dr. Novatney was welcomed eagerly and the new experiment in education in the Territory was undertaken gladly.

From the first moment their doors were opened for the admission of Patients, administrators and Medical Directors of the institution have not looked upon their task as a piece-meal proposition,

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but have gravitated toward the goal of complete personality integration in each patient that is discharged. Dr. Francis J. Phillips, our Medical Director, concisely summed up this policy of the hospital in a meeting with his staff recently.

Said Dr. Phillips, "The time is passing when a doctor who has written a prescription has ended his obligation to his patient ---a doctor's obligation ends when his patient is back to work, and not on welfare---a doctor must try to send his patient back into society an integrated personality, productive and useful, not someone who is going right back to become a burden on the tax-payers. Certainly in chronic diseases it's up to the doctor to see that his patient has every chance to stay well, once his disease is healed."

"And," Dr. Phillips went on to explain, "There has been considerable change in the philosophy of nursing, too. A nurse is no longer considered merely a servant to the sick, often she must be a teacher, too, a teacher of a completely new way of life, and her skills have to comprise, not only the best nursing skill, but a deep insight into basic human needs as well. Her part in the process of re-integrating personalities that have been disrupted by disease is very large."

The philosophy, outlined by Dr. Phillips, which obtains here at Seward San, has been a fertile proving ground for the new Territorial experiment in education for the handicapped. Dr. Ryan and Dr. Novatney, in that visit here five years ago drew up a contract for a teacher, and then back in Juneau they started looking around for a suitable person to pioneer the job. At last one was selected, their plan was outlined to her, a plan for studying types, needs, and a method of fitting these needs into the Territorial requirements for school work.

July 1, 1948, saw the first teacher for handicapped persons in the Territory of Alaska installed at Seward Sanatorium with the Herculean task of setting up a workable bed-side school room. At first it was only the children who were tutored. A list of school-age patients was tabulated, tests given, grades set up, the scanty materials at hand assembled, and on Labor Day of 1948, school officially opened.

The children were eager to learn. Naturally, they could be allowed to work only so long as their medical charts permitted. Pretty soon, word got around among the adult patients on the other five wards that school was being conducted in the hospital, and some of those who were on the "getting well" list with some up-time wanted to get in on the opportunity for education. A list of names was circulated in the form of a petition for instruction for adults, and the list presented to the Administrator.

Administrator Nelson, in sympathy as he always has been, with the needs of patients, was at the same time reluctant to increase the already heavy load of the one and only teacher. However, the teacher was consulted, and being willing to assume as much of the load as she could, arrangements were soon made to take on the instruction of as many of the adults as possible. At the end of that first year there were 68 patients receiving at least a modicum of learning from their bed-sides at Seward Sanatorium.

And that first year was a real pioneering achievement. We had few supplies and not nearly enough time, but it was certainly a rewarding experience. The eagerness of patients to learn, the ability of some to carry through on projects even though suffering from chronic disease. A great many of them made amazing progress right from the start.

Seward Public School was very helpful in the project, giving us all the text-books and supplies which they could spare, and in helping us get enough paper, pencils and other materials to work with.

When our supply situation became acute, the Medical Director, Administrator, WSCS, all went to bat to help us, our Medical Director even went to Juneau with our need for another teacher, at the same time presenting our dire need for supplies, and

in 1950, the second teacher was added to our staff. When adequate supplies began to come in regularly from the Department of Education in Juneau. It looked as if the educational venture was at last to stand upon its own feet. A most rewarding venture it has proved to be.

Last year the two teachers at Seward Sanatorium gave adequate instruction to seventy-five patients, ranging in ages from six to sixty-four, this latter being another step forward taken by the Education Department in Juneau in raising the age limit of those who can take school work at the Sanatorium. At present there is no age limit at all for those desiring school-work.

This year there are twenty-six children of school-age ranging from six to sixteen being taught, and there are twenty-eight adults, seventeen and over receiving instruction. Of this number, eight are able to be up, at least part of the time, to come into the school room where an adult, ambulatory patient supervises their study. All the others are taught at their bed-sides at times which do not conflict with Hospital routine and which is most helpful to the treatment they are receiving for their T.B.

It is most gratifying to note the results of work which has been done here in the last four years. Children read their own letters now, and answer them. Many of these children had never been to school at all, so could neither read nor write, and many could not speak English. It is amazing when you think of the progress that has been made in the short time allotted to each pupil by the concentrated effort of both pupil and teacher. Among subjects studied are: History, Geography, Health, Science, English, Reading, Arithmetic, Penmanship, Spelling as well as other specialized subjects needed in individual cases.

Results among the adult pupils is just as gratifying. An Indian woman, a grandmother who could neither read nor write, is now able to read her own letters from home and to write in reply. And Eskimo from the northernmost tip of Alaska, who did not speak a word of English when admitted, learns to do fourth grade work, reads writes and speaks fairly good English. A young discharged veteran, an Eskimo boy with a low third grade education is interested in becoming a minister when his Tuberculosis is healed. At the end of a concentrated two-year course of study, his achievement test showed a full course completed according to Territorial Law for eighth grade. With a little brush-up next year he would be able to begin high school and thence to his ministerial training. Another young Eskimo wants to go into business for himself when he is well enough to go home. He too, has completed the full course of study according to Territorial requirement for eighth grade, and last week he was permitted to enter a Rehabilitation Training class in the business he wants to go into when he goes home. Here at Seward San every possible opportunity is given to each patient to go back into society a self-supporting well citizen who is going to stay well.

The Medical Director, Administrator, Medical Social Worker, Rehabilitation Counsellor, all work together with the school teachers to keep the school work going as an adequate footing for the better way of life we are all trying to teach the patient, so that now, school is very much a part of the daily San routine, with patients being glad, for the most part, of the opportunity to have this school work offered them.

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#### AN INDIAN PRAYER

Let me not judge my brother until I have walked three miles in his moccasins.



# NOTES FROM VOCATIONAL REHABILITATION

Grace V. Ushlor

## REHABILITATION AT THE SEWARD SANATORIUM

One year ago it became possible for the Medical Director to propose a more general rehabilitation program for all patients. Then the general concept of rehabilitation was rather vague. Since that time a working and an accepted vocational rehabilitation program has been developing. Now, each patient who is admitted to the Seward Sanatorium is studied as a potential rehabilitation client soon after admission.

The position of a full time Vocational Counselor was established as a staff member of the rehabilitation team at Bartlett. Her initial function is to study the previous employment; administer and interpret such tests as mental ability, aptitude, occupational interest and personality of the patient; work with the physician, the medical social worker and the patient in future occupational planning. Where patients were engaged in hunting, fishing and other manual labor before admission, retraining in occupations of a less strenuous nature is indicated. This training, in many cases, can take place in the sanatorium while the patient is recovering from tuberculosis.

The courses offered at the present time include:

- Storekeeping - a six months course in merchandising, store operations, display, foods, marking, receiving and handling, shelving, store plan study, and personnel. Visual aids and on-the-job training are integrated into the curriculum.
- Commercial - a 4, 6 and 8 month program which includes typing instruction, (primary and advanced), shorthand, general business, bookkeeping, and medical and dental ledger keeping. This program includes both bedside and classroom teaching for eleven candidates.
- Photography - a 3 month brush-up course in dark room procedure, developing, printing, and portraiture for two advanced trainees. It is planned to develop a primary course for new clients when one of the rehabilitants is established in our sheltered workshop as a commercial photographer.
- Selling - The course is designed to assist the patients interested in the selling trades. It covers the new techniques as

Cont'd next page

well as the fundamentals, ethics, costs, and advertising. Four men are now taking this 6 months training course.

Dental training-This is a six month course with two distinct classes. Two women patients are learning to be dental assistants. Two men are taking dental technician training. The men are actually learning to make dentures and inlays as well as learning to work with plastics and precious metals. They are learning ordering and supply sources.

Shoe repair - A 6 month apprenticeship training course, designed to cover all modern methods of shoe repair as well as use of hand tools. Electric equipment use will be taught. Buying, marking and salesmanship is also part of this course.

Plans are in process to develop other small enterprise training, such as saw setting and filing, tool sharpening, office machine repair, fractional H.I. electric motor repair, key making, electric appliance repair and eventually a wood-working unit.

Whether our rehabilitation patients decide on technical training, business training or are interested in arts and crafts - the "total care" (a) the total rehabilitation of the individual, is the important factor. With this fact foremost in mind, we have adopted, here at the Seward Sanatorium, the policy and procedure of the more progressive rehabilitation centers in the United States (Saranac Lake, NY, Institute of Rehabilitation and Physical Medicine of N.Y. University).

Modern case evaluation clinic methods have been instituted. A case evaluation clinic was conducted for two weeks in mid-December. In this clinic the individual problems of each patient were studied and analyzed. His physical and emotional status and his vocational potential were evaluated. These studies were accomplished by teamwork. The Medical Team presented medical findings of the case. This included laboratory and xray review, the regimen of treatment and prognosis. The Social Welfare-Mental Health Team summarized the significant personal and emotional data relative to the patient presented. The psychologist evaluated the social workers' information in light of his testing and findings. The psychiatrist correlated the mental health findings with the medical aspects of each case. The Vocational Rehabilitation Team presented job possibilities or recommendations for training to the clinic. The patient was given the opportunity to express himself in the round table discussion of the different aspects of his case. This material was then studied by the group and a program suggested for the total rehabilitation of the individual.

At the present time, 42 patients are receiving some form of vocational rehabilitation services. These include simple counseling, vocational training, vocational job guidance, special professional services and placement. As a part of the In-Sanatorium program, 22 patients are receiving bedside and/or classroom training in one or more of the six courses mentioned. Two are being trained in Indian Service Schools. Two are taking specific vocational training in trade schools outside. Three have completed rehabilitation training and are now working full time on regular jobs. Three others are further convalescing until the particular vocational

(a) Switzer, Mary E. "Rehabilitation a Public Trust", Journ. of Rehab., N/D, Vol. XVIII, No. 6, 1952, 3-7.

school can accept them. One was transported to Seattle for intricate surgery by an orthopedic specialist to eliminate his physical handicap in order that he may accept direct job placement. All these clients have either had their tuberculosis arrested at the Sanatorium or are now in medical treatment program for their disease. Only through such cooperative efforts will we ever be able to combat tuberculosis in Alaska.

All these added services to the tuberculous patient give the patient a new hope for recovery. The chances of staying well are greater after proper vocational training for a suitable job. The cost to the community, the state, or territory in after-Sanatorium welfare expenditures is lessened. However, the cost during hospitalization is increased. The special vocational training obviously is an added financial outlay. All these added services are possible through the combined and cooperative efforts of many local, Territorial and Federal agencies. The Mental Health group are members of the Alaska Department of Health. The Alaska Department of Public Welfare furnishes certain services. However, the greater part of the financial burden of these added services is shouldered by the Office of Vocational Rehabilitation of Alaska. Sizable contributions are received regularly from the Alaska Tuberculosis Association in distribution of monies received in Seal Sales. Service Clubs such as the Lions, the Elks, the American Legion, the Women's Auxilliary of the American Legion, the Red Cross, and many other community interest groups. The basic cost of hospitalization is borne by the respective beneficiary agency. The Alaska Department of Health, the Alaska Native Service, the Veterans Administration, and the United States Public Health Service all hospitalize patients here on a contract basis. The Woman's Division of Christian Service makes a sizable contribution to the overall operation of the Sanatorium. The entire tuberculosis treatment program and the vocational educational rehabilitation effort are part of a community service for the tuberculous and is made possible by tax money, community organizational contributions and individual contributions of either money or individual time and talent.

The initial steps in rehabilitation of tuberculosis patients at the Seward Sanatorium Bartlett, Alaska, begins when the patient enters the sanatorium. Physical restoration is accomplished through bed rest, medications and surgery. Help with personal and emotional problems is available through trained personnel and consultants. Vocational and economic independence is promoted through guidance and training.

Vocational Rehabilitation at Seward Sanatorium is planned as a service that begins with admission, is carried on during hospitalization and continues until the patient is on a job and has made satisfactory adjustment to life in his or her community.

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A young woman got the hiccups while kibitzing a men's card game at a country club.

Minutes passed. The hiccupping continued.

The card players squirmed with annoyance. One of them had a waiter bring the intruder a glass of water. She drank it, but continued to hiccup.

Suddenly one of the players, a doctor, swung around to the woman and roared:

"Madam, are you pregnant?"

She flushed and replied angrily: "Certainly not!"

"Are you quite sure?" he persisted.

The woman quavered with rage: "I'm not even married!"

"No," said the doctor, returning to his cards. "And you're not hiccupping any more either."

(With more apologies  
to the "Arroyan")



## NEW PATIENT'S COUNCIL IS FORMED

By Joe Oneha

We would like to take this opportunity to inform the patients of Seward San that the following members were elected to represent them at meetings with the Administrative Staff of the Hospital: Ward One, Joe Oneha, Chairman; Ward Two, Dorothy Neal; Ward Three Barbara Strom; Ward Four, Henry Duncan; and Ward Six, Carolyn Miller.

"ANY COMPLAINTS?"

We also wish to thank the Administration for allowing us to form a Patient's Council, and for giving us the opportunity to present our grievances and other important matters for their consideration.

After our first meeting with the staff on March, 27, it was the consensus of opinion amongst the members of the Patient's Council that the Administration of the Hospital is taking a personal interest in our welfare even though it seems at times to some of us that they are not.

We were more than cordially received, given every opportunity to speak about our troubles and to ask whatever questions we wished pertaining to matters which the patients thought were of vital importance to them. In this respect, we were given satisfactory answers and are happy in the knowledge that the patients will receive every consideration.

To give you some idea of what the staff is trying to do for us, we will take a good example from what has been recently done. I know you all will recall Dr. F.J. Phillips' recent trip outside to study Rehabilitation problems at Bellevue Hospital in New York City. In taking this trip, it must have been at great personal loss and sacrifice on his part. He had to leave his family, sacrifice valuable time, and take financial loss so that we could receive the benefit of his study.

This Rehabilitation program is one of the biggest issues we, as patients, face today because it is going to mean so much to us when we leave here to take our places in society again. And this trip of Dr. Phillips, which in the long run is going to mean so much to us, is just one of the many instances when a member of the staff has sacrificed his own personal comfort to better our welfare.

The members of the Patient's Council would like to appeal to all the other patients in the San to give us their wholehearted cooperation and to assist us with matters that will be beneficial to everyone instead of to any particular individual.

Let us cut out sarcasm, smart remarks and wise cracks in dealing with the people who work with us, because these things certainly wont endear us to anyone, and are not appreciated anywhere.

When you have problems which you think will merit consideration and will be of benefit to all of us, bring them to the attention of your Council members.

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There is usually a solution to every problem, so let your Council members know when you need a helping hand. Should the problem be an urgent one they will bring it to the attention of the proper Administrative Head.

Now let us also consider the role of employees and the part they play in giving us a helping hand. Their daily task is not a pleasant one, and a little sacrifice on our part will encourage them to perform their duties in a better frame of mind, and in a more friendly manner. Give the employees a little courtesy when they do you a favor and you will find that they will respond in a way that will make our San life much more pleasant. Your cooperation in this respect will be greatly appreciated by the members of your Council.

\*\*\*\*\*  
AN APPRECIATION  
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We wish to express our appreciation to those friends who were so generous to us in our recent bereavement for their kindness and expressions of sympathy.

Sincerely yours,  
Frank Walunga.  
Daniel Tatoowi.

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\*\*\*\*\*  
GETTING ALONG  
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Here are some thoughts on how to get along in this world. They aren't original with us, and the author is not known. But hardly anyone will say that they are not good rules to follow. Read the list thoughtfully:

1. Keep skid chains on your tongue. Always say less than you think.
2. Make promises sparingly, and keep them faithfully, no matter what it costs you.
3. Never let an opportunity pass to say a kind and encouraging word to or about somebody. Praise good work regardless of who did it.
4. Be interested in others, in their pursuits; their welfare, their homes and families. Let everyone you meet, however humble, feel that you regard him as one of importance.
5. Keep the corners of your mouth turned up.
6. Keep an open mind on all debatable questions. Discuss, but don't argue.
7. If you have virtues let them speak for themselves. Refuse to talk of another's vices.
8. Be careful of another's feelings.
9. Pay no attention to ill-natured remarks about yourself. So live that nobody will believe them.
10. Do your work, be patient, keep your disposition even, forget self and you will be rewarded.

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Many a prayer amounts simply to this: Please Lord, fix it so two and two don't make four.



but as a pilot in the RAF in World War I. Although his father was a doctor in Nanaimo, B.C., Dr. Norman Hall says he had no interest in medicine himself and was planning to enter another profession when World War I should end. But his plane was shot down behind enemy lines, and spending two years in a German prison camp, he had time to revise his decision as to what his life work should be. He says he also at that time came under the influence of a man whose philosophy of life was unbounded service to humanity, and being young and impressionable, (he celebrated his twenty-first birthday in the prison camp) he became imbued with the idea of service to his fellow men.

After release from the prison camp and the end of World War I, Dr. Hall went back to his native Canada and studied medicine at McGill University in Montreal, marking the beginning of a long, impressive service in the field of medicine. Since coming to the States, Dr. Hall has served four years as surgery at Barnes Hospital in St. Louis, a year at Bernard Hospital in skin and cancer surgery with X-ray and radium, two two year periods at County Hospital in Phoenix, Arizona, and was Chief of Surgeons at Grile General Hospital in Cleveland, Ohio.

Dr. Hall formerly owned and operated a hospital in Cordova, Alaska. In World War II, he entered the Medical corp with the rank of major, and was separated from the service as a full colonel.

#### NEW LABORATORY TECHNICIAN

One of the newest additions to the Sanatorium Staff is charming Margaret Waterhouse, who will assist Diana Mackay as Laboratory Technician. She holds the degree of B.A. in medical Science from the University of Saskatchewan, and has just completed two and a half years research work at the University of Oregon Medical School.

Miss Waterhouse is a native of Saskatchewan, has served two years in the Canadian navy, is an all-around athlete, loves to ski, play golf, etc.

"It's going to be very interesting here," she said in a recent interview, "Looks like the skiing might be good, and I like doing research work, which is what I shall be doing here."

#### TWO NURSES CHOSEN FROM SEWARD SAN FOR ANA CONVENTION

Both Alaska delegates to America's National Nurse's Association convention, were chosen from the nursing staff of Seward San this year. The two chosen were, Mrs. Mary J. Randolph, and Shirley Martine Burdick, Nursing Education Director for Seward San.

The convention, "The Workshop," will be held May thirteenth and fourteenth in the Bellevue Hotel in San Francisco for the purpose of studying better operational methods for the organization, and advanced procedures in the nursing profession.

Mrs. Randolph, who took her departure in the latter part of April in order to spend two weeks vacation in her native "Black hills of Dakota," before going to the convention, said, "I might as well get a plug in for the old home town." Her home is in Rapid City, North Dakota.

Miss Burdick will fly down in time for the convention and then back to duty at Seward San.

#### MORE CONVENTION DELEGATES FROM SEWARD SAN'S EDUCATIONAL DEPT.

Helien Case has been chosen as delegate to the 62nd convention of The National Business and Professional Women's Club, to be held in Washington D.C.

(contd. next page)

Miss Case was chosen to represent the Alaska Federation of BPW, and will take her departure May 13, on the last day of school here in order to attend the convention in Washington D.C.

She will arrive in Washington in time to take the Goodwill Tour of the Embassies and the Tea, at which Mrs. Eisenhower and the Cabinet ladies will be in the receiving line.

After the convention, Miss Case will spend the weekend in New York, where she will make a tour of the United Nations Buildings. From there she will visit her home in Chicago, and then attend a Workshop in Special Education at San Francisco State College, to aid in her teaching here.

#### NURSING AID RETURNS FROM EXTENDED VACATION

Mrs. Esther Chipman is back on duty on the Children's ward again after three months extended leave and vacation. After leaving the San she spent some time with her children in Anchorage, then flew down to the States where she visited Washington, Oregon, California, and a few other Western States.

Mrs. Chipman visited with several former San employees in her travels along the West coast. She visited with Gladys McNaughton in San Francisco, and spent some time with the former Phyllis Bowman in Stockton, Cal., who is now Mrs. Charles Brown, and who sent greetings to all her Sanatorium friends. Mrs. Chipman and Isabel Frisk, of the nursing aid staff, who was also on leave at that time, got together in San Diego for an evening of reminiscence.

On her way back to Seward, Mrs. Chipman stopped for a brief visit with Henry and Esther Depue in Selah, Washington. The Depues, said Mrs. Chipman, "Have a lovely little home in Selah, near all their children and grandchildren, and both are still very much interested in working with T.B. patients, as both are working in a T.B. San located just a few blocks from their home." They both sent greetings to all their friends here, and sometimes get 'real homesick for Seward San' they said.

Mrs. Chipman expressed real satisfaction in being back with her "kids" here. "No matter how much fun you have on vacation," she said, "There's still no place like home."

#### ANOTHER VACATIONER BACK ON THE JOB

Patrick Oleson, of the maintenance staff, is back after a ten day vacation in which he took a flying trip to Seattle and back via the Alaska Line. Pat, who was a former Merchant Marine, says his first love is the sea, and that he was a sailor for so long, he "Just wanted to see how the other half lived," by sailing as a passenger instead of crew member.

Pat says he had a wonderful time exploring the ports of call on the way down to Seattle, especially Sitka, which he says he toured on a bicycle. He took a look-see at the New Sitka Hospital, but there wasn't time to do more than just look at the building he says.

Sailing on the Alaska Line's Baranoff, Pat, has a very enthusiastic plug for the way passengers are taken care of on the Alaska Line vessels.

"They take a lot of pains to find amusement for passengers," said Pat, "Especially for children, and the food was wonderful."

(perhaps we should send the Alaska Line a bill for the above ad?)

(contd next page)

## MRS. LINDLEY BACK FROM TRIP OUTSIDE

Mrs. Ethel Lindley has returned to her duties on the nursing staff of Seward San from a trip outside recently.

Mrs. Lindley, a member of American Legion Post No. Five here in Seward, left for Washington D.C. to attend the American Legion National Rehabilitation Conference, but on the way, developed a very high temperature and was delayed in Portland, Oregon.

However, determined to carry out her mission, she contacted Mrs. Herbert Goode in Portland, who was national President of the Legion Auxiliary in 1949, and presented to her the plans for establishing a Rehabilitation Center in Seward.

Mrs. Lindley reports that her outlined plans met with enthusiastic cooperation and support. Funds were made available to Mrs. Lindley from the National Rehabilitation for help in the undertaking here, and Mrs. Lindley at present is engaged in securing all the names of wives and children of veterans who are patients here and who are eligible to apply for benefits from Legion and Auxiliary. Their presence here as patients will increase the funds obtainable from the National source.

In the past, according to Mrs. Lindley, Legionaires and Auxiliary members have been sending Rehabilitation and Child Welfare funds to the States and the National Fund for a period of years, and have been able to reap benefits from the fund for Alaska Vets only by sending patients to the States for treatment. "It is high time we show our ability," says Mrs. Lindley, "to care for our own by cooperating with other organizations in establishing a Rehabilitation Center here where we may give the rehab service in our own Territory, and save thousands of dollars to be used for better rehabilitation for Alaskans."

## VISITING THE HARROWS

Mrs. Karl Barth, her small son Paul, and daughter, Lois, flew in, via Cordova Air Lines from their home in Cordova for an extended visit with Mrs. Barth's parents, Mr. and Mrs. Jam Harrow.

## SUPPLY WORKER DEFINED

"A patient once asked, 'What does she do,'" said Sarah May Garrett, Seward Sanatorium Supply Worker, "As I passed by, and when I stopped to explain my job to her, it just occurred to me that other patients in the San might not know we have a Supply Department here."

The Supply Department, as explained by Miss Garrett, is maintained by gifts from the many Local Women's Societies of Christian Service of the Methodist Church in the U.S., and by Wesleyan Service Guilds.

"Many dollars worth of supplies," said Miss Garrett, "Are sent here annually by these dedicated women who are 'Doers of the word, and not hearers only!' The Supply Secretary in this department receives, unpacks, stores until needed, acknowledges with a letter of appreciation the gifts, and then channels them out to patients as needed."

"People who wish to give to this institution, usually write in and ask what things are needed most here. The gifts include many articles which will be given directly to patients as birthday gifts, Christmas gifts, or given to the Houskeeping Dept. to be issued to the wards as needed," said Miss Garret.

According to Miss Garrett, hundreds of sheets, blankets, pillowcases, towels, pajamas, bed socks and slippers, toilet articles, and many other items too numerous to mention

come to this institution for the comfort of patients, given in the spirit of Him who said, "It is more blessed to give than to receive."

"It was General Booth," said Miss Garrett, "who said, 'Others Lord, yes others, let this my motto be, Help me to live for others, that I may serve like Thee.' To this end and no other, she concluded, "Do we dedicate our time and talents."

#### HOUSKEEPER VACATIONING IN SOUTH AMERICA

Houskeeper Nellie Graham, sailed via freighter from the West Coast recently, bound for South American Ports where she expects to spend three months vacationing. She said in an interview before leaving the San, "I expect to see as much of South America as I possibly can before my three months are up and I come back to the job."

She will be missed around the San, but we all wish her a happy vacation, and hope she will hurry back.

#### WARD TWO GIRLS COMMENDED

Mrs. Yohn of the Nursing Aid staff, and Nell Schnoeker of Ward Two are both very enthusiastic in giving the Ward Two girls top listing for cooperation this month. "They have just been perfectly wonderful in trying to stick to the hospital routine, each one of them scrapes her tray clean as requested, and helps the aid who is serving as much as she possibly can, the girls really ought to be publically commended," said Mrs. Schnoeker, "It makes everyone's work so much smoother when a whole ward will cooperate like that."

So now, Ward Two girls, you have a reputation to live up to!

#### A VOICE OF THANKS

We wish to thank all those patients who so willingly decorated envelopes for Hospital Day invitations. Noah Phillips, Leo Kunnuk, Carrie Voss, Hannah Hand, Libby Davidovics, Anna Pete, Betty Engler, Marjie Smith, Alice Juneby, Dan Tatoowi, and all the others who gave time and talent to make Hospital Day a success. We are sure all the people who received the decorated envelopes will prize them highly. And to all the Ward Six girls who helped to write some of the invitations, our thanks too.

#### DR. CHAO ARRIVES FROM WASHINGTON

Dr. Chi-Mei H. Chao, (Mrs.) wife of Dr. Shih-Shun Chao, of the Seward Sanatorium Staff, arrived via Alaska Airlines, April 24.

Diminutive and altogether charming, Mrs. Chao scarcely looks more than a teen-ager, although she is a graduate of a missionary medical college in China, and obtained her M.D. before coming to the States.

Dr. Chao has spent four years training since coming to the States, specializing in anesthesiology. She worked in Oak Ridge Hospital, Oak Ridge, Tennessee, in Women's Hospital, Detroit Michigan, in Gallinger Municipal Hospital, in Washington D.C. before joining her husband here in Seward.

Accompanying Dr. Chao is her baby daughter, Mary Hien-Lui, 18 months old. Mrs. Chao plans to stay at home and "Just be a housewife for some time," she says.

The San Chat extends a cordial welcome to Mrs. Chao, and hopes that she will be very happy here.

## WARD NEWS

### WARD ONE

Paul Rudolph is the new reporter for Ward I, but he says with the lovely Spring weather things have been a bit on the quiet side on Ward One.

Dan Tatoowi is back on Ward One from the surgical ward, "Happier than ever," says Dan, and John Fish has received his medical discharge and gone home, a well man. Gene Killigivuk is the cribbage champ, and Joe Oneha gets all the letters, and, Ed. Roehl adds to this bit of info, "They're just about all of them written in feminine handwriting. According to other informed sources, John Savetilik comes in for his share of letters with the feminine handwriting, too, but he flatly denies the charge. Alexay Merculief has been transferred to Ward One from Four, and finds it "Quite nice here." David Andrew, who was a sergeant in World War II, is back on Ward One for more treatment, having been here before in 1951. He is really going to "take the cure" this time, he says. Ole Jensen, Alaska Sourdough, is the new patient on Ward

One.

Although Paul is blaming the weather for the dearth of news on Ward One this month, he is attributing the stirring of the muse in his own ink-well to the same source. The weather, he says is responsible for the following:

### SONNET TO A HYPODERMIC NEEDLE

By Paul Rudolph

Eyes to the ceiling in sharp expectation  
I lie sedately so as not to seem  
As if I were working up to a steam  
By squirming in wild anticipation  
Of a coming sting, which will cause pulsation  
To quicken like gas-fed pistons not old.  
I take a deep breath and get a good hold;  
From waist down a mental condemnation!  
By my bedside, smiling, she stands serene;  
Starched white gown, pert white cap, needle slowly being raised aloft  
I turn over, smiling bravely----- (a screen)-----  
Cold touch, and wham! needle, in deference soft,  
Sunk to its hilt, liquid affluent--a dream?  
Shucks, it was---ooh---glad this comes not too oft?

And from Al Brown, stirred to reminiscence by the rising mercury outside, comes the following story.

### REMINISCENCE

By Albert Brown

It happened on a very hot day one summer, a few of the old timers were remembering the old days, telling tales of by-gone adventures, while sitting on a bench exposed to the blistering sun.

Now, our native people have always understood the great grandfathers who always say in our native language, "Throw some water on my face" when they are thirsty and want a drink of cool water, but the younger generation is not so "hep". On this occasion, my grandfather being nearly blind from age, caught a glimpse of my young sister Joanna in the doorway, and called to her, in native, "Throw some water on my face." Being a willing spirit and a very obedient child, and not knowing the native tradition, being of this modern age, she asked no questions, just translated the request literally. Getting

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a pitcher of water, no doubt thinking the old man was suffering from the heat and wanted to be cooled off, she dunked him thoroughly. It was quite some time before sputtering, shocked and thoroughly irate grandfather could be calmed down and the matter explained to young Joanna, who merely thought she had done what was best of her. Grandfather is wiser now, he shakes his head sadly as if to ask what the world is coming to, and simply requests a drink of water when he is thirsty. He is taking no chances on getting another dunking.

WARD TWO NEWS ----- By Sara Dunn

Hello Everyone:

I guess it's time for me to write the Ward Two news again, so here it is. Two new patients have come in this month, they are Lucy Madison of Seldovia and Leah Apayauk of Barter Island, here's wishing you girls will soon be on the road to recovery.

Miss Lindloy, one of our charge nurses took a trip to the States just recently. She returned a couple of weeks ago, and we are all happy to have her back again.

In the porch all the girls are still busy doing school work, as usual, and for the ward girls, they are writing letters, reading and sewing a little. Guess we all have a touch of Spring fever. Room girls seem to be swapping loads of stories, especially (should I say when?) Oh, I better not, I guess.

Well, this winds up the Ward Two news for this month, be seeing you all.

WARD THREE NEWS ---By Betty Engler and Julia Moreno

Greetings and Salutations --- Here we are again to dish out some news. There has been quite a bit of activity as usual in the private rooms with Addie Woods coming back to the ward after surgery, McKenna Wemark has gone to Ward One, Miss Justin came from Ward Two, has had her surgery and is doing fine. Tiny Everett moved back to the ward across from Marva Trainer, she looks pretty chipper. Oleta Welch, Tanna Christiansen, Doras Tobuk, Oscar Johnson, Bill Chichenoff, Val Morrison and Joe Hanaka all look fine.

Grace Lucier and Caroline Miller both took off for Ward Six. It's very nice to see the girls get well enough to move to that next-to-going home ward. But we do miss them over here very much. Gert Anayak and Mae Blatchford have moved to the porch, and Joy Wemark has gone to Ward Six.

Promotions! ---Joy Wemark has three hours up time, Gert Anayak two hours, Helen Sheldon an extra hour and is moving to Ward Six, and Mary Ann Paquette gets one hour up time. Libby Davidovics, Anna Pete, Evelyn Mullaly, Annie John, Addie Woods, Carrie Voss, Julie Moreno, Mary Shaginoff and I all get up twice a day.

Addie Woods is a regular Lefty Frizzelle. Some mornings after breakfast, you can hear her giving out with, "I had a dream last night," and holding her nose. Mary Julaton has manufactured a dozen or so little odorless skunks, although she may have scented them with a bit of Prince Matchabelli, I wouldn't know.

Marva is making some very unusual doilies. She crochets seed beads right in with whatever design she is making. They're real pretty and different. "Babs" Strom is basking in a sliver of sunshine that's beamed through one of the windows. "Babs" is one of the many "shutterbugs" on the ward along with Marva, Julaton, Julie, Mae and Evelyn. Congratulations, Babs, for those beautiful shots you took of the sunrise and the mountains, they are really something to see. Mary Shaginoff smiles today, that's what our seldom-seen Alaska sunshine does to people. Anna Pete, "The Kid", is one of those people who can be old enough to vote and still look like a teenager. No greasepaint, at that! When Libby isn't dreaming to Eddie Fisher's

Cont'd next page

Crooning, she's all ears for Nick Nickelson and his poems, but when he's not on, Bob Lowry's voice is just as soothing. Uncle Andy is my favorite, because he sounds real "uncly".

Evelyn Mullaly is getting along just swell, oops and there goes Annie John laughing at my Mamie Eisenhower hairdo.

You know, something has been bothering me, its a bit out of season, but I'm still wondering, if any of you have any info on the subject, please let me know what you think. A group of us were discussing things in general, and the subject of groundhog day came up. Then the question of what is a groundhog. One gal said a groundhog is a squirrel, another said it's a whistler, now, I don't know but personally I think it's a marmot. What do you think? Well, so long for now.

Betty Angler

(Betty, I've always been under the impression that a groundhog and a porky is the same, but I don't know either-----Ed)

(Heh, heh, a groundhog is a woodchuck, and a woodchuk when it ain't chucking wood is a marmot, ain't it? ----- Ye Typist)

STILL WARD THREE-----By Julia Moreno

I envy the porch girls these days, getting suntan and looking at all that beautiful scenery right from their beds. Mae Blatchford was pleasantly surprised recently when her ex-soldier son came to visit. Mae has very handsome sons and nice looking girls, too, and we think she is justified in being so proud of them. If you people outside of Ward Three have been wondering who the mysterious lady with the new accent is, I'll just have to put you in the know. It isn't Marlene Dietrich, no, just Mary Ann Raquette! That gal really looks chic with her shy smile and sultry voice. (I hope I don't get in dutch for this, but she told me she didn't sleep much that first night, probably afraid to go to sleep because some envious persons had an eye on her new plates!)

Spring is really here to stay, but you don't have to look outdoors to see that. All you have to do is listen to the symphony of "sneezes" and "Cough-man's Concerto No. Eleventeen" coming from the North side of the porch.

Gert is still the same sweet girl she always was and doesn't seem to catch all these mean colds, neither does Annie John. Take heart girls, summer is just around the corner. A new patient was admitted to Ward Three last month, Kathryn Glenn from Palmer. She hardly stands four feet high, but what she lacks in stature she makes up in vitality. To Kathryn from all the girls in Ward Three, "Welcome, but don't linger too long."

The other day a certain friend was talking to Libby, and this certain friend asks her, "Lib, can you do an Eskimo dance?" "Sure," says Lib, and straightway she starts to show me---oops, I mean she starts to show this certain friend with whom she was conversing---and you just should have seen how graceful she was! It's too bad some camera bug didn't catch that one. Sure missed something good!

Speaking of good things, congratulations are in order for Mrs. Adeline Woods, who has a new grandson, born to her son Paul and his wife Ruth, but from the proud way Addie acts, you'd think little Paul Jr. was her son instead of her grandson. Mary Julaton's children must be proud of the new slippers their mother made for them, they surely are cute. Mary is very clever at making all sorts of things. I don't think there is anything she can't do---except maybe get rid of those TB bugs fast enough. Barb does lots of things too, but with her mind intent on her books, she uses her brain instead of her hands, she's the intellectual type, but I know she doesn't think so, and she doesn't want me to say so. In discussing a wide range of things, the only thing Barb and I agree upon is that having TB is the "bunk". Our little Ward Three sunshine, Annie Pete, who has been doing the thing we all threaten to do one of these days, and that's "take the cure", is a model patient. When asked what her secret of success is, Annie just smiled and said, "Oh, I simply DO it."

Evelyn Mullaly has a new code system. One knock means "hi". Two means "What are you doing," and three or more means "Stop all that noise." It works, too.

Each week the girls who are taking the new drug get weighed. Tiny Everett was happy to report that she had gained six pounds. Must be the result of the good care

and companionship of Mama Trainer, her roommate. Hanna and Carrie Voss are ideal roommates too, they get along wonderfully. One day I dropped by and caught them making cross-word puzzles with cards. They certainly are smart. But Carrie got caught with her hand full of cards and looked at me "special" like, you know, so I beat it. After all, I didn't jinx her cards. I was only lookin' on.

Helen Sheldon, who is the gal that provided the music for Ward Three has recently moved to Ward Six. She'll be sadly missed down here, because she plays the guitar and sings, too. Sounds just like Coney Island sometimes. "Little Missy" or Betty Engley, to most people, furnishes us with lots of good laughs. Don't know what Ward Three would do without her. Mary Shaginoff received some recordings from her son in the States. She was so proud of them she invited everyone to listen while they were being played.

Barbara Strom was elected as representative from Ward Three to the Patient's Council we all wish her luck. Everyone has recovered from their latest typhoid shots and all is back to normal again on our ward.

#### RUMORS FROM THE ROOMS IN WARD THREE

No surgery is being done this month, and all the star boarders are having a peaceful vacation. Oleta Welch and Tanna Christensen are looking good, Oleta says, "I see nothing, know nothing and hear nothing," which very neatly sums it all up. Tanna with her cute smile says, "I'm fine."

Dan Tatoowi goes to classes twice a week now and gets along fine. It's a good thing Dan is so good-humored, people are continually walking into his room, they say they go in to get weighed, but Dan doesn't look much like a scale to me, and I can't think why this mistake should be made. Maybe it's because Dan is going back to Ward One in a day or so and his friends just want an excuse to visit with him. Then too, I suppose we could say that since Spring has definitely arrived, people are just naturally absent minded. Yes, let's blame it on the Spring.

The men don't seem too eager to get back to their home wards after surgery, seems they like solitude. Mr. Morrison and Joe didn't take too well to the suggestion that they should learn to knit, oh well, it was only an idea anyway. Dan and Joe play checkers continually, but neither will admit to the championship, modest fellows! Oscar Johnson should go into business for himself. He'd be a wonderful professional counsellor on domestic problems, or a column on "Advise to the Love-Lorn" anyway being another modest one, he says, "Heck, don't write about me, write about all those young, good-looking girls out there," But his much I can say about Oscar from first hand experience, all those "good-looking" gals fight over who gets to sit by him at the movies.

Doras Tobuk is eager to move out to the ward again, She "Wants to be with the girls" she says. She had a nice visit with her mom and dad and little sister recently. Her sister, who is about four years old, amused Doras no end by reciting memory verses to her. We all hope to have Doras back on the ward with us again soon.

Another cheerful gal is Elsie Justin. She occupies the first room across from the nursing office, and says she gets very lonesome for her pals in Ward Two. Elsie spent the week-end visiting with her cousin and friend. Bet they talked about the Nenana Ice Pool. Elsie's parting statement to us before the ice went out was that she hadn't a ticket, "I'm a good girl," she said, "I don't gamble."

#### SING A SONG OF EASTER BONNETS

Easter morning we girls in Ward Three donned our Easter bonnets, which each girl had fashioned for her-self out of odds and ends, and we had our pictures made. We wore our hats most of the day. Best hat in everyone's opinion was Oscar Johnson he looked

style in his pink bonnet with a white ribbon and flowers. The only thing wrong was that Oscar insisted on wearing the hat backwards. Trust a man to do something silly!

Our hats were made from crepe paper, bits of ribbon, anything we happened to have handy. We made our own floral and vegetable decorations too, and would you believe it, we turned out exquisite creations in the latest styles. I think every girl in the ward made a hat. And we had fun doing it too, the harder we laughed, the better the bonnets turned out. A minute description of each hat would take too much time and space, but I hope you get the general idea. Ward Three girls are never left out of the Easter parade, and the hats were a greater success this year than ever before. Maybe the girls who took pictures of us in our hats will let you see how we looked if any of you are interested. Everything considered we had a very happy and joyful Easter. Well, guess that about winds up the Ward Three news for this month. Happy Hospital Day, everyone!

Yours, Julia Moreno

WARD FOUR NEWS ----- By Albert (Scotty) Armour.

Our regular reporter, Henry Kaiser, has quit so he can have more time for his various other jobs and his rehabilitation class work. He is studying to be a dental technician. All right, Doc, get busy with my teeth, I have a T-bone steak coming up.

I have moved out into the porch with Pop Jim and the rest of the gang. Pop is getting used to his new teeth. Eugene is checking over his wardrobe since he will be leaving us soon. Hand Duncan is wishing for a good Piper Cub, maybe he has visions of leaving us soon too.

John Nathaniel and John Fawcett have some up-time and are both getting along very good. We all wish to welcome our new nurse, Miss Paggy Mahan, and sincerely hope that she will be able to stay with us for a long time. We also extend welcome to a new patient, Dan Wright, from Kotzebue, or that is he isn't entirely new, he was here five years ago.

Our star patient, Morris Walter is getting fat and sassy, he has both bath-room privileges now, and will soon be up running around we hope.

Leo and Mark are practising on the mandolin and guitar, and are very good at it. Our two Ice Pools are filling up fast, everyone seems to favor May and it sure looks like a late break-up this year. We are all figuring on what we are going to do with the money. Me, I am going to buy some ham and eggs and fried potatoes, a case of Budweiser and some Limburger cheese.

Everyone is happy to have our Mrs. Frisk back on the job as nursing Aid. Mrs. E. Kenister of the nursing staff will be on vacation soon, have a good time Emily, and get a good rest from your labors on Ward Four.

This good weather makes everyone feel good. Gus Brann is up taking his exercise. Art Deering is getting his stock of Greeting cards ready for sale. Joe Devlin is getting along fine, and has started doing some jewelry work again.

Ed Gelles has taken up his old business of wholesaler. He's doing pretty good at it too. Henry Marks is busy writing some songs. Getting to be quite a musician, he is. Ralph Woolard has some up-time and has started to put on weight.

Quentin O'Mara, that blue-blooded Irishman from Anchorage, cat-skinner and truck-driver by profession, is catching up on the grub. He's getting fat, he is, and thinking about going back to work. Better take it easy for awhile, boy, Mike is doing good, he's developed a much better appetite. Keep it up Mike, and you will be going home soon, too. Harold Dimmick has staked out a claim and is preparing to settle down to some sort of mining, but he hasn't said when not where. I think that just about covers Ward Four for this month. All in all Mrs. Brattain's brats haven't been so bad lately.

WARD FIVE NEWS ---- By Marie Green. (Ward Five is the Children's Ward, and their reporter this month is their day-nurse in charge of the Ward-----Ed)

Our biggest thrill this month in Ward Five was little Becky's going home. No one would have recognized the glamorous young lady who left us for sunny California as the little girl who came to us a year ago.

Our big boys are all getting peped up about Spring coming and the salmon running at home. They are all wondering if they are going to be home in time to help their Dads and brothers take care of the fishing boats. Costia, especially is thinking about the fishing season, and by the way, Costia has a new baby sister. We have had quite a few visitors this month. Gus had two friends come to see him, Inda Brown from Copper Center, and Frank Stickwaag from Tazeleena. Gus instructed them to be sure and check up on his fish wheel when they got back to Copper Center.

Tony, Gabriel Moses, Gabriel Amuktoolik, and Julia all have up-time now, and part of it is spent in the school room.

There seems to be quite a contest on as to who is going to write the most letters as all the children love to receive mail. Julia, Agraphena, Rhea, Alfred and Herman are all good letter-writers. Many of the children have learned to crochet and knit, boys as well as girls.

Hank's foster mother and father were down to see him on their way back from the States. They were quite surprised at the way he had grown.

Bobbie Justin took a trip down to see his mother, Elsie, who is in Ward Three, and little Robert Hand also took a trip to see his mother, Hannah in Ward Two, and he also got to see his Dad who was here visiting.

Esther and Dolores are having a good time cutting out paper dolls. Barbara has graduated from the paper-doll stage and is now having school work.

Matthew and George enjoy watching the birds and squirrels that come up onto the window ledge to pick up crumbs put there for them by the children.

Dorothy is digging into her school work better and is going to be a good reader by the time she goes home.

Our newest arrival on Ward Five is little three-year old Ruth Edwards who made the trip by air all by herself, and to all appearances thoroughly enjoyed it, too. When first seen she was flirting outrageously with Administrator Nelson, who carried her in his arms down the ramp to Ward Six from having her "picture took" She is a sweet child and has endeared herself to all of us.

They are all getting to be pretty good boys and girls about taking the "cure" now-a-days. They are especially good during the two rest periods.

Good-bye for now, and more next time about our little angels.

---

IN SPITE OF WHAT SOME CLUB WOMEN THINK, YOU CANNOT TALK AND LISTEN AT THE SAME TIME.

-----Pep Magazine

What are some of the big doings in Ward Six, the negative Ward for women?

Some of us have reluctantly laid aside the knitting needles and crochet hooks in favor of higher education. The four who have stopped clicking the needles and hooks are; Sarah Warnke, (Poor Sara will never finish her stocking cap) Patricia Lambert, Caroline Miller, and Martha Shaquanie. These four girls are Rehabilitation Clients with four hours up time, each.

And sometimes they come home from classes with their tongues hanging out, wondering how four hours can be stretched out so long. However, they have lost superfluous fat, but gained strength, wind, confidence, and some knowledge. They have also gained many, many friends.

Here are some of our leisure time activities: Helen Sheldon is making a blouse, Gronia Toughluck and Joy Wemark are doing bead-work on salt and pepper shakers, Grace Lucier is crocheting doilies, one right after another. Patricia is doing alterations on her skirts. Martha has finished her tablecloth for two. (The husband's half is finished too now.)

Caroline Miller is studying commercial photography, and right now she is very busy printing Governor Heintzleman's picture for the Hospital Day Bulletin.

The four little girls, Elizabeth Link, Mary Jean Haaf, Martha Allashuk and Virginia Amuktoolik pass the day doing just what suits their fancy. Sometimes they play with Cheechaks and Pochie, the wonderful pet dogs belonging to Miss Ushler and Miss Hayward. Lately they have found a cat, which makes them all very happy.

There has been some changes in our ward lately, in the last month in fact. Our table has yellow linoleum on top with chrome stripping. And then a dressing room, about twelve by twenty feet has been added to our bathroom. This is very convenient for us.

Mrs. Randolph, our Charge nurse has expressed the determination to make this ward look like a women's ward, and we are all very happy to give her as much assistance as we can.

-----  
How very weak a fellow feels  
And how his innards riot,  
When helpmate serves him skimpy meals  
That fits HER rigid diet

A man is short on vigor  
When his food is planned for slimmin'  
So why no menus for the men  
And womenus for the women?

----- Valley Echo

San Mag. Steno; Why'd you clip this joke, you know the doctor will censor it?

San Mag. Ed; Sure, but look at the fun he'll have reading it!

-----Valley Echo

# IN PROFILE



In matters of journalistic propriety, Patient Editor Carrie Voss seems "powerful set in her ways." When approached about a profile for this column, she pronounced an emphatic, "Nothing doing."

"A good editor," said she, "Like a good reporter stays out of print," So the matter took a little persuasion.

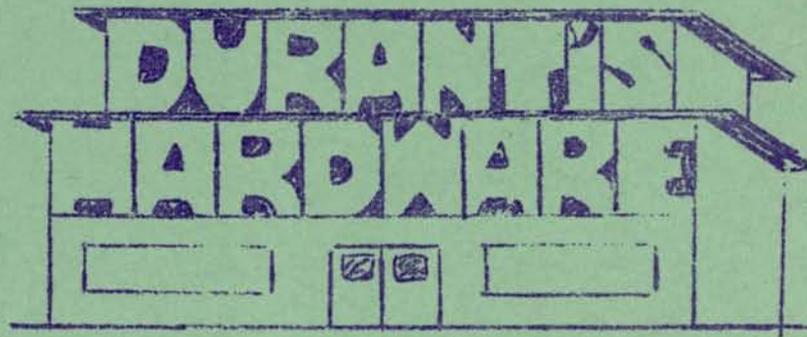
It was pointed out to her that Staff Artist Noah Phillips had gone to great and painstaking lengths to produce the above free-hand sketch of Editor Voss, and that as a reward might like to see the sketch in print. She finally gave in and granted permission to do the profile.

Carrie, (Carrots) Voss, who was among the very first patients to be admitted to Seward Sanatorium after it was opened in 1946, has sort of "Grown Up" so to speak with the Hospital.

Hailing from Bethel, Alaska, Carrie is five ft. four, has black hair and eyes, and at the present time tips the scales at 119 lbs. She is married and has a nine year old son, Kenneth.

Asked what her favorite pastime consists of, she replied, "Oh, I sort of like to feel that I am helping some of the other patients to a better outlook on life, and a more concentrated effort on getting well, but of course, my main ambition right now is getting well myself, and then too, I'm learning to do bead-work and I like that very much."

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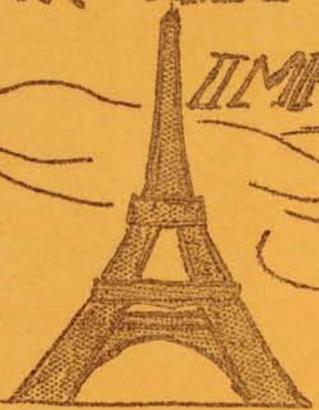
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Seward Sanatorium is operated by the Woman's Division of Christian Service of the Methodist Church. Patients are hospitalized on a contract basis. The Alaska Department of Health, Alaska Native Service, Veterans Administration, and United States Public Health Service, hospitalize patients here at a standard per diem cost. The Woman's Division of Christian Service makes a sizeable contribution annually in helping to bear the cost of operating the hospital.

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Not for the World's approval, nor plaudits of friend or foes  
They come each day with a service to help us assuage our woes.  
And each in her own heart's goodness from the Heavenly Father above,  
"With never a blare of trumpets, and never a surge of cheers",  
They silently serve where we need them, these wonderful 'Volunteers.'

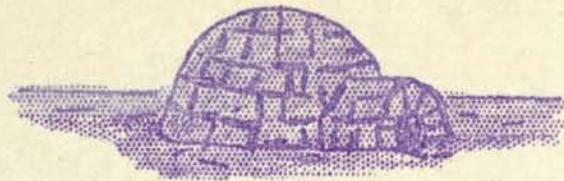
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What makes men good is held by some to be nature, by others habit or training, by others instruction. As for goodness that comes by nature, this is plainly not within our control, but is bestowed by some divine agency on certain people who truly deserve to be called fortunate.

-----Aristotle

# SAN



# CHAT

MEMBER OF THE ASSOCIATED EDITORS OF TUBERCULOSIS PUBLICATIONS

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### SENTENCE EDITORIALS

Little self-denials; little words of sympathy; little nameless acts of kindness; little silent victories over favorite temptations -- these are silent threads of gold wh'ch, when woven together, gleam out so brightly in the pattern of life that God approves.

-----Dean Farrar-----via the NTA Reporter

A good book is the best of friends, the same to-day and forever.

-----Martin Tupper

The land of Faery---Where nobody gets old and godly and grave,  
Where nobody gets old and crafty and wise,  
Where nobody gets old and bitter of tongue.

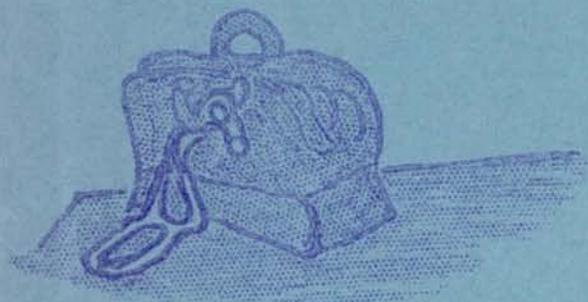
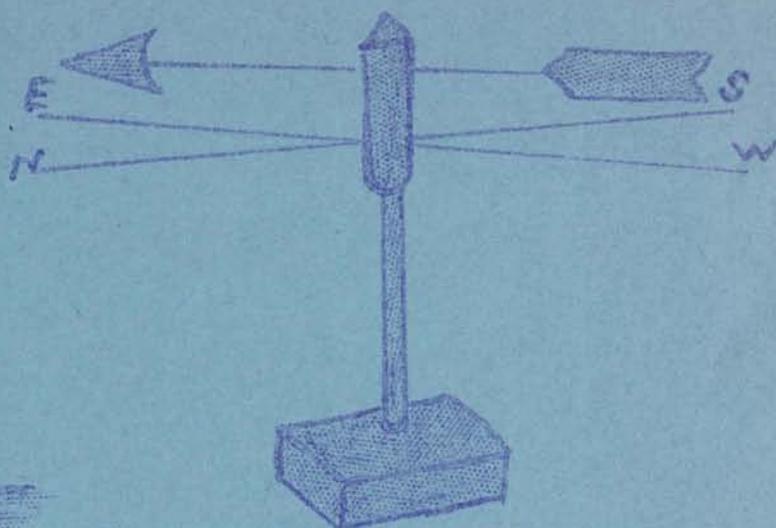
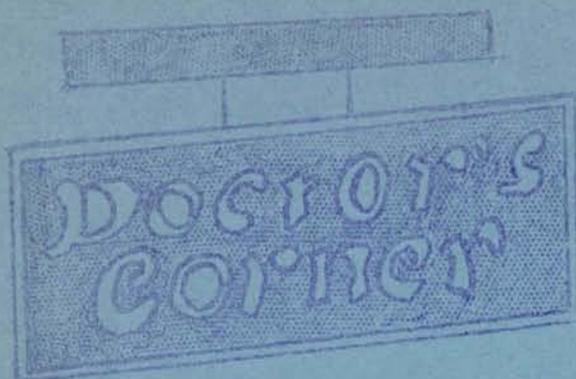
-----Wm. Butley Yeats in The Land of Hearts Desire.

He profits most who serves the best.

-----Arthur Frederick Sheldon

They that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run and not be weary; and they shall walk and faint.

-----Isiah XL, 31



Dear San Chat:

Well, we are about to Juneau, the Capital City of Alaska. The trip has been very fine. The Phillips family have had a very good time—Let me tell you a few of the high lights.

This Alaska Line ship—This Aleutian is a wonder palace—Food—well, if you travel on her watch out! There is a conspiracy afoot, by for and of the steward to add pounds to your weight and inches to your waist-line. Mr. Thompson really gets out the meals. You know, it may be that he just follows orders. On second thought, I'll bet Mr. Vegler is the arch criminal who orders all these attacks on passengers with steaks and baked ham.

And the beds!!! Well, Mr. Vegler just loves to have the entertainment people get up enough stuff to keep people out of those beds. He is really up against a stiff challenge to keep his passengers up at all.

Only old Father Neptune with his trident refused to consider the passengers comfort. He saw to it that every head bowed in homage to him. Why, he even out-ranked Captain Brastad, the Skipper, on Saturday night about midnight. I suppose he said to himself, "Oho, here 'tis Saturday night, how about a little fun," And then he waved his trident, and old ocean started to roll and pitch and even tumbled a little.

And pretty soon, Miss Bausch, R.N., the nurse aboard, and the stewards started in to have a very busy time. I was busy too.... "Dramamine"... why don't they make it in barrels?... I gave it in tablets, in elixirs and by hypo. What can you do but give it by hypo when the stomach is, "giving it's all back?"

But old Doc Phillips, having braved the Pacific in a Liberty Ship once, wasn't upset by the pranks of old Mr. Neptune, and was soon tucked into a well made bed, and quite happy about the tuck.

Anyway, Sunday morning everything was serene again. Cape Spencer passed before five A.M.—all quiet with the water—breakfast as usual, everything easy. The passengers were all at their best in nature.

You know, passengers are a lot like you patients at Seward Sanatorium, Some of them like everything, some like a few things, and then there are those who were even upset about the dust from the volcano!!! How many people in the "Old Country" (USA) would like to see a volcano!!! Why, Alaska Steam ought to charge extra for this trip. They hardly offer a volcano as part of the Scenic Wonders of Alaska.

Now about a few details of the trip. I forgot a few things, before leaving, but with the Seward Sanatorium staff backing me up, it all came through.

Then that send-off at Seward. Flowers from the Hittsons, fish from the chief hostelry of Seward, the Hodgesons along with the melba toast and apertif to wash it down and digest it, Winn Erwin's transfusion for shock. To be sure, our anesthetist was there with some candy for the blonds--Jane and Susan--and anodynes for the parents. Yes, and those sock pocket books were a real excitement to the girls--Mrs. Aldrich, you furthered your friendship with the girls.

At last the Aleutian set sail--under steam! Early morning found us past Montague Island. We got to within two and one half miles of the Columbia Glacier--What a lot of ice cubes!

Then to Valdez. The new doctor in Valdez was allittle surprised when I poked my head un-announced into his office door. Dr. Robert Staff is a real find to the people of Valdez. He is busy with their sicknesses, but not too busy to show us the sights--Keystone Valley with its beautiful Bridal Veil Falls, its Horse Tail falls, and Thompson Pass, all over a paved highway. We stayed overtime in Valdez, in fact we were there five hours. The Phillips family had a wonderful time and welcomed the delay.

That's all for the side trips.

Now we are in the Mendenhall Glacier land--Juneau. Just now Captain Brastad saluted the S.S. Aleutian as it steamed toward Seward. The girls are running to this deck and that to see the sights.

The first seaters are eating, dishes are rattling. It is all a great show with trained actors. They have to be trained to keep a big ship like this going smoothly. The engineers have been busy with a lot of things besides the engines. Mr. Stanley really has a job to do. You know the ship is about like a big town. I wonder how Mr. Clark would like to fry up some Southern Fried Chicken like down in Tennessee! Probably someone from Boston would want beans--the Deweys and the Schultzes would still rather have horses or lumber!

So now to the docks in Juneau. Mr. Williamson will be there for sure. Who else nobody knows. Well anyway, I have to pack my suitcase and get off. Then on to Edgcombe, via Alaska Central Lines.

Mrs. King, you really did a fine job on the room situation. Susan and I have become better pals after stateroom living in 244. Mommy and Jane like 204, too, but we really had a time in 244. One night I had the lower, and the next night Susan had the lower.

Next month, more about our trip.

Doc Phillips

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Be not forgetful of prayer. Every time you pray, if your prayer is sincere, there will be new feeling and new meaning in it, which will give you fresh courage, and you will understand that prayer is an education.

-----Fyodor Dostoyevsky

Love all God's creation, the whole and every grain of sand in it. Love every leaf, every ray of God's light. Love the animals, love the plants, love everything. If you love everything, you will perceive the divine mystery in things. Once you perceive it you will begin to comprehend it better every day. And you will come at last to love the whole world with an all-embracing love.

-----Fyodor Dostoyevsky

Every man who has declared that some other man is an ass or a scoundrel, gets angry when the other man proves conclusively that the assertion was wrong.

-----Fydedrich Nietzsche

THE DOCTOR'S CORNER CONT., (AS USUAL, TOO MUCH TO WRITE ABOUT)

The Territorial Medical Meeting will be a good topic at this time. The Phillips' family got to Juneau Sunday and then over to Mount Edgecombe the same day. There were old friends to see and new acquaintances to make. We were supper guests of the Moore's Sunday night. Wonderful crab meat sandwiches. Dr. Moore sort of claimed to make them, but actually all he really did was to toast the bread. Mrs. Moore really had everything in order for him to wrap the toast slices around the crab meat.

Every one of the folks at Edgecombe who were there from Seward Sanatorium told me they would like to come back. Even Ricky wanted to come back, and soon. What was even more encouraging, there were many complimentary remarks from the Mount Edgecombe staff about the good work our ex-patients are doing there.

The Medical Meeting was interesting and very educational. It was the best meeting that I have attended in Alaska. Dr. Moore conducted the business meetings with an ever forward thinking attitude towards improving the quality of medical service in Alaska. There was considerable discussion about a pathologist for Alaska. A pathologist is a most important member of any treatment team. The question of reciprocity with other state Medical Boards was discussed freely and with full recognition of the importance of allowing doctors to come to Alaska, but taking good caution to be sure they are not only good doctors, but good citizens. Many other matters were discussed with much interest and considerable objectiveness. All in all, the business meetings were very worthwhile. Dr. Paul B. Haggland of Fairbanks was unanimously elected president for this coming year. The next meeting will be held at Mt. McKinley Park about the middle of August.

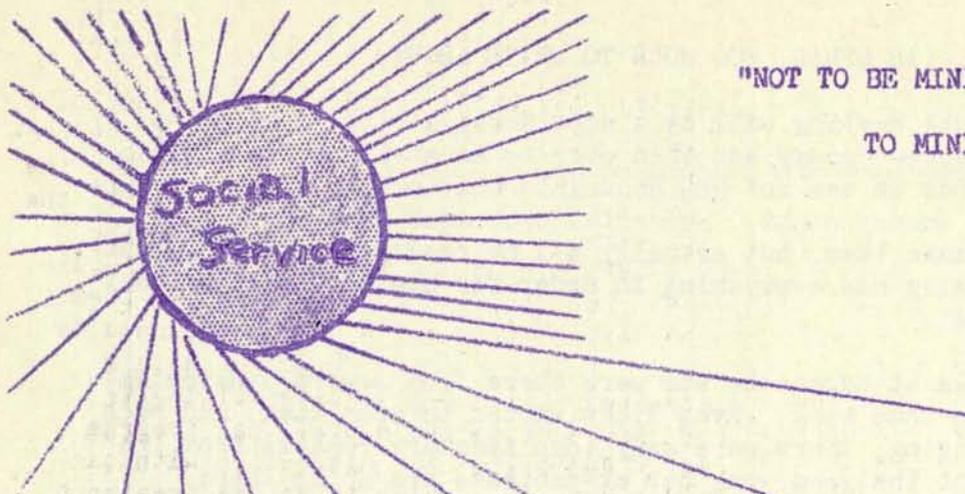
The Scientific Sessions were unusually good and practical. Outstanding authorities on poliomyelitis gave very down-to-earth discussions on that disease. Illuminating discussions were given by noted authorities on diseases of the stomach and intestines. This meeting was singular in that there were eight doctors from Alaska on the program. This is a further mark of progress of medicine in Alaska.

Wednesday afternoon, one hour and fifty minutes were given for the presentation of the TB program. About ten minutes were used in a narrative discussion of the problem. Cases from Mount Edgecombe were displayed by Dr. Cunningham to illustrate the importance of early treatment from the points of view of economy to the patient, the doctor, and the treatment program. A color moving picture of the Dr. Adams type of thoracoplasty was shown. Then followed an hour of rather exciting panel discussion of the problems of tuberculosis in Alaska and what can be done to solve them. I guess the discussion had been going on yet if the meeting had not been closed by the president in order for everyone to get to the picnic at Dr. McBrayer's farm. There was general agreement that the people of Alaska were now quite willing to accept treatment. This is a signal contribution made by the educational program of the Alaska Department of Health. Dr. Moore summarized the discussion with candor and explicitness. He stated that not only must we keep up an active treatment program, but unless we also carry on an equally active health educational program, we will not conquer tuberculosis in Alaska. This being the very essence of our over all program at Seward Sanatorium, we were glad to end the panel even though there were a lot of undiscussed factors.

Dr. Phillips

-----2A-----

(Note, the above letter from Dr. Phillips to the Patients came just before we went to press, and we were eager to have you read it.-----Ed)



"NOT TO BE MINISTERED UNTO BUT  
TO MINISTER"

Keturah King, Medical Social Worker at the San, is spending the last week in July in Pittsburgh, Pennsylvania where she is attending a symposium on social work practice in the field of TB.

Mrs. King left Seward San July 23 in order to reach Pittsburgh on the 27, the date for the opening of the symposium.

She was accompanied as far as Seattle by her daughter-in-law, Polly Faulk, and two small grand-daughters. Polly, who is a former receptionist at Seward San, will spend some time with relatives in the mid-west and return with Mrs. King to Seward early in August.

The symposium which Mrs. King is attending will be held at the University of Pittsburgh from July 27 to August first. It will be made up of; The School of Social Work at the University of Pittsburgh; Division on Tuberculosis Control; Pittsburgh Dept. of Health Tuberculosis League. It will be sponsored by the National Tuberculosis Association and the Pennsylvania Tuberculosis and Health Society, with the co-operation of the Veterans Administration, the United States Health Service and the Wheat Ridge Foundation.

Members attending the symposium will be housed on the campus of the Pennsylvania College for Women, which is within easy reach of the University of Pittsburgh.

The staff of the Symposium will be made up of many Medical Social Workers who are outstanding in the field of TB all over the States, and nationally known physicians in Public Health work.

Those attending the Symposium will have opportunity to consult with the best minds in the country on modern methods in Medical Social Work and Public Health in TB Work.

"I wouldn't miss this opportunity for the world," said Mrs. King in an interview before leaving the San, "I shall learn everything I can and bring back to my patients here all the latest improved ideas and methods."

Mrs King also disclosed that Dr. Parran, who is head of the group of Physicians from the University of Pittsburgh will be in the territory of Alaska later in the year to make a survey of health needs here, and that his group probably will spend some time here at Seward San.

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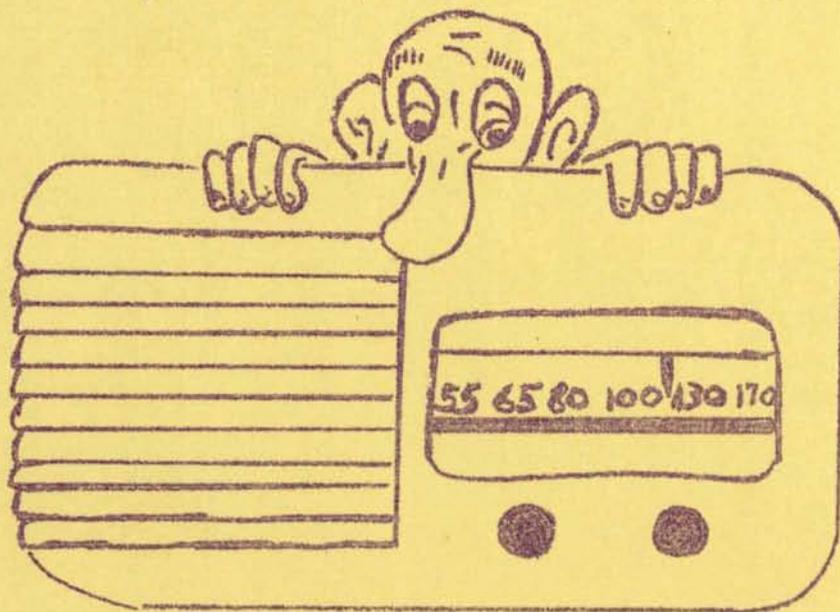
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# Must Dental Clinic and Rehab Program Go, For Lack of Alaska License?

## ANNOUNCED ENDING OF DENTAL SERVICE AND DENTAL REHABILITATION TRAINING PROGRAM

During the past few months most of the patients have received dental treatment from the Health Department dentist assigned to the Sanatorium. All of you have seen the dentist and had your teeth and mouth examined. He has taken up your particular problems in the order of the severity of the conditions and the relation of the dental problem to recovery from tuberculosis. If you have not yet received needed fillings or routine oral prophylaxis, you may rest assured that the dentist's time is being spent with those patients who have much worse tooth conditions.

Since coming to the Seward Sanatorium last fall, an effort has been made on the part of the dentist and his assistants to co-operate and contribute to the general objectives of the Sanatorium, as well as to improve the dental health of the children of the Jesse Lee Home. The diseased teeth that have been extracted and filled can be counted in the hundreds, and the visits with patients from these two institutions number well over seven hundred since last October. The dentures and bridges which have been made for the patients here in the dental laboratory number about 100. It is felt that a high standard of service has been maintained throughout, and you patients have only to look about your wards to see the beneficial effects of the work here. Those who have dentures replacing their diseased teeth generally have gained weight; those with restored teeth and healthy gums show more favorable response to the general treatment regime.

According to the present schedule, the worst individual dental problems can be eliminated by the last of September, at which time the present dental program will end and there will be no more dental service as you know it now. At that same time the phase of Rehabilitation Training which is conducted by the dental clinic will also be terminated. It is in due fairness and consideration of the patients that this announcement is made 90 days in advance.

It was the plan of Doctor Hittson to continue to practice in Seward after September, serving the Sanatorium patients and the Kenai Peninsula people on a divided-time basis. There were also plans for continuing and enlarging upon the present Rehabilitation Training program now being conducted by the dental clinic staff. However, during his recent visit to Juneau he was again refused license by the Alaska Dental Board: his experience was shared by five other well-qualified and licensed dentists from the States who wished to practice dentistry in Alaska. Consequently, since to serve the townspeople on a part-time basis is impossible, and continued full-time employment of a dentist at the Seward Sanatorium presents an untenable financial problem, it seems inevitable that your dental service soon shall come to an end.

Alaska with a ratio of one dentist per 15,000 population needs eight times its present number of dentists to achieve the ratio existing in the States. While most areas of the

U.S. consider their dental health problems critical, it is approaching an emergency state in Alaska. During the past two years alone 26 well-qualified and licensed dentists from the States have applied to practice in Alaska. However, only 2 established practices in Alaska. Are the standards of the Alaska Dental Examining Board higher than similar boards in the States? Or is Alaska being deprived of an essential health service? For example, on the Kenai Peninsula there are over 5,000 people and only one private practicing dentist. Is the great and traditionally American principle of free enterprise being suppressed to benefit an unscrupulous few?

Doctor Wagner of Seward, the only private practicing dentist on the Kenai Peninsula, is a newly appointed member of the Territorial Board of Dental Examiners. Perhaps he and the other three members of the supposedly five man board may be expected to assist the Sanatorium and Jesse Lee Home in obtaining the services of an Alaskan-licensed dentist. Those of you who, with the medical authorities here, are convinced of the importance of complete dental care for tuberculosis patients may wish to take an active interest in continuing this service. The following suggestions might favorably effect the dental health problems now existing in the Territory:

On the local scene, a private practicing Alaskan-licensed dentist might be obtained by the Sanatorium to serve the patients and Jesse Lee Home children and the people of the Kenai Peninsula on a divided-time basis and also to contribute to the Rehabilitation Training program here.

On the Territorial level, your legislators could be urged to throw out the existing dental practice act and rely upon State boards and universities in the States to supply Alaska with qualified dentists. That is, to allow any dentist educated and licensed in the States to practice his profession in Alaska.

On the National level, the Federal health authorities and appropriate legislative committees could be admonished to take appropriate action to supply the people of Alaska with better dental health services.

Montaigne is wrong in declaring that custom ought to be followed simply because it is custom, and not because it is reasonable or just.

----- Blaise Pascal

He whose honor depends on the opinion of the mob must day by day strive with the greatest anxiety, act and scheme in order to retain his reputation. For the mob is varied and inconstant, and therefore if a reputation is not carefully preserved it dies quickly.

----- Spinoza

# NOTES FROM VOCATIONAL REHABILITATION

Number one news in Rehabilitation this month was awarding of certificates of graduation to the first classes ever to complete Vocational Rehabilitation Training courses in the Territory of Alaska.

The first of these history-making events took place Tuesday, July 28, in the grocery store of the "Sheltered Workshop" in the Rehabilitation Center which is still under construction, with Max Williamson, Rehabilitation Chief, officiating at the ceremony.

The class was in Retail Merchandising, and Tutor George Kimpton, as well as Max Williamson, expressed satisfaction with the accomplishments of the group during the six months' course of instruction just completed.

"They all worked with a right good will and the earnestness of serious-minded people," explained instructor Kimpton, "And I believe each one of them will be an asset to, and a success in the profession they have chosen."

The group, which consisted of two women and four men, all patients and ex-patients of Seward Sanatorium, were selected for the training course after testing and re-testing for aptitudes by Rehabilitation Counsellor, Grace Ushler.

"I had to be sure this was the best job training possible for each one of these people, and that each one of them would be completely happy in the work, before making a recommendation for this training course," Miss Ushler stated.

"Our goal for all clients here at Seward Sanatorium is a completely rehabilitated personality, and we want to feel sure that when trainees finish their courses here, they no longer feel like handicapped persons, but will be fully equipped to earn a living and compete in a normal, healthy society again. We believe our goal has been achieved in this first group of trainees."

Those receiving certificates in Retail Merchandising were: Dan Tatoowi, St. Lawrence Island; McKenna Wemark, Wales; Raymond David, Golovin; Edwin Roehl, Homer; Caroline Miller, Bartlett; and Martha Shaquanie, Hydaburg.

The second graduation exercises were held in the studio of KSAN, with Mr. Williamson, Instructor Jack Hittson, D.D.S., and Miss Ushler doing the honors. This was a group of four graduates, two girls and two men, the men receiving certi-

(Cont'd on next page)

ificates as Dental Lab Technicians and the girls as Dental Assistants. The men were: Herman Joseph and Henry Kaiser, and the girls were: Sara Warnke, and Patricia Lambert. All were patients at Seward Sanatorium.

After the presentation of certificates to his students, Dr. Hittson then introduced them to the radio audience of the Sanatorium over KSN.

"They have each one learned their lessons well," Dr. Hittson told the radio audience. "In six months they have proven themselves capable students, and now have reached the point in their training where they can go out into gainful employment and become a real asset to their communities. The greatest asset a dental office can have is a good dental assistant, and we feel that our two attractive trainees here will be an asset to any dental office. Our lab technician trainees, too, will be an asset to the communities in which they work."

Dr. Hittson then introduced Mr. Williamson to the Hospital radio audience. Mr. Williamson, who had left his Juneau office to be on hand for the graduations, expressed pleasure at witnessing the first Rehabilitation Vocational Training classes ever to graduate in Alaska.

"We think this work is very important," said Mr. Williamson, "and you people should be proud and happy to initiate a program that is unique, not only in Alaska but in the whole of the U.S."

"There isn't another program like this one in the States," Mr. Williamson went on. "And, as a matter of fact, people all over the States are beginning to talk about it. I mentioned the program to some Doctors from Pittsburgh who are making a tour of Alaska to study health problems, and they informed me that they already knew about the program, that they had heard about it in Washington D.C."

In an interview following the graduation exercises, Mr. Williamson, who is Head of Rehabilitation in Alaska, expressed satisfaction with the work that is being done here.

"I was quite pleased to see how much had been accomplished on the "Sheltered Workshop" since my last visit," Mr. Williamson said.

The Sheltered Workshop is located in the main building of the Rehabilitation Center where the shoe shop, key making, photo lab, craft shop, etc. are located.

According to Miss Ushler, Rehabilitation Counsellor for Seward San, the Commercial School, under the direction of Mrs. Jack Hittson, will be ready for enrollment the first of August.

#### THE FIRST GRADUATING CLASS FROM THE SEWARD REHABILITATION CENTER:

The first graduating class from the Seward Rehabilitation Center was the Retail Merchandising class. This class met July 28 at 3 o'clock in the afternoon in the grocery store, which is still under construction, housed in the "Sheltered Workshop."

Mr. Kimpton, the instructor, served ice cold apricot nectar. He said we should have a little party because this was a very happy time.

(Cont'd. on next page)

After we drank our nectar, Mr. Kimpton reviewed very quickly what we had covered in this course. It included 50 hours of classroom work in orientation to merchandising, store operations, display, food, marking, receiving and handling, shelving, store plan study and personnel. Visual aids procured from the Nargus Better Stores Program and on-the-job training were correlated with the above subjects.

Then Mr. Kimpton showed Mr. Williamson the store plans drawn to scale by members of the class and also the master plan drawn from the best aspect of each plan.

Mr. Williamson, Director of Vocational Rehabilitation for Alaska, gave the graduation speech. He congratulated the class for the fine progress they made in vocational rehabilitation. He said this work in Seward is drawing nationwide attention. Recently he was going to tell some Statesiders all about the work at the Seward Rehabilitation Center. Instead they told him all they heard about it in Washington D.C.

In closing his speech Mr. Williamson said, "When this Sheltered Workshop is beautifully finished and nationally known, you can say with pride--'I was in the first graduating class there.'"

At the end of his speech Mr. Williamson presented each member of the class with a certificate:

1. Dan Tatocwi from St. Lawrence Island
2. McKenna Wenark from Wales
3. Raymond David from Golovin
4. Edwin Rhoel from Homer
5. Caroline Miller from Bartlett
6. Martha Shaquanie from Hydaburg.

Mrs. Miller, the photographer, snapped pictures of the ceremony, while Dr. and Mrs. Chao and Miss Ushler looked on.

The ice cold apricot nectar, presentation of certificates, flash pictures and important visitors were all a surprise to the class. We hope this marks a happy ending to our San stay and a happier beginning to a life outside.

-----  
-----Yours, Martha Shaquanie

By Sarah (Johnnie) Warnke

My name is Sarah Warnke, and I am going to tell the simple story of my life in hopes that some other patient may be helped along the road to recovery by my experiences. Also, I would like to express in the only way I have the gratitude and appreciation I feel for the help I have been given at Seward Sanatorium. So, please bear with this simple, rather drab story and try to get the point I am trying to make, that no matter how low the candle burns, there still is hope if you are willing to face up to the facts and to do something about them.

I was born in Nome, Alaska 24 years ago, of Eskimo parents, into a fairly large family. I received the equivalent of a public school education, learned to read and write English, and then at the age of 15 or so, went out into the world to earn my own living. I couldn't do anything much, so took the first job offered, which was doing house work and taking care of children. Then I learned waitress work and  
(Cont'd. on next page)

worked in various restaurants around Nome until I was nineteen or so. It was the only work I knew how to do, and I liked it. I was working as waitress in a combined bakery-tea room when the Alaska Department of Health started giving chest xrays to all citizens. When I took mine I learned that I had an advanced case of active pulmonary tuberculosis, and I nearly died on the spot from shock and fright. As far as I was concerned, it was the end. I didn't care what happened after that. I knew it was the end because I was told I couldn't do waitress work any more and that was all I knew or cared about. But, my folks with the help of the Health Nurse got me admitted to a sanatorium and eventually I came to Seward San. Although I had given up and didn't give a hoot about getting well, I didn't take it laying down! No sir, I blew the lid off at every opportunity until I am sure some of the nurses despaired of ever doing anything with me at all. Because, you see, I didn't care. I had given up and life had no interest for me, so what did my behavior matter!

Nevertheless I did begin to get well, in spite of the fact that I didn't help myself much. Dr. Phillips and most of my nurses seemed to understand how my mind worked and to sense the great mental conflict I went through, because when I felt most like giving up, Dr. Phillips would talk things out with me and just refuse to let me quit.

Eventually I was well enough to move to Ward Six, the convalescent ward, and I still hadn't come round to thinking that life might be worth a little effort to regain my lost interest. Miss Ushler talked to me about aptitudes, and Dr. Phillips suggested work in the Dental Clinic to see if I could get interested in that.

At first I didn't want any part of it. I didn't like it. I was afraid of everything. I think I was even afraid to open a door because I didn't know what might be on the other side, who I might have to talk to and discuss something with. I tried to quit, but again Dr. Phillips said no. "You must keep on trying," he said, "and you might even find out that you like it."

Then pretty soon the truth dawned on me. This wasn't tyranny, people trying to make you do things you didn't want to, here were real friends. People trying to boost you into the position of being a real person again and trying to give back your dignity and self-respect and usefulness in the world.

At that I don't think this thought would ever have been driven home to me without the understanding kindness of Dr. Hittson. He, too, could see that I was still in the midst of some pretty bad conflicts, and he encouraged me all the way, to study, to learn more skills, he praised me when I made the least progress, and never mentioned my failures at all, until finally after six months of training in his clinic, I've found that life is a pretty cheery proposition after all, even for a person handicapped with arrested tuberculosis.

Dr. Hittson has spared no pains to help me attain a well-rounded efficient dental assistant's status, and it is largely through his encouragement that I have determined to finish all my studies, the English, typing and office skills I need in order to be the best possible dental assistant. Then I should like to go back to Nome to use the skills that have been given to me to help other people.

My folks in Nome were so proud and happy at the change that has come over me in this Rehabilitation Training under Dr. Hittson that my mother, who does not speak English, went to the trouble of getting our minister in Nome to make a tape recording of her voice telling me how happy she is that I have this chance here

(Cont'd. on next page)

to get well and be a useful, happy citizen again.

It would be a great misfortune if any patient here were to be deprived of a chance to work and study as I have with Dr. Hittson, because his interest in the patients is as valuable to them as his knowledge and skill in Dentistry. I do not need to say in this article how proud and happy I am of this certificate which I have received today. My whole life will show this gratitude. This I hope and pray.

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AMERICAN LEGION INTERESTED IN REHABILITATION AT SEWARD SAN

By Ethel Lindley

My trip to American Legion Convention at Cordova was one of the most beneficial of any I have made in many years. On the boat trip down I had the opportunity of talking at length with Mrs. Ashton, National President, American Legion Auxiliary, who is vitally interested in the rehabilitation program of the American Legion. She is one who is not only interested in this program but is very well versed in its workings.

We reached Cordova at 4 p.m. the evening of the 24th and to our surprise we were kept on board ship until the arrival of the high school band which was dressed in their new uniforms. After they saluted the National President she gave a wonderful response to their welcome.

The two and one half days in which we had to carry out the many duties assigned, to hear the inspirational news of the many activities of our National during the year, and rest or sleep seemed to float into nothingness. I was assigned to two committees of which one was the rehabilitation committee. I was kept so busy on this committee until Saturday noon that I was left no time for the other committee.

The entire convention was turned over to serious matters in building anew our program, and no effort was left to chance for reaching our objectives. The Rehabilitation Center was given enthusiastic response and there was no trouble in establishing a really co-operative working plan between the Veterans Administration, the American Legion and the Seward Sanatorium that will work well for the benefit of the veterans of Alaska.

In fact, we have succeeded in establishing the first rehabilitation center where G.I.s may receive their training in Alaska. Now with the co-operation of the V. A., Office of Vocational Rehabilitation and the Indian Service together with the many clubs that are friends to our program, our rehabilitation program will soon equal or surpass those in the States.

Ethel Lindley  
Rehabilitation Chairman

### Subjective Thinking

Within the limits of our universe millions of stellar bodies, through speed and magnetic attraction, act upon each other and determine the perfect operation of our galaxy. The sun contributes its part in sustaining the absolute unison of the universe, and as a direct result of the teamwork of the cosmos our Earth completes its course around the sun every  $365\frac{1}{4}$  days.

Perfect synchronization is not only cognizant in the heavens, but in the multiplicities of men's achievements, comprising such intricate accomplishments as the gasoline engine and radio. Perhaps, too greatly influenced by the seeming mechanization of nature and our dexterous talent with tangibles, we have developed a subconscious pattern of subjective thinking and inadvertently conduct our human-relations from a mechanical aspect. As in building a house or constructing a bridge, we approach the problem with a survey of our own point of view and mental reasoning, and in human relations we also deal with others by elevating our point of view and talent and thereby never fully recognize the intelligence or abilities of those who work among us. This subjective thinking rejects the probability that our associates can work as efficiently or offer suggestions at least as fruitful as our own.

Though the universe is composed of billions of gigantic bodies, seemingly unrelated, each star has a pertinent function in maintaining the precarious balance of the system. So is this with man. The words of John Donne, man is an island, alone unto himself, are true in the respect that every man represents a composite of unique experiences, and in this regard he stands alone like a star. Every man, however, has a "natural" obligation to use his experiences as a benefit to his associates, and as each star has its position in the heavens so every man has his unique place in the world.

The person who accepts his associates equally, performs the role of student and teacher, and is eager to aid and be assisted by others will have discovered his place and will commence to live a more complete, happy, and useful life.

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Ice Worms at Work

# cheechako's corner

By Constance Doerty

NETTIE HOMME is a new R.N. to join our San group this month. She drove from Portland up the Alcan Highway with three girl friends. Miss Homme is a graduate of the Portland Sanitarium and is here in Alaska just for the summer.

MRS. KATHERINE HALL, R.N., has been in Alaska for twenty years. She has had the opportunity to see a great deal of this country, as her husband is a professional photographer.

THERESA VAN FLEET, an R.N. on Ward 3, and her husband JIM, who is working in the laundry, drove from Illinois up the Alcan. (They had eight flat tires on the way!) Mrs. Van Fleet is the niece of Mrs. Graham, who is in charge of housekeeping.

NORMAN MATTHEWS is a pre-med student from Haverford College in Pennsylvania. Norm is here for the summer and will return to school in September to begin his senior year. He is working as an orderly on Ward 4.

RUTH YOKEL is from Evansville, Indiana, and is working this summer as an aide on Ward I. Ruth is a student nurse at the Protestant Deaconess Hospital and will be going back in September to begin her senior year of training. Her sister is a house mother at the Jesse Lee Home so Ruth spends much of her time off by telling stories to the youngsters there.

HELEN MCGRATH is an aide. She and her husband drove here from Miami, Florida. This is their second trip to Alaska, the first being to Fairbanks.

MARTHA MCCOY is working in the diet kitchens. She and her husband are now living in Seward.

ATTENTION! MISS JOYCE COOK ANNOUNCES HER COMING MARRIAGE TO LEO DELARM ON AUGUST 22, AT THE CHURCH OF THE SACRED HEART IN SEWARD. Best wishes to you both!

Night nurse MRS. JACOBSEN has been going fishing on her days off. She has had good luck, too. Mighty fine Rainbow, Jake.

MISS BATHER took advantage of the lovely weather this past month by going to Fairbanks, where she went sightseeing and was successful in panning some gold. Later she went to Anchorage and to the Mt. McKinley Park Hotel. It sounded like a very interesting trip, and I for one am going to make it.

July 4th was the day of the race up the 3,000 feet of Marathon Mountain, and the racers had lots of cheering on by the San personnel. MARTINE BURDICK, ANN KENZERKOFF and VALDIS ARINS made it to the top in three hours and one minute. PAT OLSON, DIANA WACKAY and HELEN PRIEBE reached the peak in three hours and forty five minutes, and the winner for the San was MARGARET WATERHOUSE, lab technician, who scampered up the mountain in a mere two hours and seven minutes. Congratulations, Marge! The official winner, RALPH HATCH, a Seward boy, crossed the finish line in 54:56.5. That's some traveling, although not a record breaker. He literally foot skied down the snow banks, and looked like a first cousin to a kangaroo the way he jumped down the trail. We working people watched from the San, but our imaginations saw more than our eyes. The day cleared in time for the race, although the clouds covered the top of the mountain until the race began. The time of the San climbers may look like a long time, but Hatch has been practicing all year, and he has been a previous winner, whereas the personnel from here has not been climbing higher than to the second floor of the quarters. (Apologies to those who may have been goat hunting.) It may be of interest to outside readers to know that Hatch had guessed his own time, and held the winning ticket, but refused to accept the winnings of \$800.00 from this ticket because of his position as one of the racers.

DR. AND MRS. PHILLIPS AND FAMILY were given a lively send off on the SS Aleutian, to the states, by a delegation from the San. BON VOYAGE, folks! We'll miss you.

Big Bear Lake was the locale of the San picnic on July 3rd. About fifty of the personnel turned out for a good time of volley ball, soft ball, horse shoes, log rolling and swimming. (Those who were log rolling went swimming whether they wanted to or not, prepared or not. Br-r-r! It was cold!) There was lots of food, mosquitos and fun.

IRMA MATZ R.N., and her sister GERT MACHADO, both from Ward Three, are in the states on a three month vacation. We have received cards from them as they drove outside and across the country. The trip was made in sixteen days with only one flat tire which was in Alaska, but they had to be pulled out of mud holes numerous times. The girls are now suffering from the heat on the east coast.

An unfortunate accident occurred to MRS. HILER on Ward Three. She has a back fracture, and is in a body cast at the General Hospital. Best wishes from all of us, Mrs. Hiler, and come back soon.

Chapter One.....(A continued story)

By Sagahen, Saskatoon San

Oh, I'd be a perfect patient, I'd never complain about meals or blame the nurses for the menu---

Or put on my light when all the workers are busy, or take more exercise than I should--

Or spill my water, medicine, or fruit juice, on my bed, or pour my coffee on the floor even if it is insipid--

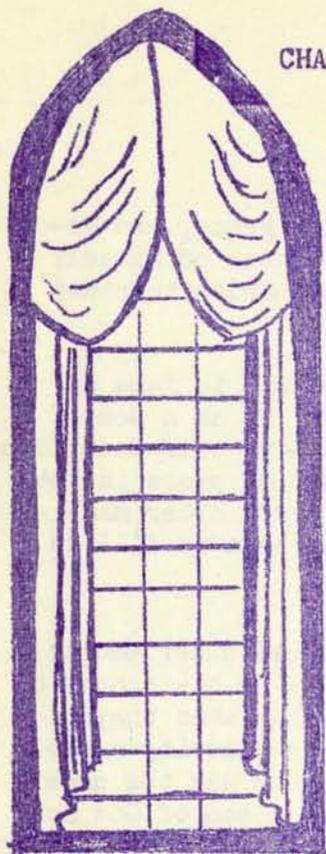
But I'd always be polite to the girls--especially the greenhorns--

And refrain from collecting junk, and keep my bed-stand tidy, even inside, and keep my radio turned down--and go to bed at a reasonable hour, and keep from asking for things I don't really need----

BUT---because I'd do all these things, I'd be well liked, and the aids and assistants would always skip over my room when they're in a hurry, because they'd know I'm a perfect patient and "I wouldn't mind".

(continued on page 27 )

## CHAPLAIN'S CORNER



"Health has meaning", to quote Rev. Charles Kean in the Living Church, "only when the whole man is being considered, and furthermore, the whole man cannot be considered apart from the society of which he is a member."

Rev. Kean goes on to say that church leaders all over the world have long since recognized the basis of individual health as involving the total personality in all its relationships and that this insight has not been as fruitful as it might be.

Here at Seward San, the conscious attempt is being made to bring this insight to fruitfulness. Here, religious leaders and medical staff work together trying to arrive at some solution to the modern-day problem of building total meaning back into human life and personality.

Psychosomatic medicine has it that much disease is caused, not by the malfunctioning of certain organs in the human body, but by continued pressure of meaningless situations, until the patient begins to wonder with increasing desperation whether life is worth the struggle, (again quoting Rev. Kean).

Details of medical care, psychosomatic or otherwise, is of course, the responsibility of physician and nursing staff, but the underlying problem, the problem of restored personality, of re-built meaningful health for the whole patient is the common concern of physician, nursing staff, minister and every worker from humblest to greatest who works in the project of restoring health to sick people. Working together in concerted effort toward the goal of meaningful health for each patient is certainly an excellent goal, but even though every practitioner and every worker labors with the insight and inspiration of a saint, the initial movement toward meaningful health will have to take place within the mind of the patient himself. No man or woman can attain the status of complete "wholeness" without first willing it for himself or herself. Each Patient must face up to certain facts about himself. He must honestly answer the question, "What constitutes complete health for me?" The answer to that question will determine the direction his efforts will take, and will pose another question which all persons, patient or otherwise, must sooner or later ask and answer for himself, "Who am I, and why am I here?"

If, in answering the first question, "What constitutes complete health for me?" the patient sees himself merely as an acquisitive animal, handicapped by an arrested, disabling disease, he will see himself, although free of his disease, as a "poor thing" and expect the world in which he lives to solve his problems.

But if, on the other hand, the answer to the primary question, "Who am I?" is a Christian answer, and the patient says to himself, "I am a Child of God and a brother of my fellow man," he has accepted himself as a free partner of every other man, an individual-in-society (Rev. Kean), because of his recognition of where he fits into the scheme of things.

This answer suggests the relationship of religion to Medical care. This is the Christian answer to the problem of the meaningless, the loneliness and anxiety of human personality. The patient is enabled to find his true self through acceptance

CHAPLAIN'S CORNER CONT.

of himself as a child of God, not in self-fulfillment, selfish indulgence, and demands upon other people, but in a good hearty "YES" to life, acceptance of himself as a responsible, capable human being, with the result that relationships to other people are seen in a different light.

It is the role of religion to lead people, especially sick people to face up to this question, "Who am I?", and to reach the concluding answer, "I am a son of God and brother of my fellow-man", which means self-acceptance without self-deception. Which means a patient says to himself, in effect, "I have accepted my place in the universal scheme of things, a place which is on equal basis with every other man, a place which has meaning and purpose, and which I am going out of here to fill as an individual-in-society, and not as a "Poor Thing".

The man who cannot accept himself, says Rev. Kean, cannot accept other people. And if he cannot accept them as people, he cannot make a real place in his scheme of things for other people's idiosyncracies, and differences, especially when they seem to threaten his own estimate of himself and his status and his security needs. It is the role of the Church, the role of religion, to lead people to ask the question, "Who am I," in such a way that men can live the answer, "I am a son of God and brother of my fellow-man." Only as a man can live this answer, "I am a son of God and brother to my fellow-man, does the handicapped person cease to be a "Poor thing" and really function as a brother to his fellow-man. He ceases to beg the question from life itself, ceases to ask indulgence for weakness, ceases to try to get something for nothing, but puts his own shoulder to the wheel, contributes rather than demands, is an man and no longer a "poor thing" He attains to complete health.

Psalm 37, the 23 verse says; "The Lord ordereth a good man's going and maketh his way acceptable unto himself." As soon as a man can answer the question, "Who am I?" in a satisfactory manner and begins to live his life as "A son of God and a brother to his fellow-man," then he finds that his way is ordered, and miracle of miracles, it is acceptable to him, he is no longer a creature with no meaning, no importance, no vague loneliness, no sharp anxieties about the future. "The Lord ordereth his way and maketh it acceptable unto him." Let us think on these things.

---

Sometime ago, after one of those unusually delicate and skillful surgical operations for which Dr. Phillips is justly famous, a friend asked him,

"What were you thinking while you did that surgery?"

The surgeon looked at his friend a moment and then gravely replied,

"I wasn't thinking, I was praying."

---

## SEWARD SANATORIUM UNDER A MICROSCOPE

By Paul Rudolph

Today is the 26th day of July and in 3 more days I shall have been here 3 years. With that thought in mind I close my eyes in quiet reflection and give thanks to the Almighty above that I'm still alive. But after giving thanks to our Lord I see in my retrospective mind the three years being drawn like a slow train full of people in white uniforms and green smocks under a huge mental microscope. Why?

I sought the answer to this strange turn of events in my mind and I found it. The good Lord was identifying Himself to me through all the beneficent people on and around the train. (My appreciation of these people ballooned beyond imagination.)

I see within the heart of the San a beehive of activity. Everyone in green smocks and white uniforms is busy doing something for someone--and that someone is the patient. He is being waited on hand and foot . . . the Monarchs and Empresses of yesteryear and today never had it so good.

In the distance I see various women's organizations carefully planning to serve our needs with books, gifts, and hopeful conversations punctuated with heart-warming smiles. It is wonderful to see that most of the patients are appreciative of all these good women who flow in like the tide upon us and recede quietly leaving us happy and content for the rest of the week. The men of the cloth, too, come frequently to see us and visit with us. When they throw a casual, but sincere, hello to a totally-strange patient, it is clearly seen that the patient's heart does a flip flop, thereafter leaving him happy for the rest of the day.

Like the towering spruce tree outside my window, our medical director, Dr. F. J. Phillips--ably assisted by Dr. Shih Shun Chao--looms protectively over us and diligently watches the wavy variations on our charts. His curt orders are carried out to the letter by the willing and diligent ladies in white.

Some of the ladies in white come to work here with the budding of leaves and stay until the autumnal winds play with colored leaves in mid air. However, they bring us a world of sunshine which lasts us throughout the cold and snowy winter.

I see, too, now and then, dignitaries passing through our hallways. Our beloved Delegate to Congress E. L. (Bob) Bartlett, for whom our little community here was named has paid us so many visits that he is now a consultant on our medical staff. Recently the Honorable Governor B. Frank Heintzleman paid us a visit, too, but his time was so limited that he visited only one ward. The attractive ladies in Ward Three were the fortunate ones to view in person the Honorable Governor of Alaska.

Dignitaries, too, from the musical world have paid us many visits. My soul melts into tranquil relaxation when I hear their dulcet voices over our P.A. system. It is a healing balm added to our daily prescribed medications.

But then, dignitaries from the human world aren't the only ones that pay us visits. The winter before I entered this hospital as a patient the lord and master of the wild plains of Alaska paid the San an unexpected visit. Yes, the MOOSE in lordly fashion posed for many pictures outside the ward windows. He caused as much  
(cont'd on next page)

excitement as the above mentioned human dignitaries. A young black bear also has paid nocturnal visits, but he made a nuisance of himself by raising havoc with our garbage cans and it was found necessary to eliminate him. However, we enjoyed his few visits with us.

At this point my train of yesteryear's thoughts under the mental microscope ended. Believe me I'm thankful and very grateful to all the good people who unselfishly give their time to us so that we may be happy, comfortable, clean, and well fed.

From my humble place in life I wish to say to all you good people, "May God bless you and keep you in good health."

---

BACILLI ITALIANA

I gotta tuberculos, he busta ma chess,  
Da Doctor he say, "Yow taka da ress."  
So I losa my job, I losa my wife,  
But I killa da bug and sava my life.  
I go to da San on top of da hill.  
Day look at me once and giva da pill.  
The superintend sine shaka da head, Say,  
"Tear off da sheet and climb ina da bed.  
In Sanatadore I hava da fims.  
Liva high life, no costa much mon.  
Sleepa all day, plenty onion to eat,  
I gotta nice girl to washa my feet.  
Day stick thernom way down my throat  
Taka da temp-- getta my goat?  
Day counta my pulse, counta my breff,  
I counta da mon see if he is left.  
Someday getta well, go back to my wife.  
But one thing I know you betcha my life  
I knock her down, I breaka her teeth,  
if she give me for dinner  
One piece of rosa-beef.

-----MIS Rehab News, via Werrace Topics

---

Wherewith shall I come before the Lord, and bow myself before the high God?  
Shall I come before him with burnt offerings, with calves of a year old? Will the  
Lord be pleased with thousands of rams, or with ten thousands of rivers of oil?  
Shall I give my first-born for my transgression, the fruit of my body for the sin  
of my soul? He hath shewed thee, O man, what is good; and what doth the Lord require  
of thee, but to do justly, and to love mercy and to walk humbly with thy God.

-----Micah 6: 6-7-8



THE IMPORTANCE OF COMPREHENSIVE NURSING  
By A. Stuart, R.N., Director of Nurses

When you stop to think that the only reason for the existence of any hospital is the care and cure of its patients, it is easy to see that almost every activity that takes place in the hospital in order to be effective and serve its primary purpose, must be based on sound knowledge and skill in the practice of nursing.

It goes without saying that the professional nurse is responsible for the immediate nursing care of her patients, but what is not so obvious, is that she is also responsible for the total welfare of each personality, and that she has under her guidance the transition, be it swift or slow, from patient status back to normal healthy individual, and that it is up to her to project her knowledge and understanding of each patient into the future community where they will be competing with other people in a normal work-a-day world. It is part of the professional nurse's responsibility, especially in a tuberculosis hospital to guide each patient as he takes the "cure" back to a safe and satisfactory adjustment in the normal world again.

As Dr. Phillips pointed out in a staff meeting here not so long ago, the nursing profession has undergone many and abrupt changes down through the years and has developed in complexity to include an almost unbelievably wide range of activity.

The professional nurse today is no longer merely looked upon as a servant of the sick, but she is teacher, counsellor and guide to a completely new way of life for each individual patient according to that patient's need. Especially is this true of nurses in a hospital for the tuberculous. The nurse must understand and adequately supply all the areas of her patients' needs. The most obvious of these, of course, is the treatment and medication need, which in chronic disease will not vary too much from one patient to another.

But treatment and medication is only one of many basic patient needs which the professional nurse must understand and meet. The patient's personal hygiene needs, routine that is carried out for his cleanliness and comfort, and to isolate and prevent the spread of his disease. Environmental needs, surrounding ward factors which help the patient adjust to his new environment, and to make the physical environment of his unit contribute in the greatest possible degree to his recovery.

Then there is the guidance and counselling factor, the patient's need to accept his disease intellectually and emotionally and to adjust to a possibly changed community and family life when he is well again.

All these needs a professional nurse must be able to detect and supply. And added to these there is always the human, the personality, need of each patient which is harder to detect and much more difficult to satisfy, but on which depend a great deal of the patient's progress in getting well.

(Cont'd. on next page)

The astute and adequately trained nurse will be able to evaluate each patient's socio-cultural background in order to supply adequate equivalents; to recognize his motivation, and to understand urges that are likely to create a tension and stress that may hinder his progress on the road to recovery.

A watchful observing nurse must learn to sense from a patient's relationships with the people around him, the medical and nursing staff, various workers and visitors, to what degree he "emotes" in given circumstances.

From all this we must conclude then, that the nursing department in any hospital must necessarily assume a prime importance. Here at Seward San our nursing goal is a completely rehabilitated personality for each patient at the point of recovery. We know that better care for our patients will depend upon a corps of professional nurses who can practice comprehensive nursing, and effectively supervise the necessary auxiliary aids, attendants and orderlies. To this end we maintain classes in Nursing Education for "brush up" training under a recently trained instructor from one of the best known nursing schools in the States. We try to choose personnel with a high degree of social service and ability to maintain friendly, co-operative relationships with each other and with patients.

Considerable effort goes into our friendly, co-operative relationship here, workers and patients alike are encouraged to really work at it. We all know that pleasant attitudes do not "just happen." Therefore this duty too, falls on the nursing department to keep friendly, contented, happy workers which will reflect in friendly, happy patients.

---

#### EMOTIONAL ADJUSTMENT

It is usually before discouragement has had time to turn to resignation that the individual becomes a patient in a sanatorium. Then for the sake of health, he must conclude successfully the problem of emotional adjustment; there, he must learn to develop in himself those forces of character on which we ultimately depend in the struggle for peace.

The measure of success in this undertaking is perhaps the time it takes for the first fever of self-pity to subside, and the day of success is that day when we are able to concede the perfect justice of our predicament. When without a trace of martyrdom, we admit that there was not, as we first supposed, a bitter inequity in the fact that life passed over others to designate us for this ordeal, we have stated one of the elemental truths of life. Life broke no promises to us, because it made none; it never does.

-----Terrace Topics.

I am only one. But still I am one. I cannot do everything. But still I can do something. And because I cannot do everything, I will not refuse to do the something that I can do.

-----Edward Everett Hale

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SEWARD, ALASKA

## WHO IS THE TRAINED PRACTICAL NURSE?

By Gertrude Pieper, R. N.

Everyone who reads magazines and newspapers or listens to the radio has heard about the trained practical nurse. Although the public is aware of her existence and patients in hospitals and sanatoria throughout the country have become acquainted with her services, there is still some confusion about the role of this new type of nurse. Who is she and what is her place in the nursing field? If she is trained, where does she get her training and how long does she have to go to school? Just what is her status when she completes her training?

To answer these questions let us briefly consider the nursing situation of the past decade. For years we heard the gloomy story of the shortage of nurses. Newer knowledge of medicine, scientific advances in the areas of diagnosis and treatment, as well as World War II and its demands on the nursing profession, brought the shortage of registered nurses into sharp focus. It became evident that the potential supply of trained personnel would never meet the demand for their services under existing circumstances. Although nurse's aides took over many of the duties which required little or no special training to perform, there was a great need for nurses trained to give bedside care to patients who were no longer in the acute stages of their illnesses.

As a result, the professional nursing organizations, in conjunction with the United States Office of Education, set up a pattern for training practical nurses and helped establish schools in many parts of the country. Today, there are over one hundred accredited schools for practical nurses in the United States. The courses vary in length from nine to twelve months.

Wisconsin has four accredited practical nurse training schools. They are located in Kenosha, Madison, Milwaukee and Neenah-Menasha and are operated by the vocational schools in cooperation with various hospitals and institutions in those communities. Each of these schools offers a one-year program of study.

To be eligible for admission to an accredited school for practical nursing a student must have completed the tenth grade, although high school graduation is desirable. She must be at least eighteen years of age. Good health, an interest in people, and a desire to help the sick are prerequisites.

The programs of study in the Wisconsin schools are generally similar; yet each school is distinctive in the amount and types of learning experiences included in its curriculum. For example, basic courses in theoretical and laboratory instruction precede hospital experiences in all of the schools. During this period students attend classes all day. They are taught nursing procedures, ethics, personal hygiene, body structure and function, housekeeping, foods and cookery and occupational diversions. After successfully completing the preliminary term of instruction, students are assigned to hospitals to learn how to give nursing care in actual situations. This part of the curriculum varies from one school to another but every student has practical experience in the care of convalescent medical and surgical patients, care of the aged and chronically ill, care of mothers and infants, and care of children. Most of the students have the opportunity to work with mental patients. When they are nearly finished with the course they are assigned to a tuberculosis sanatorium and to a visiting nurse association to learn

how to care for patients in their homes.

During the time the student is affiliated with hospitals and institutions she works under the direct supervision of registered nurses. Ward classes are provided at each affiliation. Attendance at school for one day per week continues throughout the period of hospital affiliations.

The entire course of practical nursing in an accredited school is relatively inexpensive for the student. She pays for her uniforms and her textbooks. Laboratory fees are minimal and there is no tuition if the student is a resident. While she is assigned to hospitals she receives a weekly stipend to pay for room, board and incidental expenses.

Upon completion of the year's program the trained practical nurse is eligible for admission to the examination conducted by the Wisconsin State Board of Nursing. If she passes the examination she receives a license to practice as a trained practical nurse. A licensed trained practical nurse is qualified to assume responsibility in the care of convalescent and chronically ill patients and all others who are not acutely ill. In all instances she works under the supervision of a registered nurse or a licensed physician. Her salary is commensurate with her training and is based percentage-wise on the prevailing salaries in the hospitals or institutions where she is employed.

Although Wisconsin schools have been in existence for several years the demand for trained practical nurses far exceeds the supply in our state and in the country as a whole. Graduates are working in hospitals, convalescent homes, sanatoria, veterans hospitals, homes for the chronic and aged and in mental institutions. Some of the trained practical nurses are employed in doctor's offices; others are working with health departments and visiting nurse associations. Many more are needed for private duty in patient's homes. Opportunities for employment are unlimited. It has been estimated that 15,000 practical nurses must be trained annually to help meet the nursing shortage. Currently, only 5,000 practical nurses are graduated from accredited schools in one year in the United States.

----- The Beacon

#### EARLY SANATORIA

By Frank Maresh, M. D.

If an individual asks the question, "Who discovered America?" quite likely he will hear the usual, standard answer that Don Christopher Columbus discovered America. If the individual happens to have the obsessive-ruminating type of a personality, he may ponder over the customary reply and, then, wonder about the crew of the fleet accompanying Columbus, about the other known intrepid voyageurs who preceded the admiral to the shores of America, and about the thousands of aborigines who inhabited the Western Hemisphere when the Italian navigator arrived.

If the same individual inquires about early sanatoria in America, he will learn about Dr. Edward Trudeau's self-managed cure at Saranac Lake and about the gradual, progressive spread of six hundred sanatoria over an entire continent. If, again,

the ruminating individual meditates over the accepted report, he may muse thoughtfully over--among others--the old ruins of the not-well-known sanatorium in Ciudad Trujillo, capital city of the Dominican Republic.

On the island, in the West Indies, which advertises itself as the "Country which Columbus loved," and only a few blocks from the cathedral in old Santo Domingo, which shelters the bones of Christopher Columbus, lies an unnoticed, unused, almost vacant lot. The crumbling fences, fallen arches, eroded window sills, worn doorways, abutments, pillars, and posts among the stones, rocks mortar, debris, and rubble, sketch the outlines of an early, large edifice. Tropical grasses and mosses emerging from the cracks in the pavement of the former patio lead to thousands of speculations. The lines from fragments of disintegrating walls are all that remain of a grand, but recurring, idea concerning the care of persons ill with tuberculosis.

In order to convert the inhabitants of the New World to Christianity, the King and Queen of Spain encouraged enterprising individuals to establish churches in the Western Hemisphere. One noble Spanish family which applied for a Royal Charter for a chapel included a "Rider" in the patent which stipulated boldly that the church properties would also serve as an asylum for persons ill with tuberculosis. Because of the lack of an urban population, the Cavalier family not only erected a church but supplemented it with a courtyard and patio, as well as with a hospice--a sort of a sixteenth century motel. It was a hostel in which pilgrims or travellers lived while seeking ecclesiastical instruction or while attending church services. However, the visionary family founded a hospice in which people with tisiologia could remain, in a sort of an isolation, and also protected by a royal mandate.

Perhaps we should know more about the energetic Spanish family which more than four hundred years ago--in Dr. Dearholt style--decided to DO something about tuberculosis. It may be interesting to conjecture about the experiences or feelings which motivated the family to conduct itself in such a progressive, revolutionary manner. A certain amount of sadness comes with the realization that the advanced ideas of the family of visionaries retrogressed with time until the sanitarium disintegrated. It is regrettable that other individuals did not have the capacity to recognize a worthwhile idea nor to perpetuate the earliest sanatorium in the Western Hemisphere.

Not long ago in the National Geographic Magazine, Dr. E. A. Speiser--by means of murals--aptly summarized the discoveries yielded by thirty years of archeological excavations in the ruins of Ancient Mesopotamia. Although Dr. Speiser speaks of digging ruins, he was actually digging into the lives of human beings who made the piles of accumulations. In a personal communication, Dr. Speiser states that the equivalent of tuberculosis may be identified in the cuneiform writings of the people of Mesopotamia during the first millenium, i. e., six thousand years ago. Furthermore, the cuneiform documents suggest that tuberculosis has been recognized at a much earlier date. The ancient dwellers between the Tigris and Euphrates rivers must have been imaginative people, for, quite appropriately, they referred to the respiratory illness which we call tuberculosis as "When the Breath of His Mouth Comes Heavy". Perhaps a careful inspection of the old ruins in the recent excavations may reveal the foundation of an early, former sanatorium. Perhaps, in the future, we shall read about the "Cure on the Tigris" or about the "Euphrates Sanatorium". Per-

haps even the Bagdad of A Thousand and One Nights had a sanatorium; in fact, a thousand and one nights represents an average healing period in tuberculosis.

Although Dr. Speiser does not mention the patients, I am quite certain that, already, six thousand years ago in Ancient Mesopotamia the patients with tuberculosis were asking, "Doctor, how soon will I be going home?" In view of the poetic way in which the people in those days described the respiratory disease of tuberculosis, I wonder by what clever combination of words they expressed their desire to depart from the sanatorium.

At the meeting of the National Tuberculosis Association in Los Angeles, I hope it will be possible for a phthisiologist to look through the huge telescope at Palomar into Outer Space. Perhaps he will find someone erecting a sanatorium out there!

-----The Beacon

FRANK MARESH, M.D. FORMERLY OF SEWARD SANATORIUM, NOW AT WISCONSIN STATESAN.

We learn from the Beacon, Wisconsin State Sanatorium's interesting and informative magazine that Dr. Frank Mares, who was on the Medical Staff of Seward Sanatorium in 1949, is now on the staff of Wisconsin Statesan. We are sure most of the patients at Seward Sanatorium will be interested in reading the above article written by Dr. Mares, and copied from the Beacon.

#### THE UNKNOWN TRAIL

By Richard Briggs

Show me the way to the unknown trail  
where the past and future end  
Where the air is free to God and me  
in this haven for weary men

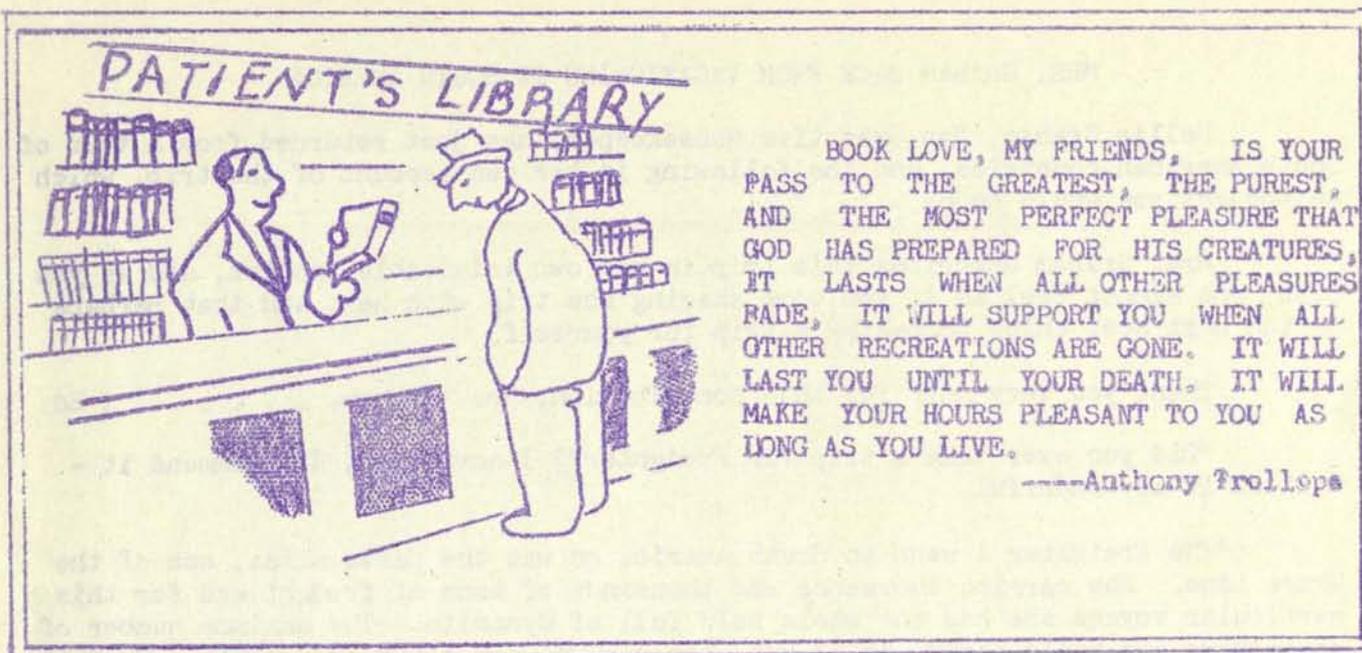
Lead me away from a struggle through strife  
to this land where a song imposes  
where friendship's call is the code of all  
and a smile and laughter proposes

Grant me a faith, a guiding hand, and the  
will to aid all men  
And I'll lead the way to the Unknown trail  
where the past and the future end.

-----

A man without some sort of religion is at best, a poor reprobate, the football of destiny, with no tie linking him to infinity, and the wondrous eternity that is begun with him; but a woman without it is even worse--a flame without heat, a rainbow without color, a flower without perfume.

-----"IK. Marvel"



BOOK LOVE, MY FRIENDS, IS YOUR PASS TO THE GREATEST, THE PUREST, AND THE MOST PERFECT PLEASURE THAT GOD HAS PREPARED FOR HIS CREATURES, IT LASTS WHEN ALL OTHER PLEASURES FADE, IT WILL SUPPORT YOU WHEN ALL OTHER RECREATIONS ARE GONE. IT WILL LAST YOU UNTIL YOUR DEATH. IT WILL MAKE YOUR HOURS PLEASANT TO YOU AS LONG AS YOU LIVE.

---Anthony Trollope

Books in Review-----By Martha Shaquanie

Among the newest donations to the Patient's Library this month is a very readable novel by Frank Yerby, The Saracen Blade, which should afford you patients who like fiction many hours of pleasant reading.

The scene of this novel takes place in Italy during the Thirteenth century. At this period in history Italy was a land of feudalism, where lordly Barons ruled their land with iron hand and bloody sword. The miserable surfs who were bonded to their lord's lands were whipped or killed at the whimsey of the Baron owners.

It was into such a world that Pietro di Donati, commoner, and Frederick II, Holy Roman Emperor, were born on December 26, 1194 A.D.

In a strange way they were twins, both were born in the same town, the same house, and on the same day in the same year and hour---though one was the son of a surf, and the other an emperor.

Thereafter, linked by their stars, they became brothers in spirit. Although Frederick II was the greater of the two characters, this narrative is woven around the life of Pietro di Donati.

His wanderings take the reader through many lands--Sicily, Italy, Germany, France, Africa and Palestine. The experiences Pietro crams into his life-time make very interesting reading, and if you think we are modern in the twentieth century, read about his experiences as soldier, crusader, and husband. They will make your head dizzy and your hair stand straight up on your head.

You will wonder too, and rejoice with Pietro that a man born a surf could win such powerful and steadfast friends, obtain great wealth, attain honors and win the great-hearted love of the one and only woman. Its a great yarn and you will love it. It is well told in Yerby's inimitable style, the characterization is good and the events will keep you on the edge of your bed-rail.

MRS. GRAHAM BACK FROM VACATIONING IN SOUTH AMERICA

Nellie Graham, San Executive Housekeeper, has just returned from a tour of South American countries, and the following is her own account of the trip, which we thought you would enjoy.

Mrs. Graham describes this trip in her own inimitable fashion, and as you read, you almost feel as if you were sharing the trip with her, and that perhaps is the next best thing to taking a trip for yourself.

Thank you very much for this contribution, Mrs. Graham. . . . . Ed.

"Did you ever take a trip via Freighter?? I advise it, I recommend it - I think it is wonderful.

"The Freighter I went to South America on was the Santa Elisa, one of the Grace Line. She carried thousands and thousands of tons of freight and for this particular voyage she had one whole hold full of dynamite. The maximum number of passengers she could carry was 12 but, because we were carrying dynamite, 7 of the passengers had cancelled their passage; that left me with a nice, large cabin and bath all to myself. That was grand!

"Sailed from San Pedro Harbor on April 13 and sailed right down the coast past Mexico (so close to Acapulco, Mexico, you could see it ever so plainly) until we reached San Jose de Guatemala on the 19th of April. This was our first stop to discharge cargo. Not much to this little town and we only were there 24 hours. Cool here and cool all the way down to this port. Next stop was La Libertad, El Salvador. Hot here and there was no wharf so liters (sort of flat bottomed scows) came out to the side of the ship and the cargo was lifted up from the hold in a very large, strong net by a crane and put over the side into the liter where four men placed it neatly (this was flour they were unloading) so they could get hundreds of sacks on a liter. 48 hours here. Next stop was Ampala, Honduras; plenty hot and we had 48 hours of unloading there. Instead of all flour discharged here, there was quite a few hundred cases of canned peaches sent ashore. Next stop La Union, El Salvador. It was beastly hot and muggy here and this was one of the dirtiest towns I ever saw anywhere. To make matters worse, there were 1500 head of cows being loaded onto a freighter not very far from us. From the pens on land each cow was hoisted by a large strap around her stomach into the liter. After about 20 of the animals were in the liter they took them out to the freighter and the whole process of hoisting them one by one onto the freighter started again. The flies were terrific, even on our ship. As soon as the cattle were loaded and the freighter on its way, all of the flies on our Freighter disappeared; went with the cows I presume - wouldn't YOU think so???

"Next stop Corinto, Nicaragua. Quite a nice little town. Clean. And the thing that impressed me about the homes was that in each one there was a sewing machine. You see, you walk along the street (very narrow streets and almost always no sidewalks) and the homes open right onto the street and you may look right into them. Here we discharged hundreds of boxes of dynamite and also thousands of sacks of flour and some canned goods. We were at this port 72 hours and I was very glad when we left, as it was so very hot. Next port was San Juan del Sur, Nicaragua. A very, very small town and we only discharged here for 24 hours. Then on our way to Punteronas, Costa Rica. What a horrible place. Fairly large

town and the worst smelling place ever. Terrible. And we discharged cargo for 72 hours here. How anyone on earth could live here I would never know, with all the heat and dirt. Next port was Balboa. The town of Balboa and the dock seems to be merely the entrance to the town of Panama. Will describe this in a moment for I want to tell you about the working and living conditions in the above town and ports I have mentioned.

"Outside of La Union and Punterenas (those were the dirty places) the other town were clean enough but the POVERTY was dreadful. You know why??? The only way they have to make a living is by longshoring (they call it stevedoring) on the freighters that come in. When we arrived at one of the ports, our Captain would blow three long whistles. In about half an hour the officials, usually three of them, would come aboard and examine the ship's papers. Of course, all was in order. The officials would then leave (with a carton of cigarettes under their arm that the Captain would always give them) and then the Captain would blow one long whistle and that was for the stevedores to come to work. A launch would then come out and there would be about 50 men aboard. No shoes were worn by any of them and they had a rag tied over their heads and a shirt on that was all patched so that it was hard to tell where the original shirt ever was, and they wore an old pair of patched up pants. They would scatter over the ship and off would come the hatch covers and down into the holds (there were 5 holds on our ship by the way) most of them would go, the litters would come along side (if we were anchored out a little way from land) or the flat cars would be ready (if we were pulled up along side the dock) and the work would begin. The men worked steadily from 7 A.M. until noon. And remember, it was terribly hot. At noon a launch would bring out the lunches and each man had his own lunch tied up in an old rag and his mark or name on it. I watched to see what they had to eat. Always the same - just beans and a bottle of water and a sort of flat, thin piece of bread, sort of a tortillo. All the men had just the same thing to eat although I asked Captain and he said their lunches were fixed in the workingman's own home and brought down to the launch by members of the man's family. They had one hour to eat and then back to work until 4 o'clock, when a new crew came to take their places. We discharged cargo, you see, 24 hours a day. And for that hard work in all that heat and the sun beating down on the men that work outside, and I imagine the heat in the hold of the ship is intense, what do you suppose the pay is???? JUST SIXTY CENTS FOR THE EIGHT HOURS' WORK!!! 'Tis no wonder all they have to eat is beans and their clothes are one patch upon another and they have no shoes, now is it?

"Where was I? Oh, yes! just arrived in Balboa. We were to be there only 12 hours and arrived there at four in the afternoon. I took a bus from Balboa over to Panama City. It is about a 30 minute ride and through the narrowest, smelliest streets you ever saw. It seemed thousands of people were crowded into the most awful looking apartments that all opened out right onto this teeming, crowded street that was only a little wider than the bus I was on. After, I should judge, about 20 or 30 blocks of this we came to the town of Panama. Here the main street was wide, also a few of the streets branching off the main street were wide. This was the business section and here you could buy perfume imported from France for one third less than you pay in the States and no 20% tax was added. Here also were lace mantillas, all handmade in Europe, for as little as \$1.00. I took another bus and rode for about 20 minutes out to the residential district. Busses are cheap, by the way, 5¢ for this ride and it cost me 10¢ to get from Balboa to Panama. The homes are beautiful. Lots of beautiful apartments also. I found out that the rents are very high. Out here, also, was the El Panama Hotel. One of the most beautiful buildings I ever saw - gleaming white and set up on a sort of knoll. I

went up there for dinner, much to my sorrow, for the prices of their food would scare you stiff. Food was good, but not so good that a dinner of a salad, bread and butter, coffee and pie should cost over \$5.00. Well, I was there, so I ate and I paid, but I sure didn't like it. Perhaps I paid for the view. The dining room was on the roof and you had the most gorgeous view of the surrounding country, and the City of Panama and its harbor. I asked how much a single room would be - horrors!! \$19.00 per night.

"But, I liked the City of Panama and wished we had more than 12 hours there, but could do nothing about that, so back to the ship and we sailed for Buenaventura, Colombia. The docks there are huge, eight freighters can line up in a row for cargo discharge, and, our Captain said, the worst managed docks in the whole world are in Buenaventura. The stevedores seemed to be running about in circles and getting nothing done; consequently, we were there 4 days to discharge less cargo than it took in other ports to discharge in 2 days. The town of Buenaventura was the dirtiest, filthiest, smelliest a person could ever get into. Captain warned the passengers under no conditions should we eat one bite of anything in the town. I didn't. I couldn't have for the smell almost turned my stomach.

"Then away we sailed (and I was glad) for the Port of Callao, Peru. This port was my getting off place as the town of Lima, Peru, is approximately 40 minutes drive from the Port of Callao. When I get off at Callao, I will have been on the Freighter Santa Elisa one month and one day. I like it so well I sort of dread to leave it, but I still have lots of South America to see and I eagerly look forward to that."

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#### IMPORTANCE OF REST FOR TUBERCULOSIS PATIENTS!

Rest for a patient with pulmonary tuberculosis is not synonymous with the term rest for a tired healthy person. In the treatment of tuberculosis, while the quantity and duration of rest are important, the basic emphasis must be placed on the quality of rest. Rest for a patient with tuberculosis means lying in the horizontal position, mentally and emotionally relaxed, 24 hours a day, seven days a week and 52 weeks a year, for as many months or years as may be necessary for any particular patient to control the disease. Patients should know that by injudicious activity it is possible to undo in five or ten minutes what they have accomplished in months.

-----Edward W. Hayes, M.D. via NTA Reporter

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Tolerance is the bigness of spirit that enables us to let people be happy in their own way, instead of in our way.

----- Terrace Topics

A man can get pearls from an oyster, but a woman can get diamonds from a nut.

----- Terrace Topics

U-DRIVE AVAILABLE



24-HOUR RADIO DISPATCHED

NORTHERN CAB

MAIN-54 MAIN-55

Scenic Trips Arranged

MARATHON



BAKERY



the home of

Specialty

250 Varieties

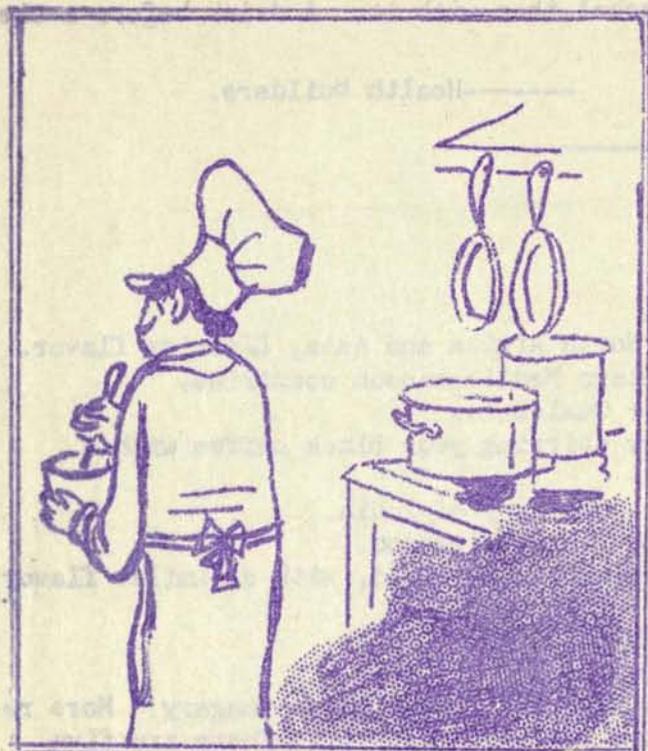
Bread

Home-made

Joe Gutheie

Prop.

By Sam Galley



There are many benefits from losing weight besides looking younger and more charming as one becomes slim. Most of these benefits arise from the increased health that comes as a result of a careful scientific program. The heart does its work with less effort so the circulation to all parts of the body improves. Walking, breathing, housework, and office duties are done without fatigue. The mind works easily and elation succeeds depression.

On the other hand, people who suffer the needless burden of excess weight should remember that they are shortening their lives. Those who have a diabetic relative are just plain foolhardy to remain overweight. Medical insurance statistics prove that diabetes seldom occurs in

persons over 40, UNLESS THEY ARE OVERWEIGHT!

#### IMPORTANT SUGGESTIONS:

We're all human when we eat, and some foods like pastry or candy, come right out and BEG us to overindulge, while others, like bread or whole milk, use the "Sneak Method" and slip down the gullet in our absent-minded moments.

It isn't necessary to be hungry while you reduce. Select foods of large bulk but with small number of calories if you are overweight, and omit foods with small bulk and large number of calories. It is easier to avoid the devil than to wrestle with him.

(1) There is less tendency to exceed your calorie quota if you select for dessert, grapefruit, strawberries, peaches, pears, plums, or oranges instead of pastries, rich cakes and candies.

(2) Take the edge off your appetite by beginning your meal with a salad or clear soup. (beware of salty broth.)

(3) Both potato and bread are useful foods but you are less apt to overindulge with potato than with bread.

(4) Use buttermilk, or skimmed milk. The protein or calcium, and most of the vitamin content are the same as whole milk without the added calories of fat.

(5) Fish, lean meat, and poultry have fewer calories than ham, pork, etc.

(6) Fish contains less fat than meat, except preserved fish which may be very high in fat content.

(7) Use unsalted butter instead of salted butter.

(cont'd. next page)

(8) Self restraint is easier without alcohol than with it. A drink before meals is an appetizer and a very effective one.

-----Health Builders.

WHERE SPICES COME FROM AND WHAT THEY ARE

- ALLSPICE-- Fruit of West Indian pimento tree.  
ANISE SEED--From a plant of southern Europe, North Africa and Asia, licorice flavor.  
BAY LEAVES--From a laurel tree growing in eastern Mediterranean countries.  
CARDAMON SEED--The whole spice, from Ceylon or Guatemala.  
CINNAMON--Spicy bark of an oriental tree. Try stirring your black coffee with a cinnamon stick.  
CURRY POWDER-- A blend of many spices, Basic to cookery of India.  
GINGER--From Jamaica, West Africa, Asia. Whole root, or ground.  
MACE-- the fragrant orange-red pulp (dried) around nutmeg seed, with a similar flavor, whole or ground.  
NUTMEG--Seed of the fruit, from East Indies, British West Indies.  
OREGANO LEAVES--Imported from Italy and Mexico.  
PAPRIKA--Also known as Sweet Pepper. Originally grown in Spain and Hungary. More recently cultivated in the United States and South America. There are five grades of paprika: Noble, Sweet, Semi-sweet first quality, Semi-sweet second quality and Semi-sweet third quality.  
RUE--An evergreen plant sometimes called the "herb of Grace". It has been used along with rosemary since time immemorial as an emblem of remembrance and grace because of its evergreen foliage.  
SAFFRON-- A low-growing plant bearing large purple, crocus-like flowers. Saffron is a native of Egypt and the Mediterranean countries. Harvesting must be done quickly as the flowering period is very short. The whole flower is collected by hand, but only the stigmas and tops of the styles are used. These are dried immediately. They are spread in thin layers on sieves, suspended over charcoal fire, and when fully dry, are placed in linen bags and stored in a dry place. It takes more than 4,000 flowers to make one ounce of saffron. About two pounds are produced to the acre.

EVERYBODY'S PET SNACK.

This month we will offer a pet snack for your pet. Instead of being callous and cannibalistically insulting, study your pet's moods and snacking passions. It's unkind to your cat to slip him a rubber mouse, and it's equally unkind to offer a piece of rubbery cheese to a pink-eyed Albino mouse. Try to think up some fetching combinations, such as giving the very best bird seed to the canary, and then giving the canary to the cat. Or crumble crackers for the gold-fish to fatten it nicely, and then if the cat cries for it--- give it to him, you can always get another.

If you have a pet pig, give him acorns, or a goat, give him razor blades, Trainers who crack the whip in a flea-circus tell us that the pet-snack of a pet flea is---- but let's skip that one. If you happen to have a mongoose for a pet, give him baby boa constrictors for his pet-snack, he'll love it. If your fancy in pets is rabbits, give them lettuce salad, or if you have a Zebra you're fond of, give him striped stick candy.

(Notes: If you have a favorite recipe or pet snack, and would like to see them in print, send them to SanGalley, care San Chat.)

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Favorite verse for this month:

Belive me every man has his secret sorrows,  
Which the world knows not;  
And often-times we call a man cold  
When he is only sad,

-----Longfellow

---

Mr. Arins--How do you make this stuff called "horseradish?"

Mrs. Shea--You grind up one horse and one radish.

---

(Continued from page 10-9) CHAPTER T.O., Of Continued Story

You can bet I'd be a perfect Nursing Aid, I'd never get annoyed at patients, even  
If they COULD help it--  
Or tell patients how bad their neighbors felt, or forget to make patients' beds or  
dust their bed-stands--  
Or drench patients with cold alcohol and think I'd given a backrub--  
Or put patient's thermometers, books, water jugs, crochet hooks, pocket knives, tooth  
brushes or six-guns where they couldn't be reached--  
Or leave patient's tooth brushes and kidney basins on top of their bed-stands for  
their guests to observe--

But--I'd always understand how patients feel when their beds are full of crumbs--  
And give old-fashioned baths: not modern dry cleaning--  
And bring all patients things they liked at dinnertime--  
And stay cheerful and sympathetic even when my feet hurt--  
And because I'd do all these things--Why, I'd be the most popular  
nursing assistant at the San, and nearly run my legs off trying  
to satisfy everybody!

-----From The Valley Echo

---

What wisdom can you find that is greater than kindness?

-----Jean Jacques Rousseau

# NURSING EDUCATION

By Martine Burdick, R.N., Director of Nursing Education

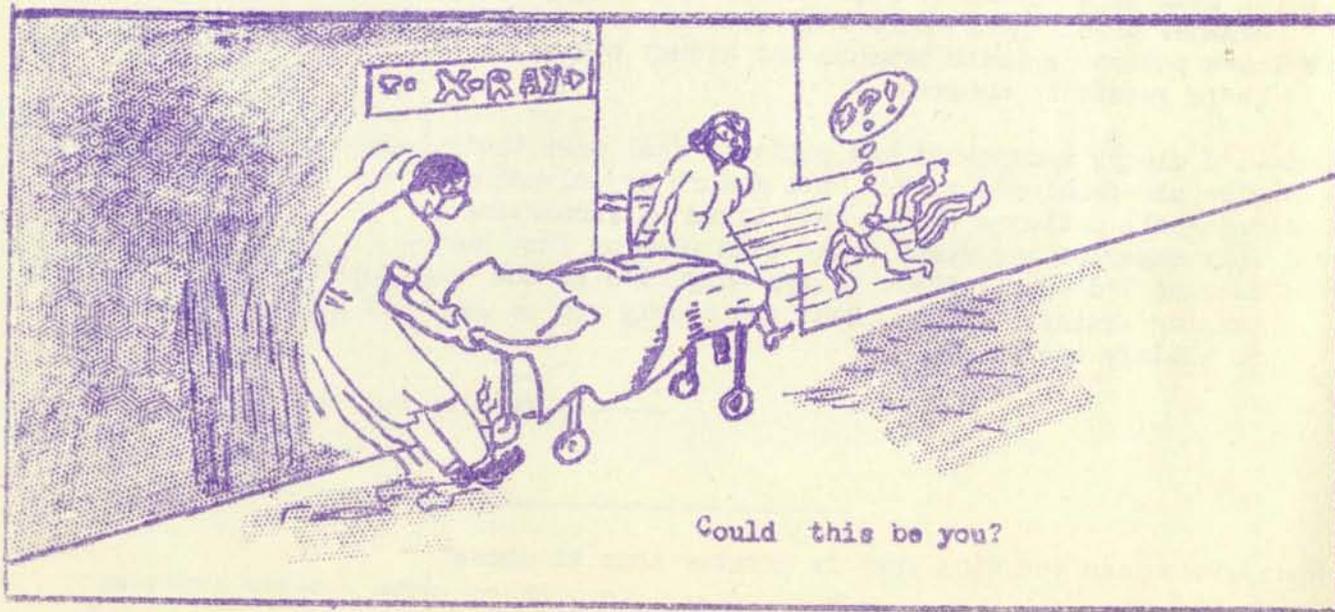
Nursing Aide Training classes are well under way. Dr. Phillips started the course with his film on chest surgery taken here at Seward Sanatorium. Records of our past class were read by people at Juneau and in the New York Office of the Women's Division of Christian Service. They feel we are striving toward a good goal.

There are seventeen people in the class this time. Their instruction and our methods of work on the wards will remain essentially the same, as the improvements made in our technique last fall prove to be satisfactory.

The sale of tuberculosis seals at Christmas makes available to us, throughout the year, textbooks for every person taking the course. We use "Safer Ways in Nursing to Protect Against Tuberculosis" and "What You Should Know About Tuberculosis." Each aide receives a copy of "To the Patient in Seward Sanatorium," also, so that everyone has a clear picture of what the patients may expect of the workers. Six sound movie films have been ordered from the Alaska Department of Health to add visual reality to the learning situation.

The co-operation of patients and workers during the last training session was appreciated. We hope the same spirit will prevail throughout the present session. May we place a reminding emphasis on the wearing of masks by both workers and patients. Positive patients, especially, should wear masks whenever they are outside their own cubicle, talking or associating with others. There are many things in life we want to share with our neighbors, but tuberculosis is not one of them. Don't you agree?

An omission from the last "San Chat" was the names of Mrs. Blanche Van Orman and Mrs. Thelma O'Brien who finished the course but were on vacation at the time of the tea. Others of the past class who finished but are not working here now received their cards of completion by mail.



REHABILITATION OF PATIENTS AT THE  
SEWARD SANATORIUM

By Joseph Oneha - Ward I

The realization when a person first knows he has tuberculosis comes as a shock to him. He is astonished that this could happen to him. His mode of living will have to change. He will have to go to a sanatorium for treatment. Sometimes he will have to be operated upon or in some cases other medical treatment will be prescribed by the attending physician until the patient is given a medical discharge. Within a certain period of time before the patient's discharge, our Rehabilitation Counselor will contact the patient and make a study of his potentialities for gainful employment after he leaves the San. We are fortunate in this respect here to have someone who is so understanding because of her past illness and is looked upon as one of us.

At the present time a person who is handicapped is looked upon by the Government as a potential wage earner. With this view in mind, they have set up a special appropriation to train persons who through no fault of their own have become ill with tuberculosis. We as patients should try to help ourselves by taking advantage of the opportunities that are currently being placed at our disposal. With patience and persistence, we can rehabilitate ourselves whereby our talents may be channeled into the proper direction by those who are handling this program. Some of us are born with special gifts and if properly directed will help earn us a comfortable livelihood. For those who have had previous experiences in various occupations will come the understanding that because of their present physical condition their former occupation will not be acceptable if they intend to stay well after their discharge. These persons will have to be re-trained for other work. The opportunity is here, so let's take advantage of it.

The tests that are conducted by the Rehabilitation Counselor give her a good idea of the capabilities of the individual patient and help channel him into the proper groove he will best fit. The patient in turn must assist the Counselor by informing her of abilities that she may not know about and work that he might be interested in taking up.

This article was prompted by the fact that recently a patient who was definitely on the road to recovery and was ready to be rehabilitated left the San without permission or provocation one night. This particular person had previously been admitted to the San several years ago and been discharged but became ill last year and was re-admitted for treatment. His occupation was that of a dog raiser and the Rehabilitation Counselor had plans to train him to do shoe repair work as there is a definite need for shoe repairmen in any Alaskan community. The patient was very handy with tools of all kinds, was an expert ivory carver and also was handy as a jewelry repairman. His tests had been conducted, arrangements were being made for him to attend school at the Rehabilitation Center under a competent teacher and every assistance and co-operation was made to give him the advantage to better himself. Here is an example of wasted efforts on the part of everyone to help one of the patients find more lucrative employment in the event he left here, and it must have been discouraging and upsetting to the Counselor to see all her work go in vain. Miss Grace Ushler deserves a lot of credit for her co-operation, and we should make every effort to show her that we appreciate her efforts. Let's co-operate one hundred percent because this is to our advantage to do so and the advantages we gain will help us to make better citizens and not to be dependent upon charity or family and friends for a dole.

(cont'd. on next page)

With the interest and impetus given this program by the Medical Director of the San, the patients cannot help but profit if they seriously and conscientiously co-operate when the time comes when they are about ready to be discharged and are given the opportunity to take up some vocation to qualify themselves for some type of employment. It is upon our shoulders that the responsibility lies, and all that the administration of the San can do is advise and counsel where necessary. They have laid the foundation by obtaining the necessary appropriations, building a rehabilitation center, employing qualified personnel to teach you and have even gone to the trouble of testing and examining your qualifications.

This article is written with the spirit of goodwill towards all men and malice towards none.

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#### LITERARY TID\*BITS

For our poetry lovers corner, the following contribution from Ed Brown in Ward One. (Thanks Ed, we like this one too, ---Ed.)

#### SOMETHING GOOD

Wouldn't this old world be better,  
If the folks we meet would say:  
"I know something good about you"  
And then treat us just that way?

Wouldn't it be fine and dandy  
If each hand-clasp warm and true,  
Carried with it this assurance;  
I know something good about you?

Wouldn't things be more pleasant  
If the good that's in us all  
Were the only thing about us  
that folks bothered to recall?

Wouldn't life be more happy  
If we'd praise the good we see?  
For there's such a lot of goodness  
In the worst of you and me.

Wouldn't it be nice to practice  
This fine way of thinking too:  
You know something good about me,  
I know something good about you?

---

#### AN APPRECIATION:

We wish to express our appreciation and thanks to those friends who were so kind and generous to us in our recent bereavement.

Sincerely,  
Sarah Warnke  
Marjie Smith

DO YOUR SHOPPING AT

DURANT'S  
HARDWARE

WE CARRY ALMOST EVERYTHING IN THE HOUSEHOLD

AND HARDWARE LINE

ALSO SPORTING GOODS

TELEPHONE MAIN 6

# SPORTS

By Joe Onehs

## BASEBALL

What looked like an easy championship for the New York Yankees of the American League has now turned into quite a race for first place between the New York Yankees, the Chicago White Sox and the Cleveland Indians. After a winning streak of 18 games, the Yankees started playing ragged ball, winning and losing until they went into a nose-dive by losing nine times in a row. After leading the American League with 10 games over their second place rivals, the Cleveland Indians, they are now barely 5 games ahead of the Chicago White Sox who have overtaken and passed the Cleveland Indians and are now entrenched in second place as of July 9th.

Baseball writers as well as fans are wondering what has brought on this complete reversal of form on the part of the New York Yankees. Where recently, the writers were praising the 1953 Yankees as the best in Yankee history, they are now calling them a bunch of bums. Mickey Mantle who was considered the dream Center-fielder in baseball history was recently booed when he struck out in a game against the Boston Red Sox. Casey Stengel has also voiced criticism at his youthful Center-fielder, Mantle, which is not doing the ball club any good or helping them to get back in winning stride again. However, this writer believes that this is only a temporary letdown for the Yankees and when the end of the baseball season rolls around come September, the Yankees will again be the champions in the American League.

In the National League, the Brooklyn Dodgers have taken first place away from the Milwaukee Braves who were leading the League the first half of the year. However, the Braves are still playing good ball and may be able to overcome the Dodgers later on during the season.

The team to watch in the National League right now is the New York Giants. They are on a 9-game winning streak and although they are in fifth place standing right now, they are only  $5\frac{1}{2}$  games away from the league leaders, the Brooklyn Dodgers. The Giants are always a winning ball club during the second half of the baseball year. They always seem to have a late start, but come August and September, they are hard to beat. The Giant bats are really booming right now and they have five of their regulars belting the ball over 300 percentage points. Watch the New York Giants during the next two months as they will be right in there trying all the way to win the National League championship.

## BOXING

There might be a definite postponement on the Middleweight Championship fight between Carl (Bobo) Olson of Honolulu and Randy Turpin of Leamington, England from August until some time in October. The European champion, Randy Turpin, requested this because of a recent automobile accident that he was in whereby he was injured and badly shaken up. This is one fight all the fans have been looking forward to since Sugar Ray Robinson retired as Middleweight champion to pursue a career as a dancer and M. C. on the stage in New York. The past year has been a busy one in the Middleweight ranks and better bouts will be staged as soon as Olson or Turpin is declared the champion of the world in this division.

The Light-Heavyweight division saw some action with Archie Moore defending his crown against the former champion Joey Maxim in Salt Lake City, Utah. As in the first bout between these two fighters, Archie Moore was the aggressor throughout with Joey Maxim counter punching most of the way. However, Archie Moore had to go all out to beat the clever Maxim who was in superb condition and displayed excellent boxing ability. This was a much better fight than their previous bout and at the end of the fifteen rounds both fighters were roundly applauded by the fans. According to the latest reports, Archie Moore intends to make a tour of South America during the remainder of the year. This will mean that there won't be another light-heavyweight championship fight staged this year.

#### GOLF

The biggest sports event for the month in interest to sports lovers was the British Open Golf event which was held at Carnoustie, Scotland and drew golfers from many European countries, Africa, the United States, South America and Australia. Before the event, invitations were sent to little Bantam Ben Hogan, the U. S. open golf champion, to participate in the tournament. Ben Hogan accepted the invitation along with Lloyd Mangrum and Frank Stranahan, the Toledo sparkplug millionaire.

In practice rounds before the tournament began, Ben Hogan was followed by crowds of 10,000 or better each day he made his appearance on the ancient Carnoustie course. He was picked as the winner of the event before the tournament and justified the support of his backers by not only winning the event, but tying the course record with a 68 stroke final round. Ben Hogan won the title by four strokes although when he started the final round, he was two strokes behind the leaders. He was given a thunderous ovation by the 20,000 golf fans after the match. The other American, Frank Stranahan, finished in second place with Dai Rees of Wales, Peter Thomson of Australia, and Antonio Cerdá of Argentina all deadlocked with totals of 286 each.

#### ----- STORY OF THE MONTH

Well, it seems that Oscar Johnson in Ward One has been putting on weight lately. His trousers were getting too snug for comfort, and he advertised the fact that he'd like to swap with someone who wears a size larger or with someone who'd been losing weight. Last Sunday, Miss Bather, Charge nurse on Ward One came on duty, and catching sight of Oscar, called out to him:

Miss Bather: Oscar, did you trade off your trousers?

Oscar: Sure.

Miss Bather: With whom did you trade?

Oscar: Mrs. King.

Miss Bather: That's funny, I saw her in church this morning and she was wearing a dress.

By Paul Rudolph



Hello Folks:

I'm not familiar with all the intricacies of good newsreporting, so in order to stay on familiar ground and get the good word in about patients, ward attendants and nurses, I'll just write you a letter.

The other day, I was telling a yarn to ED Brown, (who's doing fine by the way) about hooligan running in Resurrection Bay, Seward. He gave me a sympathetic grin, shook his head sadly, as if deploring my mental condition and said, "Don't hooligan swim, instead of run?" Then he moved off. (I'll think of something to say about him later)

Joe Hannaka, surgical patient was recently moved down here from Ward III. He's a wax-like fugitive from some ancient sarcophagus---no doubt he had a paraffin pack. The boys welcomed him warmly, and he's doing fine.

Walt Farrow is holding down his respective corner like a veteran pugilist. It's quite evident that Doc will soon ring the bell for him, then watch him come out!

Daniel Malovinsky and Alexy Mercurief are both from the Pribilof Islands. You should hear them prattle away in their own language. Both are veteran seal hunters. Both are doing fine.

Ole Jensen, John Stevens, Al Brown, Frank Perry and Andrew David, all are doing fine with a pastime not unfamiliar to patients in a hospital---book reading.

Three affable ambulatory patients, Eddy Roehl, Dan Tatoowi and McKenna Wemark, are attending summer school in one of the Vocational Rehabilitation Training classes. All are doing fine, both mentally and physically.

Amiable Roland Barr is doing O.K. too, and there's nothing wrong with his mental ability. He's pretty good with the quick come-back. I inadvertently asked him one day if there were any bar-tenders in his family. "Only one," he answered, "My mother."

Young Herman Joseph and Johnny Johnson take turns in operating the movie projector for the movies each week-day evening, and also alternate in acting as disc-jockeys on KSAN each Monday, Wednesday and Friday.

Harold Ptarmigan is glad school days are over for a little while. He told me confidentially that learning the three R's is strictly for the birds.

Easy going Gene Killigivok, our cartoonist, is resting and day dreaming about nice things to come.

Reuben Lincoln, Sylvester Sevahok, William Lindstrom, Chris Milawich, all are resting well, and doing fine.

Handsome Joe Onaha, our Sports writer from Hawaii, feels right at home, what with all the balmy weather outside.

Marcus Macabirite and Simone Catigas natives the Phillipines, last month had a visitor, Andy Julaton, from Juneau, Alaska. Mr. Julaton came to visit his lovely wife Mary, who is in Ward III, really, but he found the time to see all his friends

from Juneau.

I finally thought of something to say about Ed. Brown, who punctured my ego about the swimming hooligan earlier in this letter. Well, not so long ago, in order to heal an obstinate sore on his nose, Ed had a bit of skin grafted from his neck onto the spot on his nose. Hereafter, I just betcha he does his necking with his Grecian nose!

Recently, a young fellow, Norman Matthews, joined the ward-attendant staff. Norman is studying to be a Doctor of Medicine at Haverford College Haverford Pa. Next year he will be a pre-med senior. He confessed that he likes the weather here--and the people--but was a little dubious and evasive about ever becoming a sourdough.

Anne Painter, Donna Alexander and Helen Hiler are the female ward-attendants here. They work hard to keep us smiling, clean and comfortable. They are all wonderful people, and I'm sure, although sometimes the boys on ward One are "Cantankerous" We all appreciate the work these girls do for us, and I'm sure most of us try to be go co-operative and grateful

George Kimpton is back and holding special summer classes in Vocational Rehabilitation Training. None of the students from this ward have taken him an apple yet, as most of them hold with the principle that Summer is a time to frolic and not to study--maybe for saying this the students will bring me the apple.

Recently our regular Charge Nurse, Alta Pearl Smith was hospitalized at Seward, however, she has recovered, but will have to take life easy as per Doctor's orders for sometime yet. We all miss her and the good care she gave us very much indeed.

Meanwhile, Miss Dorothy Bather, R.N., is pinch-hitting for Mrs. Smith and doing a commendable job of keeping us comfortable and happy.

The other day, Miss Bather said she had been down on the beach fishing for hooligan, but she didn't say wheather they were swimming or running, and remembering Ed's remark, I kept quiet, wouldn't you?"

July nine-- Newspaper headlines in Anchorage screaming "Mt. Spurr blows it top; Activity Noted in Nearby Volcano--Anchorage, the Metropolis of Alaska, was snowed under with four inches of Volcanic Ash--One Hour of Total Darkness, etc.

And we get a shower on Ward One, not of Volcanic Ash, thank Heavens, but with the good news that usually follows in the wake of Dr. Phillips when he visits us on the ward. Activity, due to promotions and encouragements usually transfigure our ward after one of the good Doctor's visits to us. Everyone is happier, and some are looking forward to speedy return home.

Oscar Johnson, who is back with us after his recent surgery, spends most of his time reading and soaking up sunshine. In the Solarium, Herman Joseph, Johnny Johnson and Eddie Roehl, Eugene Killigivik too, are basking in the almost unprecedented sunshine.

Dan Tatoowi, who suffered a little set-back recently, is now alternating with Johnny and Herman on the disc-Jockey detail, again.

Simeon Catigas and Marcus Macabiute are looking forward eagerly for those certain documents that spell release.

McKenna Wemark is studying, among other things, the happy smiles of his wife, Joy,

who visits him twice a week from Ward Six. Both the Wemarks are anticipating an early discharge from the San, and re-union with their three children now in Jesse Lee Home.

Rolan Barr is slated for the future barrister of Ward One. Joe Oneha is the present one. In addition to TB, Joe seems to have come down with pernicious, haunting nostalgia, maybe its the fine weather we're having---makes him think of his old home, Hawaii.

Gibbs, take note! ED Brown has been pronounced well enough to cut hair! Braided chignons, recessed pageboy, French roll, and ponytail, he can do them all---but you'll have to make appointments, don't push!!

Young Harold Ptarmigan was promoted to one wheelchair privilege a day. "Nothing to hoot about," he said, "but I'm happy."

Sylvester Sevohok, Howard Honakok and Walt Farrow seem to have come down with lethargy. Doc must have rung the bell for Walt, he comes out of his corner once a day now.

Joe Hanaka has absolutely nothing to do these days he's taking life easy. But he declares the hot weather has nothing to do with his laziness, he's just naturally that way.

We wish to extend best wishes from Ward One to Miss Violet Miller, R.N. who was in charge of Ward One for awhile, but has now resigned her position here to take another in Anchorage. Miss N. Homme is now the assistant Charge nurse for Ward One, welcome Miss Homme, we hope you'll like us.



"It's your turn now."

#### WARD TWO NEWS

By Sara Dunn

Hi Everybody:

Here I am again with Ward Two News. Not much to write about as usual. Seems like nothing new ever happens, but I suppose that what we mean by "rest," huh?

We do have three new patients. They are: Irene Solomon of Tanagross, Mary Hiratsuka of Eureka, and Dorothy Wallace of Seward. Here's wishing you girls all a speedy recovery.

Poarch girls are pretty busy doing all kinds of hand work these days. As for the girls in the Ward, most of them pass the time reading and listening to radio, and that includes my little side-kick, Dorothy Mae Stump, who recently joined us from Ward Five.

She is pretty anxious for school to start. Says she misses the Ward Five Children and nurses pretty bad, and I expect she does, for she's always talking about them.

In the rooms, for the most part, the girls are writing letters, that is,

excepting the new patients and they're taking the "cure"

Oh yes there is something new, I almost forgot, and don't see how I could, Mrs. Daisy Nicholas gave birth to a seven pound baby boy last week, congratulations, Daisy, I hope you will soon be home with him.

Dora Cleveland and Rosa Mitchell were promoted, they now have two BRPs and one hour up-time. We all miss Grandma Carlson who moved to Ward Three about a week and a half ago.

Well, as I told you before, nothing new ever happens around here, so this is all for this month, see you all next month.

Yours, Sara

---

#### WARD THREE NEWS

Hello Everyone:

Here's for a bit of Chit-Chat from Ward Three. There has been quite a bit of moving last month with Mary Shaginoff and Julia Moreno moving to the rooms and having their "big days," this week along with Frances Payenna, Bill Hall, and Alfred Stephan. They are all progressing nicely.

Oscar Johnson took off in a flurry of robe and slippers for Ward One. I wonder if he had his pink Easter hat along? That seems to be all from the rooms right now. Now for the main Ward. Tanna Christensen is Doras Tobuk's new roommate. Now and then I can hear them say "15--2" In other words they are playing long-distance cribbage with two decks of cards.

Across from them are Libby Davidovics and Dorothy Neal who are rather quiet and take the cure most of the time. Dot, how about some baked moose eyes? Dot is sort of a Cheechako and she doesn't believe we eat moose eyes in this country. To you folks who haven't tried it, they are real delicious.

Evelyn Mullaly is making some lovely gloves for her boy Rusty. She knits very nicely. Kathy Glenn next to her turns out some very pretty doilies when she is not reading. Cheerful Annie Pete across the way is all along at present, but she thinks Mary will be back soon to occupy her old bed. In the meantime she has all her little plants in a row on that empty window sill.

Those two people, Marva Trainer and Tiny Everett sure can crochet beautiful centerpieces, doilies, and, well just about anything they put their hands to turns out nice. Sometimes in the evening I hear Marva say, "Did you feed the kids?" meaning the gold fish, of course. Elsie Justin, my roommate here has two hours up-time so if you'll just look towards Ward Three steps you's probably see her basking in the sun. She and Gert Anayak are both sporting magnificent sun-tans. Gert has a special glow about her these days. Wonder what the reason is? Hmmm---I wonder?????

Hannah Hand and Carrie Voss are usually knitting or crocheting. Carrie really does some nice tinting. She gets better at it all the time.

Bobby Ann Edwards and Mary Julaton are usually writing letters when I peek over the partition, but I see where Mary made some beaded slipper tops. Come to think of it, quite a few people sew with beads around here. Hannah has the "bead fever".

She's starting a beaded belt. Adeline Woods, the only grandmother in this ward and I might say the youngest looking one I have ever seen, is out on the porch now, with Annie John, Barbara Strom and Gert Anayak. I think Addie goes about her daily routine with one eye on that bird's nest outside of Babs and Gert's window. She worries for fear the nest will fall when the wind blows real hard. The mother bird sure makes those squirrels fly for their lives when they venture too close to the nest. Out the other side by Carrie's window is a bee's nest, which thank goodness is deserted. Anybody looking for a round, airy home with one exit? Well, that ends our news for this month. See you next month.

Yours,

Betty Engler.

---

WARD FOUR NEWS

By Albert (Scotty) Armour

Well folks, I hope you all enjoyed your letters from the Don McNeal Breakfast Club, it was a nice gesture from these good folk, and we all ought to write them in return.

A 'Tip o' the hat to Mrs. Lambert, our shopping lady for the good job she is doing.

Look out girls, we have a real Montana Cowpuncher with us, Johnny Beals, a janitor, he has everything but a horse. He plays a guitar, and wears high heel boots. You ought to hear him sing.

We have a Georgia boy with us, Norman Matthew, a swell guy, and a good orderlie, welcome to Ward Four, Norman.

Henry Kaiser, D.T., has added another job to his various activities, he is the official photographer, that is for Ward Four.

Mrs. A. P. Smith, who has been nursing at the San for many years is leaving for the States for medical attention. We all hope you will get well and come back to us very soon, Smitty. Please drop a line to let us know how you are.

Our Star patient on Ward our, Morris Walter, had a wonderful Birthday Party, his tenth, with a lot of presents and cards.

Our ever popular nurse, Mrs. Snoecker is back on the job after a short vacation, she says she had a nice trip to Circle Hot Springs, and Fairbanks.

We all hope Mrs. Friske is getting well, and will soon be back to work again. Bill Chichenoff has moved over with us from Ward Three. He is out every day exploring around the San.

Henry Duncan, our fingerprint man, is in business in a big way; every kind of card, novelty, you name it, we have it.

We had a nice feed of watermelon with the compliments of Fred Caldwell, on Sunday night, it was sure swell, Fred, and we all wish to thank you.

#### WARD FOUR NEWS CONTINUED

Mrs. Schnoeker met a few former patients on her trip, also Dr. Reitlinger, who was on the medical staff of the San in 1950.

Ward Four holds the record for heavyweights, Clinton Omara, 220 lbs., stripped, "What a man", Pop Jim, comes next with Henry Duncan third.

We would like to know who is responsible for killing our squirrels and birds around the San, these creatures are surely harm less, and are a source of amusement for all the patients.

George Thrall, our newest orderlie on the four to twelve shift, is from Idaho, and intends to settle here with his family. Welcome to Alaska George.

All the news from here. P.S. Will have another story for the next issue.

Yours, Scotty.

#### WARD SIX NEWS

By Martha Shaquanie

Who is going home next, and who will move to Ward Six in their place? These are common queries asked the Ward Six girls. But on July first, we ourselves, were asking this question, who will go first, Mary Jean Haaf, or Caroline Miller? Mary Jean had word that the Garland was docking at Seward at eight A.M. and was told to have her breakfast at seven thirty, but by six thirty A.M., Mary Jean was all set to go. She even had her bed stripped.

At 8 A.M. Mr. Miller came to take his wife home, but Carrie had had no breakfast and no discharge papers, and by nine A.M., Carrie's corner in the Ward looked for all the world like the waiting room in a Maternity Hospital. Both Mr. and Mrs. were pacing back and forth across the floor in a panic of impatience. Finally Mrs. Greene, our Ward nurse produced papers for Carrie, and since she was not leaving the San grounds, Caroline was permitted to go.

Mrs. Miller will be instructor in photography at the Rehabilitation Center, and both she and her husband Rocky, will be working at Seward Sanatorium.

Meanwhile, the millers were off getting settled in their new apartment, Mary Jean gets word that the Garland is not docking at 8 A.M. but 8 P.M. giving her just 12 hours to go before taking off. However, this was no bitter disappointment to Mary Jean. Although she was very anxious to see her mother, she was also reluctant to leave the San which has been her home for five years and eleven months. All day she was a very patient little girl, but by 8 P.M. the strain of waiting was beginning to tell, and she, too, was pacing the floor. Finally at 8:30, Mrs. King came for her, and she was off. Before leaving the ward, she had been reminiscing a little, remembering how she had come to the San, a small, very skinny child with two straight pigtales down her back, and now she is leaving, a young lady, who expects to enter the seventh grade at Mt. Edgecumbe school in the fall.

Mary Ann Paquette of Juneau had the shortest stay in the ward in recent months. She came to Ward Six from Ward Three, stayed one month and one week, then on July 14,

she sailed for Juneau on the S.S. Alaska.

Mary Ann writes that she has salmon berries and blue berries right around her house. She also beat her husband at target shooting. Mary Ann has three darling daughters who sing just like the Andrews sisters.

Elizabeth Link, our youngest in Ward Six, left via plane for Bethel, July 21. For her going away gift, uncle Henry, in Ward Four gave her a home permanent outfit. Then Pat Lambert in Ward Six gave her the permanent. So on her last night at the San Elizabeth got her permanent. She looked very nice for her trip. She will enter Holy Cross Mission School after a short stop in Bethel.

May Blatchford and Joy Wemark have turned Laplanders, so they say, for instead of making Eskimo muckluks they are very busy sewing Laplander boots for sale. These are very popular. If you are curious, ask them the difference between Laplander boots and Eskimo muckluks.

Helen Sheldon is up to her neck in postal duties. But at night she finds time for her hobby, electrical repairs. Pat is her first assistant. Look out electricians! Don't let these two females invade your department.

Pat Lambert is working mornings at Central Supply and afternoons at the Dental Office. Her nocturnal job is giving permanents to the departees. Next on her list is Virginia Amuktoolik. Pat says cut your hair short and thin it out, she should know.

Virginia Amuktoolid is leaving soon for Wrangell Institute. In the meantime, she is knitting mittens for herself.

Mary Ann Hickline and Marjorie Smith are still in the orientation stage. Right now Mary Ann is crocheting an edge on her embroidered pillow cases.

Mr. Virgil Warnke of Nome came to visit his wife Johnee in Ward Six during the Fourth of July week. They had a week of pleasant visits, walks around the San grounds, and of course, a steak dinner in town. Johnee will finish her first course as Dental assistant July 31, then she will visit her husband in Nome before resuming her studies at the Rehabilitation Center here.

Martha Shaquanie is one lonesome person for Southeastern Alaska. Oh, for some fresh berries and fish!

Anna Clarkson of the Ward Six kitchen returned recently from a two months vacation to the West coast. "Ma" as the girls affectionately call her, spent some time in Portland, Oregon, Bremerton Washington, and of course, Seattle, Washington.

"Ma" is a veteran traveler; she has crossed the gulf 21 times, and each time she says it was as smooth as glass.

That's all from Ward Six. Hope we have more happy departures for you next month.

Yours, Martha Shaquanie.

The following letter was received by the editor of San Chat, and we thought most of you patients would be interested in reading it, since this small child has learned to write since coming to the San. She says:

July 11  
Seward San  
Bartlett, Alaska

Dear Editor:

Mrs. Green have told me I write you about Ward five (The children's ward--ed) I don't know you, and I don't know if you know me or not. I have wrote some letters already. I wrote to Mrs. McBride, and this nurse says I wrote a nice letter. I seen some nice movies here. I seen movie about Buffalo Bill and the Harvey Girls, and I seen movie about Meet me in St. Louis, and I seen this one at home, but it was a good movie.

I have a doll nemed Mary Jean and she's a cute doll, her arm was broke, but i fix it again so it looks like new now. My uncle Alfred went to Ward 3 and Dorothy went to ward 2, and tony and mases and Gus and Costia and Herman also Bobby and Esther and Barbara all have up-time now. But Bobb y went home, and alfred and Dorothy and Costia are moved to another ward.

Some of the boys and girls go outdoors, and sit up at the table and eat like ward 6, and that's nice, isn't it? I have received letters from home, and I was glad to get some letters and answer them. I got a letter from Matthew and he used to be in in Ward 4, and now he's back in ward 3, that's what he said.

I am going to have some visitor this fall maybe. I like it at Seward San, it is a nice place to be, isn't it? O, boy, it is a nice day isn't it. I ate everything on my tray, it was a good dinner. I live at Tyonek, Alaska. my father always trap beavers and muskrats. I received letter from my grandma and auntie and my uncle alfred and I was suorise to get it. Well I better close now.

P.S. Gabriel Moses and Gabriel Amaktoolik is going home.

With lots of love, Agraphina Njekolai.

(Thank you very much Agraphina, for such a little girl you do write a very nice letter, lots of Ward five news, too. ---Ed)

---

San Chat is Praised by the ALASKA'S HEALTH

The staff of the San Chat are all wearing a couple of sizes large in hats these days since the last issue of ALASKA'S HEALTH was published. Those wonderful things this article states about our publication, while not entirely deserved, was certainly appreciated. We humbly thank the editor for this gracious compliment and we will all try harder to be deserving of it.

ENCLOSED PLEASE FIND (\$) \_\_\_\_\_

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THE WEATHER

BY

DR. W. J. HUMPHREYS

What is it moulds the life of man?

The Weather.

What makes some black and others tan?

The Weather.

What makes the Zulu live in trees,  
And Congo natives dress in leaves,  
While others go in furs and freeze?

The Weather.

What makes some glad and others sad?

The Weather.

What makes the farmer hopping mad?

The Weather.

What puts the mortgage on your land,  
That makes you sweat to beat the band,  
Or takes it off before demand?

The Weather.

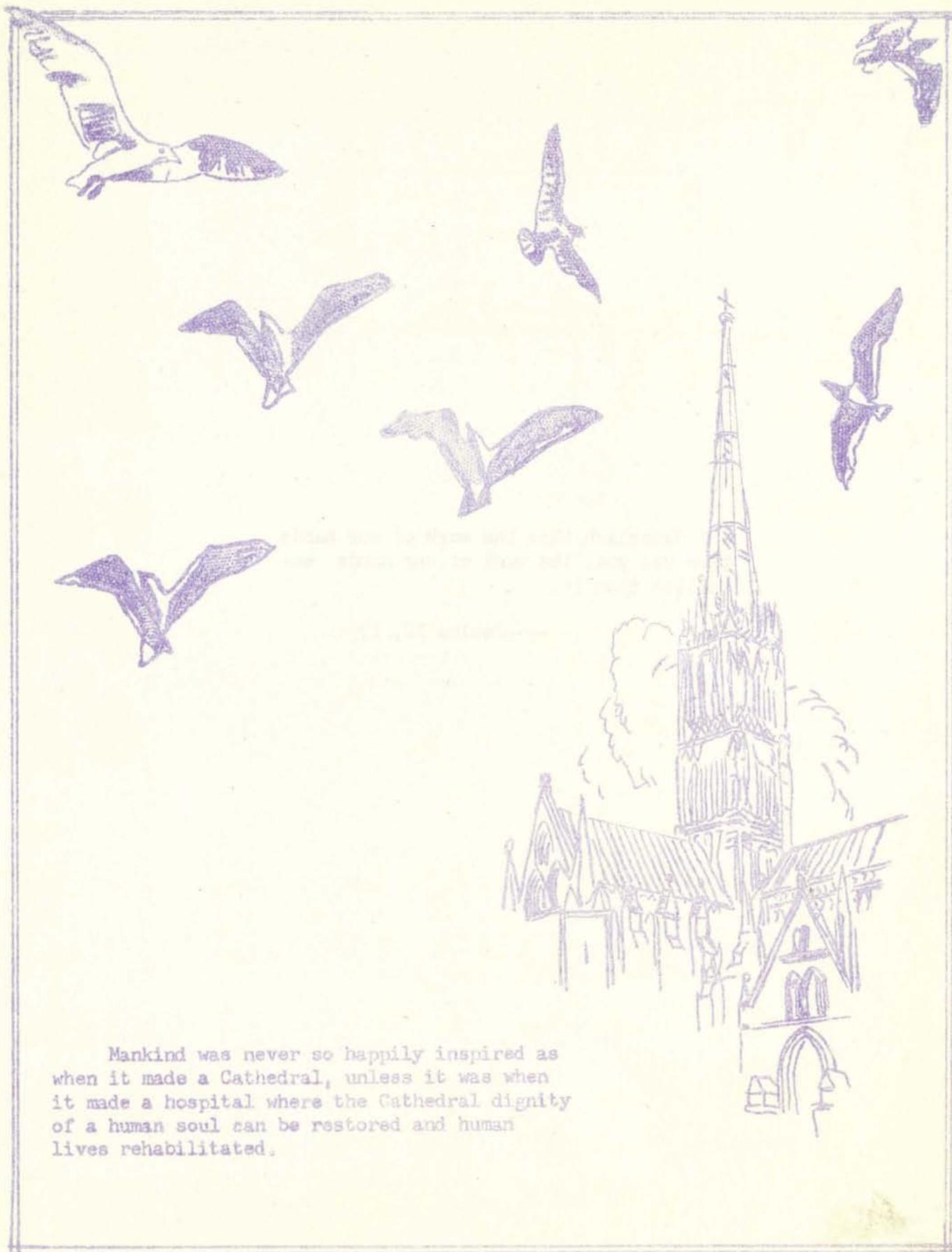


# SAN CHAT

Public Library  
Anchorage, Alaska



RC  
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S48  
Oct. 10, 1953  
Oversize



Mankind was never so happily inspired as when it made a Cathedral, unless it was when it made a hospital where the Cathedral dignity of a human soul can be restored and human lives rehabilitated.

et  
god  
our

Establish thou the work of our hands  
upon us; yea, the work of our hands es-  
tablish thou it.

---Psalms XC, 17

SEWARD SANATORIUM  
BARTLETT, TERRITORY OF ALASKA

Seward Sanatorium is operated by the Woman's Division of Christian Service of the Methodist Church. Patients are hospitalized on a contract basis. The Alaska Department of Health, Alaska Native Service, Veterans Administration, and United States Public Health Service, hospitalize patients here at a standard per diem cost. The Woman's Division of Christian Service makes a sizeable contribution annually in helping to bear the cost of operating the hospital.

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Diana Mackay, R.T.....Laboratory Technician  
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Elizabeth Hittson, A.B.....Dental Technician  
Christine Meredith Rouse, A.B., M.A.....Director of Recreation  
Helen D. Case.....Teacher  
Myra McDonald.....Teacher

# VOLUNTEER STAFF

Not for the world's approval, nor plaudits of friend or foes  
They come each day with a service and help us assuage our woes,  
And each in her own heart's goodness from the Heavenly Father above,  
With never a blare of trumpets, and never a surge of cheers,  
They quietly serve where we need them, these wonderful "Volunteers."  
---A Patient

Mrs. Ray James.....Chief of Staff  
Mrs. Norman Hall.....Ward One Librarian  
Mrs. Victor Mahan.....Assistant Ward One Librarian  
Mrs. Charles Malin.....Ward Two Librarian  
Mrs. Esther Chipman.....Assistant Ward Two Librarian  
Mrs. Russel Clapp.....Ward Three Librarian  
Mrs. Vance Hitt.....Ward Three Librarian  
Mrs. Vern Millerman.....Assistant Ward Three Librarian  
Mrs. Harold Jacobs.....Ward Four Librarian  
Miss Sarah May Garrett.....Librarian at Large.

What makes men good is held by some to be nature, by others habit or training, by others instruction. As for goodness that comes by nature, this is plainly not within our control, but is bestowed by some divine agency on certain people who truly deserve to be called fortunate.

---Aristotle

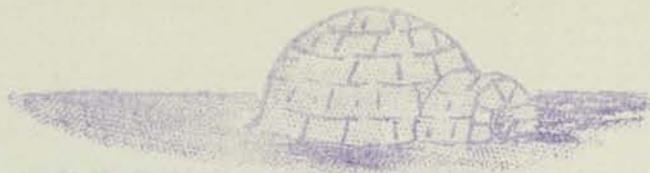
Our sincere gratitude goes out to Mrs. Ray James who, although a busy person, left her place of business to serve Four wards in one week when the regular librarians could not serve.

Big news in volunteer staff activities this month was the event of Mrs. Harold Jacob's return to Ward Four as Librarian.

Mrs. Jacobs, who served Ward Four faithfully for several years suffered a broken ankle and had to give up her volunteer service for many months.

However, the work she had done on Ward Four was of such superior quality that the whole ward set up a howl for her return, and it was very difficult for them to be patient until her ankle mended.

When she did return to her old post last Tuesday, it was a Royal home-coming indeed, and the whole hospital joins in welcoming Mrs. Jacobs and congratulating Ward Four.



MEMBER OF THE ASSOCIATED EDITORS OF TUBERCULOSIS PUBLICATIONS

SEWARD SANATORIUM, BARTLETT, ALASKA.

October 10, 1953

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Julia Moreno .....	Book Review Editor
Sarah Dunn .....	Alumni Editor
Joseph Oneka .....	Sports
Paul Rudolph .....	Ward One News
Sarah Dunn .....	Ward Two News
Libby Davidovics .....	Ward Three News
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Libby Davidovics .....	Advertising
Noah Phillips .....	Staff Artist
Leo Kunruk .....	Staff Artist
Eugene Killigivuk .....	Staff Artist
Michael Rice .....	Printer

### SENTENCE EDITORIALS

What small potatoes we all are, compared with what we might be!

-----Charles Dudley Warner

### GOSSIP!

I am more deadly than the screaming shell from the howitzer. I run without killing, I tear down homes, break hearts and wreck lives. I travel on the wings of the wind. No innocence is strong enough to intimidate me; no purity enough to daunt me. I have no regard for truth, no respect for justice, no mercy for the defenseless. My victims are as numerous as the sands of the sea, and often as innocent. I never forget and seldom forgive. My name is--- gossip!

-----Atlanta Journal, via the Gospel Herald

### A SMILE

A smile costs nothing, but gives much. It enriches those who receive, without making poorer those who give. It takes but a moment, but the memory of it sometimes lasts forever. None of us is so rich or mighty that he can get along without it, and none is so poor but that he can be made rich by it.

A smile creates happiness in the home, fosters good will in business, and is the countersign of friendship. It brings rest to the weary, cheer to the discouraged, sunshine to the sad, and it is nature's best antidote for trouble. It is of no value until it is given away, and no one needs a smile so much as he who has none to give.

-----Mutual Moments, via Gospel Herald.

## IT'S TIME THE SANATORIUM MAGAZINE GREW UP

The many sanatorium magazines published in the United States, its Territories and in Canada fall into various classifications. Some are written, edited, printed and distributed by patients; some few have managing editors, usually chosen because of their experience with tuberculosis rather than their talent or training as journalists. Certain magazines are distinguished by the amount of original material they contain; others content themselves with reprints.

Nearly all started their precarious existence as a plaything for patients in the days before radio, extensive libraries and school correspondence courses existed. All but the odd exception still keep that purpose ahead of other aims. They print news of patient's latest hobbies, current crushes, their moves from one room to another, the inevitable changes caused by coming and going.

It isn't enough. It's something; but not nearly enough. The patient's viewpoint also has changed with the changing years. Ask any patient in the sanatorium what feature in the magazine he most appreciates. In nearly every case the answer will be, "The medical article," or "Questions and Answers about Tuberculosis." Modern patients want to know more and more about tuberculosis so that they may deal intelligently with their own condition and be able to instruct their families and friends.

The ex-patient should return to his community so informed that he will be one of the most useful contributors to the preventive program in his corner of the world. It is the duty of the sanatorium staff, orally and by way of the sanatorium magazine, to equip him for this position by teaching the rudiments of tuberculosis knowledge and keeping him informed of new developments in its control.

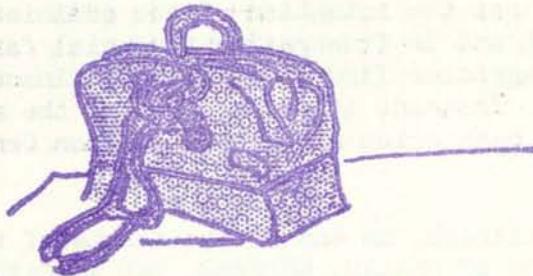
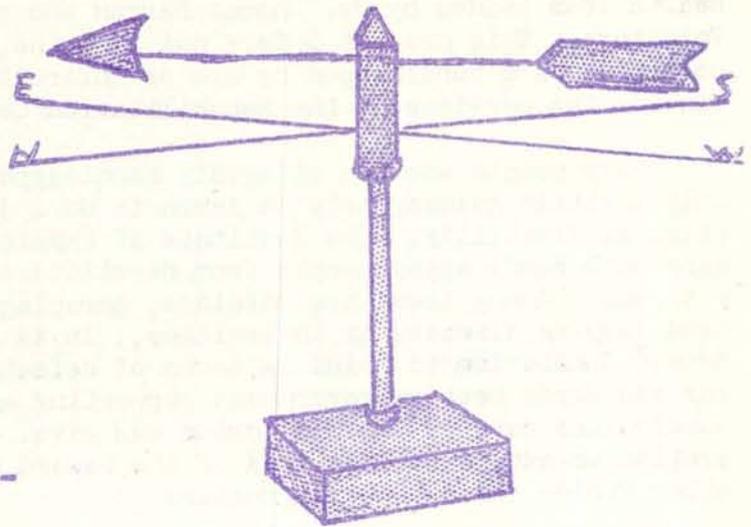
The sanatorium magazine should go farther afield, it should reach the officials of all communities and the families of all tuberculous, so informing them that they may cooperate to the fullest extent not only with the rehabilitation of the individual, but also in the general preventive program.

It is time for the sanatorium magazine to grow up. Here it is-- the most powerful weapon known to man within its pages-- a weapon so powerful that dictator nations will go to any lengths to keep printer's ink flowing in channels most useful to their ignoble purpose-- and we ignore it, or play with it--and fail to realize that it has a special, irreplaceable part in the modern tuberculosis program.

Tuberculosis workers cannot afford to overlook the educational efforts of the sanatorium magazine, nor can such publications afford to remain immature in purpose and outlook.

-----NTA Reporter via the BEACON

(We hope the foregoing article taken from the Statesan BEACON will be read twice, very thoughtfully by every patient in Seward San and by every staff member. Then each one should ask himself or herself, "What am I doing to contribute to this goal of maturity for the San magazine?" Let's all help the San Chat to grow up. Tell us what you wish to see in these pages--We would like your questions about Tuberculosis sent in to the San Chat Office. Any other material that is informative on the subject of TB prevention or control, also any helpful educational and rehabilitation material, let's use our San magazine to its fullest capacity---Ed)



The progress of the care of patients at this hospital for the tuberculous has advanced well. We have been using the newest medicines. We do an average amount of surgical collapse. The nursing care is superior to most private hospitals. We have a better than average social welfare service. Our food is second to none. Patients now have in addition to a unique and well organized inspirational volunteer worker group, bedside teaching, an opportunity to learn a trade, or an art, or even a professional Rehabilitation program as combined with the Alaska Territorial Vocational Rehabilitation program. Yet, now that we are finally prepared to do a good job we are threatened with a reduction in the number of patients A.N.S. and A.D.H. will send us. Why? Well, money reasons. Not that tuberculosis is controlled in Alaska as the logical person might think.

Costs of care here at Seward Sanatorium compare favorably with many T.B. hospitals outside who do not do as many of the above mentioned things for patients as we do. Costs of care at Seward Sanatorium are lower than sister T.B. hospitals here in Alaska. We lead these hospitals in the quality of care given to the tuberculous. Then, "Why the reduction in patients?" you may ask. We ask it, also. This means that even more people in Alaska will be denied hospitalization. In our recent tuberculosis case evaluation conference at Juneau, we found nearly 300 more patients who need hospitalization as soon as possible.

This threat of a 25% loss of bed occupancy to the Sanatorium is a serious matter from the point of view of hospital administration. All hospital administrators realize that their hospital will operate at its best efficiency and most economically when all beds are filled. The enlightened, progressive hospital administrator must be constantly on the alert to avoid having excess empty beds. Here at Seward Sanatorium plans have been under discussion for making opportune use of these 35 potentially empty beds. Two possibilities present themselves for discussion. Several times each month here in Alaska patients who are mentally ill are transported to a Stateside mental hospital for treatment. We have a qualified, competent psychiatrist here in the Territory who would welcome the opportunity to treat these people near their homes. Should we continue to waste this expensive talent or should we make some of these beds available to our Alaskan psychiatrist for treating the mentally ill? The second possibility for good use of these

beds is a project that has been under some discussion for several weeks by the Director of Public Welfare, the Director of Vocational Rehabilitation, the Administrator of Seward Sanatorium, and the Medical Director of Seward Sanatorium. Encouragement in these discussions has come from no less a group than the Pittsburgh School of Public Health Team headed by Dr. Thomas Parran who recently studied health conditions in this Territory. This project offers not only the possibility of more economical care of the people who are handicapped by age or infirmity but also offers further avenues of extending the services of the Rehabilitation Center.

Many people who are allegedly handicapped by age, infirmity, injury or disease need only a little guiding help to learn to do a job that is well within their particular physical disability. The Institute of Physical Medicine in New York City has converted many such handicapped people from derelicts of welfare funds to wage earning, productive citizens. Among these are cardiacs, paraplegics, and paralytics, as well as many other handicapping diseases or infirmities. It is not the intention of the administration at Seward Sanatorium to think in terms of defeat and in frustrating financial failure close certain wards because government supporting agencies find it awkward to finance such tuberculous care as the Sanatorium can give. Instead, it is the hope of the administration to extend the services of the Seward Sanatorium and Rehabilitation Center into other fields and to other agencies.

Service to the sick, regardless of the illness, is one of the tenets of the Woman's Division of Christian Service. The practicing of HEALTH, WELFARE, AND EDUCATION must continue.

Our Rehabilitation Center is progressing. The key maker is working steadily. He is also becoming better at saw filing. He is a patient. The shoemaker is doing a better job every day. He is a patient. The photographer is getting her shop in order and starting to work in earnest. She was a patient. In fact, she can't even presume to keep up with the developing and printing that comes to her from the patients. The grocery store is still under construction. We have a qualified teacher to instruct in merchandising. We have patients who want to learn how to run a store. From the amount of money now being loaned by I.R.C.F. to A.N.A.C.A. stores in Alaska to keep them going it is obvious that we need better store managers. What income over expense gained from any of these trades in the "Center" will go back into the Rehabilitation fund to help other patients get training of some kind. It will not be used to buy a new car for the administrator, the counsellor, or even for the medical director.

Surely it is a worthy project to help our native brothers become more resourceful and less dependent. Can we be so blind and selfish that we cannot see that this will help reduce our own income tax costs. Some of us seem to be trying to develop such blindness.

HAVE WE FORGOTTEN FREE ENTERPRISE?

Let's remember the words of the poet when he speaks for the Almighty, "He who shares his alms feeds three, himself, his hungering neighbor, and me."

Dr. Phillips.

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Knowledge and ignorance are common to all men. Education helps a man to be equally versed in both.

-----An

IS THE DENTAL HEALTH OF OUR PEOPLE OF ALASKA MERELY A PAWN ON THE CHESSBOARD OF POLITICIANS?

In past articles in your San Chat certain facts have been considered in regard to Dental Health Service, not only for patients of the Sanatorium and children of the Jesse Lee Home, but the basic problem of getting better dental service for your home towns and villages has been considered. The main problem, common to all parts of Alaska, is the scarcity of dentists.

Here at these two institutions complete dental care is extended to all, thanks to cooperation between the Territorial Department of Health and the W.D.C.S. However in most communities in Alaska, where the need for dental care constitutes a serious health problem, no adequate service is available. Even the Sanatorium will soon be without the service which is so essential to improving the general health of patients here. In analyzing the problem it will be seen that the general scarcity of dentists throughout Alaska and the difficulty in maintaining such services here, stem from a common fault; that is ineffective legislation regulating the practice of Dentistry in Alaska.

When the current back-log of necessary dental treatment is completed for Sanatorium patients, it was expected that the Sanatorium Dentist could share his time with private dental patients from the Kenai Peninsula. This arrangement would serve a dual purpose of providing adequate service at the Sanatorium, and placing the cost of dental care on a practical and permanent basis. This arrangement would require the services of a dentist with an Alaska license, and thus it appears impossible under the present laws in Alaska.

Under the existing law, people in Alaska who need and want more dental service have no recourse for the artificial shortage of dentists in the Territory. They must allow a board of dentists, appointed by your Governor, to decide the number of new dentists admitted to practice in the Territory. Of the thirty-odd private dentists in Alaska, ten have served on this Examining Board during the past two years, and during this time only TWO new dentists out of twenty-seven applicants are serving Alaska. All these applicants graduated from accredited dental colleges and held license to practice in the States.

ALL THE PEOPLE OF ALASKA NEED DENTAL CARE AT REGULAR INTERVALS THROUGHOUT THEIR LIFETIME: YET THEY ALLOW A SMALL GROUP OF INDIVIDUALS TO LIMIT THE AMOUNT OF THIS SERVICE AVAILABLE TO THEM.

In the interest of better health through more dental service for Alaskans, it appears that your Territorial Legislators should be urged to revise the laws, in order that dentists who have graduated from accredited dental colleges and who are licensed to practice in the States, be allowed to enter private practice in Alaska.

The question may arise; "How does this affect us as patients at the Seward Sanatorium?"

Primarily, this is partly your problem, because the directors of this institution, recognizing the need for dental care as an integral part of your general treatment program, have expressed their willingness to pay for this service directly. This would relieve your Territorial government of some expense. Secondly, if more dentists were allowed to practice in Alaska, the patients of the Seward Sanatorium could be assured of receiving adequate dental care by a dentist on full or part-time employment by the Sanatorium. Thirdly, when you return to your homes, you want to know that all services necessary for continued good health are available for you and your families.

There is no single or simple answer to the problem of getting well from tuberculosis. Tremendous progress has been made in the treatment of tuberculosis since 1947 by the wise use of drugs and resection of portions of the lungs. But it is still true that tuberculosis is in most instances, a chronic and very treacherous disease requiring intensive treatment over long periods of time.

With the advent of the anti-tuberculosis drugs and more particularly with the pre-mature announcement of the INH drugs, many patients and many people in the general population were unfortunately led to believe that a quick and complete cure for tuberculosis was at hand. This is emphatically not the case. While the drugs now in common use are extremely valuable, they do not in a strict sense cure tuberculosis. They only give the individual's body a much better chance to heal more quickly and more completely than without them.

It is essential that the beneficial effects of these drugs should be increased and augmented by adequate rest of the lungs. The drugs and rest are both valuable medicines and should be taken faithfully until the chest X-ray shows the disease to be in an inactive stage.

It is possible that with the fuller knowledge of the results of long-term drug therapy and with the addition of new drugs, the treatment of this disease, as we know it, may be radically changed and improved in the near future, just as the present use of drugs and modern thoracic surgery has greatly improved former treatment.

There are new developments in drugs and surgery, and some of these may be very beneficial and some may not. Time is needed to evaluate these developments.

The patient who finds himself suffering from tuberculosis must not search for a short cut or a miracle in his effort to regain his health. His wisest and safest course of action is to enter a sanatorium immediately and place himself under the competent guidance of the sanatorium physician. Under the sanatorium physician's supervision, the patient will have the benefit of judicious and properly timed use of drugs, bed-rest and surgery.

The patient must have patience and give his body adequate time to repair the ravages of the disease. The wisest investment a patient can make is to allow himself and the physician ample time so that the medical and surgical treatment can result in complete and permanent arrest of the disease. If, by taking a short cut or failing to complete his cure, he has a subsequent breakdown, he will consider the time saved as very poor compensation.

Tuberculosis is being conquered, and the treatment available to the patient of today is vastly improved over that available to the patient of yesterday. But the job of getting well is still a tedious one and requires courage and faith on the part of the patient.

-----The Donnelly Digest

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"Me slept with Daddy last night," said the small girl.

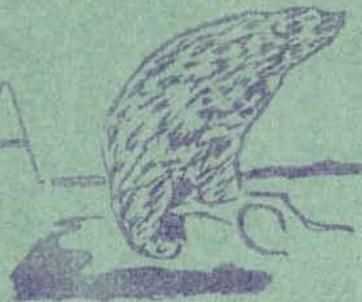
"I slept with Daddy last night," corrected the teacher.

"You must have come in after I went to sleep then," said the small girl.

# W. BROWN & SONS

TO WHOLESALE IN FRESHLY CUT FLOWERS FROM SEATTLE VIA  
STEAMCRUISER, SPECIAL ORDERS IN TWO DAYS

## ALASKA SHOP



HOUSEWARE  
SILVERWARE

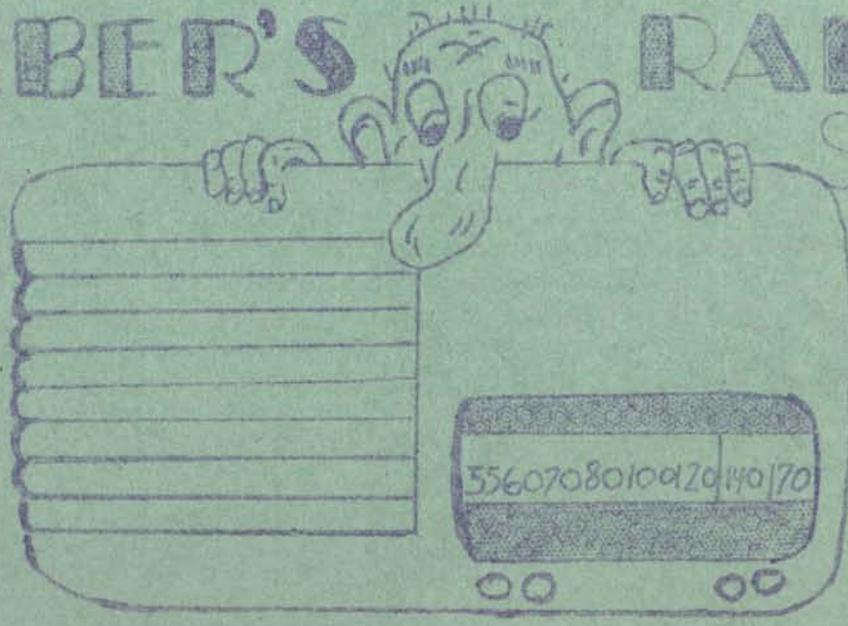
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## TUBERCULOSIS WORKERS' CREED

By Robert J. Anderson, M.D.

I believe that what I have done -- and others before me -- has reduced the suffering and deaths of my brothers from tuberculosis. I am grateful that the biological forces of nature and the improving environmental factors created by man have favored my work.

I believe that the success of our past efforts has been furthered by the enlightened interest of my neighbor, my country-folk, which has led to cooperation and support which exceeds self-interest.

I believe that my services have not yet reached every outstretched seeking hand. There is yet more for me to do.

I pledge myself to my brother man to search out the many unknown cases of tuberculosis.

I pledge that I shall treat each person equally in his misfortune, excusing myself not at all for my ignorance of his condition -- of which he knows not himself.

I shall help him and his to hold family and station.

I shall help to restore him to pleasures of health, family, and work.

This I shall do within my ability until tuberculosis no longer is found. I shall seek knowledge of things I do now or can do tomorrow.

I shall hold to these tenets and oaths as long as they save suffering for the sick and protect others.

These things I shall do, and shall help others who hold likewise.

-----NTA Reporter

NOTE: In view of the above, and in view of the fact that there are about 1,400 known unhospitalized cases of tuberculosis in Alaska, and that hospitals in the Territory have empty beds now and anticipate many more in the near future, we would like to ask, whose problem is it? The TB hospitals have more beds than they are receiving patients to fill---The Territory is rife with many too many known tuberculous cases---Who is at fault? The TB workers are doing all that is known in providing adequate care in the facilities now established---WHOSE PROBLEM IS IT? The beds are available, and there are many patients who need them. MUST WE PERMIT INADEQUATE APPROPRIATION OF PUBLIC FUNDS TO SET THE STANDARDS OF THE PUBLIC HEALTH OF OUR PEOPLE IN ALASKA? Isn't this your problem now, Mr. and Mrs. Alaska? We'd like to know.

-----Ed.

## MY VACATION

By Helen B. Case

After leaving Seward May 15, via Cordova Airlines and Pacific Northern for Seattle, I boarded the Milwaukee Railroad's Olympian Hiawatha Superdome train for Chicago. After resting a few days at home I took the train to Washington D.C., arriving May 23, for the National Convention of the General Federation of Women's Clubs.

While on a tour of the Embassies, whom should I meet but Sarah May Garrett and her sister! I met Mrs. Richard Nixon, wife of the Vice-President of the United States at the tea sponsored by the Goodwill Industries for the benefit of the handicapped. On Monday, I took the bus tour of Alexandria, Arlington, and Mt. Vernon, the home of George Washington. I represented Alaska at the Convention and when I gave the report for Alaska, I read the poem, Alaska's Flag, by Marie Drake, while Delegate Bartlett's flag, which was made by Jesse Lee Home was displayed. Of course, you know that the original Alaska flag was designed by Benny Benson at Jesse Lee Home. Delegate and Mrs. Bartlett gave a tea at the Congressional Club for the State Presidents, Some Congressmen and their wives, at which I was an honored guest.

After the Convention, I spent the weekend in New York. While attending a conference at Calvary Episcopal Church, I ran across an old friend of Chrystine Rouse. I visited the United Nations Building, which is on 18 acres of land donated by John D. Rockefeller. It is on International Territory. The building was built by 60 nations at a cost of \$66,000,000. There are earphones in the General Assembly for visitors. The earphones are equipped with switches, and visitors may hear the speeches in any one of six different languages, the language of the speaker is translated into English, French, Russian, Spanish, or Chinese.

After the tour of the UN Buildings, I had lunch with the president of the Woman's Club of Belize, British Honduras. Belize is a little country of 8,000 square miles and 7,000 population. It is in Central America, about as far from Alaska as it could be and still be in the North American Continent. The President of the Woman's Club said that when she reached home and told her club that she had lunched with a lady from Alaska, they would ask, "Where in the world is that?"

While in New York I went to the office of Frank Laubach, who has taught thousands of illiterates all over the world to read by the Each-one-teach-one method. I got his book called "Streamlined English, The Newer Easier Way to Learn."

From New York I went back to Illinois and Indiana visiting with relatives and friends until June 19, when I left for San Francisco, stopping over at Salt Lake City, to visit Miss Mabel Best, who was formerly at Jesse Lee Home. The roses were in full bloom and rivalled Portland. At San Francisco, I attended San Francisco State College, taking a workshop course in Special Education. I got my exercise going up and down hill to practice on the organ after school, as I took Hammond organ lessons. I spent two weekends at Hayward, California, visiting Mrs. Myrtle Wright, who used to be at Jesse Lee Home.

One day I sat down beside a lady in a cafeteria in San Francisco who noticed my ivory bracelet. "I'll bet you paid a pretty penny for that," she said. "No," I told her, "One of my patients made it." "Where?" she asked, "At Seward Sanatorium, where I work," I told her. "No Kidding!" she cried, "Why I used to work there!" She turned out to be a nurse named Irene Buchholtz, whom some of you will remember. Isn't it strange that out of the 700,000 people in San Francisco, I should choose a former employee of the San to sit beside?

After summer school, I went to Canada and spent a month with my aunt at Entwistle, Alberta, 70 miles west of Edmonton. I went through Jasper National Park in the Canadian

Rockies. The mountains are not so high nor rugged as those in Alaska.

At Edmonton, I visited the Charles Camsell Indian Hospital. I met the Medical Director, Dr. Falconer, who called one of the teachers, Mrs. Madge Grantham, to take me on a tour through the hospital. It was my first opportunity to talk with someone who is doing the same type of work as I am doing. They have 500 patients from Alberta, Yukon Territory, and Northwest Territories. There was a striking resemblance between the Indians and Eskimos there and in Alaska in both appearance and names. They have an X-ray unit which goes by plane up as far as Aklavik, N.W.T. They have a teaching program in connection with the hospital. This is their sixth year, and they have six full-time teachers, who do bedside teaching to the children as well as adults. They have a library, movies, and Occupational Therapy. They get out a monthly publication similar to the San Chat, and we are going to exchange with them. In fact, the only thing they have that we don't is an elevator.

From Edmonton, I boarded the Northwest Airlines on August 30, and was in Anchorage in nine hours, a distance of 2,000 miles. While in Anchorage, I was on Ruth Brigg's program, Woman-to-woman on KENI and spoke to the Anchorage Woman's Club. I tried to get on the Welcome Travelers in Chicago, but had to come back to Alaska, where the competition isn't so great, to get on the radio. I traveled more than 10,000 miles this summer, had no accident, and only lost \$1.50. Of all the scenery none was so beautiful as the Chugach Range and Resurrection Bay!

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#### SCHOOL DAYS

School is back in full swing again after a vacation of sixteen weeks. Since there are not so many school-age children this year, we will be able to give more time to them and teach more adults.

We have a new teacher, Mrs. Myra McDonald. While Mrs. McDonald is new to the Sanatorium, she is not new in the Territory, having lived here since 1924. She previously had schools at Cordova, Nome, and Talkeetna. Mrs. McDonald is a graduate of Wood County Normal, Wisconsin Rapids, Wisconsin. She has also taken work at Jamestown College, a Presbyterian college in North Dakota.

Miss Case is back again for her third year. She will teach the Children's Ward and some adults. While in the States she collected some sample books for teaching adults to read, which were paid for by the Seward Woman's Society of Christian Service.

We will miss Goldie Busko's familiar steps tripping down the halls. Miss Busko is the one who pioneered the organization of Seward Sanatorium School four years ago. She is teaching at Elmendorf Air Force Base School this year.

Mrs. Dorothy Novatney, Deputy Commissioner of Education in Alaska, visited Seward Sanatorium in September and met with Dr. Phillips, Mr. Carlson and the San teachers to plan the year's work. Dr. Novatney was well pleased with the progress the school has made during its four years. Miss Grace Ushler explained to Dr. Novatney the work that is being done in Rehabilitation. We are looking forward to a very successful year of school work.

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The wedding ceremony performed among the Negritos of the South Pacific seems, to this unromantic editor, (and to this one too) simple, sensible and apt. The bride and groom go to the elder of the tribe. He knocks their heads together and pronounces them man and wife.

-----NTA Reporter

## THE DOG HOUSE

By George Kington

Howdy, Folks. I finally talked the editor of the San Chat into letting me do a few articles on dogs. We have a lot of them around the San and I know that many of you patients have dogs at home. I never believed that the lowly dog ever got an even break in life. In these articles, we will discuss dogs in general. We will refer to the dogs' basic senses, dog intelligence, grooming and care of the dog and a little about training. And oh yes, a little about keeping a dog healthy.

You see, the dogs' world is very different from the human's in many ways. His world is mostly one of odors. The dog's nose tells him many things that entirely escape humans. He is much more sensitive to sounds. The dog depends very little on his vision. It is far inferior to ours. But like humans the dog has his peculiarities. For example: To find if a dog is gun shy or gun sure, one must test him with a gun. To discover if a dog is intelligent, one must try training him. That is the only way to discover the dog's ability. There is no short cut.

Let us discuss some of the basic senses of the dog. Vision. When we look at an object, the light reflected from that object is thrown back upon what is called the fovea of the retina of the eye. To illustrate, you may look at a particular word on this page but you will find that you see many other words at the same time but not quite so clearly. You see, the other words are reflected on the Nonfoveal section of the retina and are seen less clearly. Well, the dog definitely does not have a fovea. Henceforth, all things seen by a dog are rather blurry until he approaches them rather closely. However, it has been found that the average dog can see objects quite clearly at a distance of twenty feet or less. Since the dog lacks the fovea, his vision is of comparatively little use to him in hunting, tracking or even in normal training.

However, there is one type of visual stimulation to which dogs are most sensitive. If any object is moved, even ever so slightly, most dogs will detect and respond to that movement. Amazing? No, not really. Pavlov observed that a very slight movement of an object on a vertical plane could be distinguished by dogs from a horizontal movement. They can also tell the difference between clockwise and counter-clockwise motion.

Imagine how fortunate we are to see the world in technicolor! We can look upon the beautiful leaves as they turn color in Autumn. And the contrast of green trees in the springtime against a snowy mountain. But the poor dog! To him the world is like a black and white snapshot. He has no color perceptive. So really it could be concluded that dogs make scant use of their eyes with the exception of perception of movement.

Now, let us look upon the hearing. Tests have proven that dogs can detect sounds that entirely escape humans. It has been determined further that dogs are more sensitive to higher pitched sounds than humans. In training a dog his sensitivity to pitch is very important. A word spoken in a friendly tone will elate the dog. A cross spoken word will depress it. We must remember this later when we come to training our dogs.

Let's see now we come to smell. Dogs surpass man so far in this respect that it is impossible to imagine the odor sensations that they receive. The dog's nose is kept moist by a glandular secretion that is very sensitive to a slight current of air. When the dog feels this current, he clears his nostrils and sniffs. This air passes over the mucus membrane which is connected with the olfactory nerves. This structure is built to give a maximum surface and a minimum obstruction to the air circulation. In comparison the human olfactory works are very crude indeed. In simple explanation, the dog's entire smelling apparatus is far superior to the human's.

Most any dog, if trained properly, can trail a rabbit, or other animals, but the dog's true intelligence comes out if he will stick to a specific trail and not be distracted by another dog or a woodchuck hole or a discarded bone. A good trailing dog can trail, say a human, by his sensitive discriminations. He does this in many ways. He can trail by detecting the stronger vaporization of the spots of earth stepped upon. He can detect odor traces from shoes and shoe polish. He can detect body odor peculiar to a particular person. Generally speaking, a dog you are trying to develop as a hunter should be selected as to sex. Especially if you are in an area that has many other dogs. A bitch is usually the best hunter.

Well, I have rambled on here too long now. I hope you lasted it out. Next issue I would like to tell you a little about the care of the dog. So if I don't get too many complaints I will see you next issue. Doggone Sincerely, G.K.

---

#### JUST FOR TODAY

Just for today - I will try to live through this day only, not to tackle my whole life problem at once. I can do things for 12 hours that would appall me if I had to keep them up for a lifetime.

Just for today - I will be happy. This assumes that what Abraham Lincoln said is true that "Most folks are about as happy as they make up their minds to be." Happiness is from within; it is not a matter of externals.

Just for today - I will try to adjust myself to what is, and not to adjust everything to my own desires. I will take my family, my business and luck as they come and try to fit myself to them.

Just for today - I will exercise my soul in three ways. I will do somebody a good turn and not get found out. I will do at least two things I don't want to do, as William James suggests, just for exercise.

Just for today - I will be agreeable, I will look as well as I can, dress as becomingly as possible, talk low, act courteously, be liberal with praise, criticize not at all, nor find fault with anything and not try to regulate nor improve anyone.

Just for today - I will have a program. I will write down what I expect to do every hour. I may not follow it exactly, but I will have it. It will eliminate two obnoxious pests, hurry and indecision.

Just for today - I will have a quiet half-hour all by myself and relax. In this half-hour sometimes I will think of God, so as to get a little more perspective to my life.

BE SURE TO STOP AT

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CARDS  
STATIONERY

MCMULLENS  
THE QUALITY STORE  
IN SEWARD

FINE LINGERIE - BED JACKETS - NYLONS

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FAMILY - BOOST YOUR SAN MAGAZINE !!

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# JUNK

Junk something every day, suggests a philosopher. Junk your fears, Junk your worries, junk your anxieties, junk your little jealousies, envies and hatreds. Whatever interferes with your getting well and getting on in the world----junk it!

\* Every night before you go to sleep, put upon the junk heap your disappointments, your grudges, your revengeful feelings, your malice. Junk everything that is hindering you from becoming a strong vibrant character. If you allow such things to accumulate in your mind, you may find the task almost impossible; but if each day's junk is dealt with before the end of that day, you will be surprised how much easier the task becomes.

One thing you should remember however, is that the mind cannot be really cleared unless you face the facts with regard to whatever it was that disturbed your day. The junk must be done away with completely, not just hidden for the time being. If you have failed at some task, it will do you no good just to try to forget about it or to find excuses to bolster up your damaged ego. If you try either or both of these methods----and they usually go together--- you will find yourself less, instead of better able to deal with similar tasks in the future. Instead, try to think of the incident as though it had happened to someone else, and decide as calmly as you can who was responsible for the failure, and how success could have been achieved. Then you should be able to forget your failure more easily and safely, because your mind, in planning for future success, has discounted the importance of past failure.

Try to deal in a similar manner with other causes of worry or unhappiness. If you have been hurt by someone's words or acts, don't let your mind exaggerate the importance of such trifles. Some comfort may be obtained by repeating our childhood's rhyme, "Sticks and stones may break my bones, but names can never hurt me," but if you allow yourself to brood, 'names' can hurt you, so it would be better to remember the exact meaning of the prayer we repeat each day, "Forgive us our trespasses as we forgive them that trespass against us"---- and, for our own sake--act upon it!

If some 'friend' repeats an unkind remark about you, as coming from someone you thought was a real friend, don't lie awake half the night worrying about it. Remember how often your own words have been misunderstood or misquoted-- and believe in your friend rather than in gossip.

All of us have enough real problems to deal with-- even when one of our problems is not getting well of TB-- and we should certainly save our efforts for the real problems instead of wasting energy on unimportant things-- on junk.

The trouble with most of us is that we don't have a mental junk heap of the sort we have been discussing where we can go and get rid of all the things that are unnecessary and harmful---- the junk.

Most of us, instead of junking the excess baggage, pull all our 'enemies'--all our handicaps, discouragements, losses, troubles and worries along with us. That consumes so much energy we have very little left for the great task of making our lives a success, for the task of constructive building-- for the glorious task of living on that high note of zest and accomplishment. Come on, let's junk the junk!

Into the waiting automobile where my friends who had driven me out were by now all but hysterical with laughter at the situation.

When these good friends had offered to drive me out to look over my new school, to me it had meant a picnic lunch, good companionship, leisurely enjoyment of autumn flaming on mountain heights and in the valleys. I had not dreamed as we started out that it would also afford me transportation back and save me from being dumped off some bus and left to take the consequences.

"Well," laughed the driver, as I climbed back into the car, "You asked for a pioneer location, and you got it." Then they all went off into hearty gales of laughter.

"Be careful what you set your heart on," I laughed in perfect agreement with them, "For it will surely come to you." But just the same, on that return trip I brought with me a vision of that lovely lake, the forest dressed in flaming reds and yellows, simple, and sturdy log cabins---and children---children on whose faces the thought of school brought such a light as is never seen in our larger towns and cities---That return trip was not unmixed with regret.

And so, quite unforeseen, I find myself transferred to Seward San, doing bedside teaching. On my own I should never have thought of coming here, but even though I've only been here a short time, it is long enough to realize that it is truly a privilege, and that I am going to learn much, as well as teach.

And then there is another thing. The same light I noticed on the faces of those village children, I find duplicated here on the faces and in the smiles of patients when I mention learning to them. It does leave you profoundly thoughtful of life's values, values that one must keep revising, and to which you never find the final answer.

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#### IN THE SANATORIUM FIND YOURSELF--- YOU HAVE THE TIME

By Helen Wilson

Very few people will ever forget the feeling of shock and despair that takes hold of them when they first learn that they have tuberculosis and need sanatorium care. For a time the knowledge of it numbs the mind and prevents thinking. Then follows a period of waiting, wondering and asking yourself why this calamity has to happen to you. Morale reaches its lowest ebb, as you try to believe hasty assurances that the family will be cared for, or that your job, or a better one will be waiting for you when you recover, or that your school work can be made up at a later date. But you know that you are only whistling in the dark.

Finally comes the day when you are admitted to the sanatorium. After the necessary preliminaries you are shown to your room and told to prepare for bed. As you settle back against the pillows you realize that here, at last, you can rest. For a long time nobody is going to depend upon you for anything. Your burdens have been shifted onto the doctor and the nurses. Your spirits should begin to go up!

The first few weeks are spent adjusting to sanatorium routine and getting acquainted with your neighbors. Much to your astonishment you find that each one has gone through almost the same shattering experiences that you have. Then after initial examinations are over and treatment prescribed, you settle down to do some plain thinking.

You have probably learned by this time that few tuberculosis patients achieve an inactive status in less than a year, regardless how minimal their disease. Now is the

## NEW ASSIGNMENT

By Myra McDonald

The log cabin stood in a small clearing in a vast wooded country-side. It was about 22 miles from the nearest store and post office. Inside the furniture was home made and all was bright with much scrubbing.

"You teacher? We goin' have teacher! I so glad! Oh!" The kindly face of the matriarchial old Indian woman who threw her arms around me, crinkled with happiness. They had never had a teacher, and her two married daughters, with various grandchildren, stood about a bit shyly, but also smiling happily.

In my mind I kept seeing this little group as we drove on up the road in search of the school agent from whom I had received reassuring and charming letters. There was a new community he had said, with half a dozen white families who had settled here to carve out homes in the wilderness. There was electricity which worked sometimes. The same could be said of radios. Winters could be severe, but there was fine skating. A new school-house with pretentious teacher's quarters was under construction, and they expected to have it ready when school should begin. Everything would be furnished and I need only bring such "foo-foo-raw" as would make me happy, and lastly, the agent had said, whatever I found or didn't find, a warm welcome would certainly be waiting. I was getting pretty excited about this new assignment!

And then we came suddenly upon another clearing on which stood a sturdy log house. Nearby was a 20 by 20 building, under construction, seven logs high. We picked our way among children, dogs, goats and ducks to the small enclosed porch of the sturdy log house and located the school agent. Expressing his delight at seeing me, he turned to the seven-log high structure and said, "This is the new school." I gasped. "But it's time for school to begin, and where is the rest of the building material?"

The rest of the building material? Oh, yes, they had it all. Where? Well, you see, it was still standing in near-by woods, it hadn't been cut yet, but I could start teaching here on the enclosed porch. I looked around the little porch in dismay. On top of being too difficult to heat, it was much too skimpy for the necessary 15 seats and desks for the children. Besides, where could books and materials be stored? Where put wet, snowy coats and boots. The family livingroom adjoined the porch, and a baby's crying and other sounds were all too apparent.

Where would I live? I finally nerved myself to ask, and we were escorted to a flimsy trailer mounted on stilts which looked as if it would much colder inside than out. Where was the fuel to heat it with? Oh, that, well, it hadn't been cut yet. There was not floor space enough in the trailer to set a trunk down much less to store wood for fuel, and no sort of storage shed outside. Winter here, I knew could descend suddenly and without warning even as early as September.

Timidly I asked, "What about water, where do I get that?" Water the agent assured me could be packed from his house, and when I cast a weather eye around for some of the other necessities of life, I discovered that these too, were at the agent's house, a distance of about three good city blocks away. That did it. Visions of dark, bitter winter nights engulfed me, nights when I should be floundering around in snow up to my neck perhaps, trying to reach the agent's house for a breath of warmth, or water to slake my thirst. Then too, the stilted trailer was hoisted alongside the road near a lone stark looking gas-pump on which was a sign advertising gas for sale. This I knew would be a mute invitation for all and sundry "Characters" who came along the road to pop their heads into my trailer and frighten the life out of me, if nothing worse. So I finally convinced the agent that he wasn't really ready for a teacher and crept back

time to ask yourself, "What can I do with this year?" First, of course, comes your determination to cooperate with the doctors and staff to accept the treatment prescribed and to observe rules that have been laid down for the purposes of helping you to recover. But it is your body that needs rest from activity, not your mind. Most of us go through life using only a very small part of our resources and abilities. Now is the time for you to bring your larger capabilities to the surface.

How many times when you were busy earning your living or struggling to keep your family clothed and fed have you wished that you had an opportunity for more schooling, or even time to do more solid reading? You do have that time now. Why not turn a so-called misfortune into great opportunity? Many people have. If you do not have the books you want, or if your family or friends cannot get them for you, ask your librarian to help you obtain them. And try using your radio, not only as a means of entertainment, but as a source of instruction. The presidential campaigns have offered fine opportunity for everyone to keep in touch with the important political issues of the day. For people who have never had the time to participate even in spectator sports, basketball and fall football games give you a chance to discover what it is about organized sports that can thrill so many thousands.

And try listening to some classical "long hair" music once in a while. You have to expose yourself to worthwhile things before you can appreciate them. You probably won't lead as active a life after discharge as you did before, therefore, it is worth your while to use this enforced leisure time to develop new interests that will increase your enjoyment of life in the years ahead. Plato's definition of education is: Learning to like the right things. With good books, good radio programs, and good companions, you can further your education while you are regaining your health, right at the bedside.

Now is the time to start planning. NOW YOU CAN CREATE AND BUILD. When you are medically approved to begin a little additional activity, you may feel the need of talking things over with your Rehabilitation Counsellor. You can discuss with her your future plans to create and build your future life so as to live that "more abundant life" that might never have been yours but for a so-called misfortune of being hospitalized.

You may wish to discuss with your Rehabilitation Counsellor the feasibility of returning to your former job, the opportunity for training in a new field, or make arrangements with her to take aptitude and psychological tests to help you arrive at a satisfactory decision.

And besides the opportunity to improve your mind, the sanatorium also provides you with the chance to test and to develop your ability to get along with people. Many of you have never lived away from home before. An army barracks, a college dormitory, a sanatorium porch-- they all show up the misfits, the selfish, the immature individuals who are unable to live in harmony with others. Some of these people learn to adjust through bitter experience. Others give up and drop out. But the great majority of patients can look back on their sanatorium stay as a valuable experience during which they not only recovered their health, but also discovered hidden strengths and a power to adjust to circumstances that they didn't know they possessed.

----- The Victor

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Speak well of everyone if you speak of them at all - none of us are very good.

-----Elbert Hubbard



ICE WORKS AT WORK

# CHEECHAKO'S CORNER

By Constance Doerty  
And  
Margaret Waterhouse

Dorothy Bather, our English Cheechako, left Seward San on the S.S. Alaska, Sept. 10 for Seattle, thence by train to Montreal to board the Princess of France for Liverpool, England. All the San, both patients and staff, join in wishing her bon voyage!

Mathilda Westling, and her sister Margaret Kramer, aides on Wards Two and Four are among the newer Cheechakos. According to the sisters, they had long wanted to take a trip, so one day they got together on a destination-- Alaska-- then left their home in Minnesota, and despite the tales of hardship they'd been told about the Alaska highway, these two adventuresome gals drove up without a single mishap. According to them, it was a most enjoyable six-weeks trip. Evidently these two gals love to drive, since they live at mile 24 and drive that distance to and from the San twice each day.

Goldie Bolles is another new Aid on Ward Two. She is from Colorado originally, and at present lives in Seward with her five children.

Lucille Jones, an Aid on Ward Five and her husband, Clark, fulfilled a dream, she says in coming to Alaska. They drove up from Whitchita Kansas over the Alaska highway in a trailer in hope of finding a homestead on the Kenai Peninsula. Clark has since gone back to Kansas to bring their five year old daughter, Cheryl Ann up to Alaska. They make their home in the trailer until they find a homestead.

One of our most interesting newcomers of the past month is Mrs. Geraldine Awe, who is working as an Aid on Ward Five. "Gerry" is from San Diego and has been in Alaska a year. She expects to stay and try the guarantee on a 30 year parka she bought recently.

When a child of nine Gerry had polio, and one day to amuse her, her father brought her a small radio set. She became obsessed with the idea of finding out what made it tick. She took it apart and put it back together again-- it worked. Her brothers were both "ham" operators, and by the time Gerry was 15 she too, was on her way to becoming a "Ham" operator. Now she is a licensed radio technician. During World War II, she was employed at the Naval Air Station on North Island and at Pearl Harbor installing radios in planes. Later she corresponded with ACS in Alaska, and thinking she had a job drove up with a friend. ACS though they had been dealing with a man, and could not make good their promise of job when they discovered that Gerry was a woman. Their operators have to dropped by parachute into the brush, and this is considered too tough an objective for a woman. But Gerry says her spirits are not so easily dampened, and she means to "hang tough" until she lands the radio job she wants.

Several Cheechako's have said farewell to Seward San this past month. Peggy and Billie Poore left Sept. 15, to return to school in Lynfield. Norman Matthews returned

home to complete his last year of college before entering medical school, a letter from Norm, printed elsewhere in this issue tells much better than we can do, of his work here with us.

Stan Wyciskala is the new bookkeeper in Rehab. He and his wife have been in Alaska two years. Mr Wyciskala, formerly a semi-professional baseball player with the International League, was bookkeeper for the Department of Agriculture before coming to Alaska. Mrs. Wyciskala is working as an aid on Ward Three.

Anne Riker, an Aide on Ward Three, hails from New Jersey. She has been in Alaska two years, having lived in LaFouche before coming to Seward, where she has lived for the past year. She has two children.

Seward San welcomes Miss Annette Jacobsen, who is no Cheechako, this R.N., but is well known in the Territory, where she has spent almost nine years in Public Health Work. Miss Jacobsen was born in Norway and came to America as a young girl shortly before going into nurse's training in Chicago. She has many interests, including knitting, photography and skiing.

Attractive Ruth Knight, R.N. now on Ward Three left Memorial Hospital, Nashua, New Hampshire to come to Seward. Ruth likes it here and plans to stay three years. Then, she says, she will go to Europe. She is active in many sports, sings in the choir, likes square dancing.

Eileen Coughlin, Ward One came to Seward from Seattle, two months ago with her husband and eight year old son Gary. Her husband is a butcher in Seward.

Blanche Lander started working in Ward Five in September. Her husband, now long-shoring, and three children who are going to school, and Blanche, all came to Seward six-months ago from Roseburg, Oregon. Mrs. Lander enjoys work with children, and has usually been busy, she says, working with groups of children. The Landers love Alaska and plan to make it their permanent home.

Alberta Lee, one of the recent Cheechakos has been seeing Alaska for two months before coming to Seward. For two years she worked in Minneapolis General Hospital, is more recently from Iowa. One of her hobbies is dabbling with paint brushes, especially commercial art, she says.

Ward Three has received two of our recent Cheechakos, Mrs. Spagnola, R.N. and Mrs. Doris Myer, aide. Both these gals ate the homesteading type and have been situated out Ninilchik way for the past year. Mrs. Spagnola and her husband are spending the winter in Seward. Mrs. Myer, who has a son in Fairbanks, came from Maryland to set up a sandwich shop at Clam Gulch. She likes to hunt and fish.

New Cheechakos in the diet kitchens include Charlotte Nedosik, Gerry Osborne, and June Bradford. June's husband works on the railroad, they have been around Alaska about three years. She likes horses and handcrafts.

Charlotte and her sister, originally from Long Island, have been in the Territory since 1947.

Gerry Osborne came from Pennsylvania last December. Her parents homesteaded in Wasilla. Gerry goes in for bowling in a big way. She says she is also going to start collecting records - especially Guy Lombardo's records.

It's "Welcome home" to Little Joe Cawthorne. Joe has been away from Seward San

almost a year, and most of his many friends among patients and staff alike, have expressed pleasure at seeing him with us again. Joe says he drove up from his home in Temple, Texas in a Pick-up in ten days.

We all miss our freckled sunbeam, that dynamic bundle of energy, Constance Doerty, who originated the Cheechako's Corner. Connie took off for California early in September to be with her Prisoner-of-War brother who was released from Korea early in September. How about sending some of that California sunshine back to Seward, Connie?

And we are also going to miss that other sunbeam, Margaret Waterhouse, who took over the Corner after Connie's departure. Came the first snow, and Margaret headed to sunny California also, Maybe you'll send us some sunshine, too, Margaret.

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### A FABLE

By Dr. E. C. Savage

Once upon a time there lived a man who was stricken with tuberculosis. Realizing that to him this was a calamity, and being a prudent man, he entered a tuberculosis Hospital at once.

Soon after his admission he was examined by the doctor and his exact condition explained to him. He was then told what he must do to get well and advised that a great part of the success of his care was his own responsibility. He was given a copy of the rules of the sanatorium and these he read carefully, deciding to follow them to the letter.

Believing that his medical advisers were competent and skilled in the management of tuberculosis, he did not trust his own judgement or the advice of well meaning friends.

As time passed he observed rest periods properly, did exactly as he was told, and began to improve. Gradually he was allowed bathroom privileges. When going in the wheel chair he did not get out of bed to play cards at his neighbor's bed nor walk to the dressing room at night for a smoke. He was pleasant to his neighbors and was never grouchy or impertinent to the nurses. He did not burden others with his troubles, realized that emotional stress was not good for him. He gladly did such small tasks about the ward as the nurse assigned to him.

One day the nurse remarked to the doctor that the sanatorium would really be a pleasant place to work if more were like this man.

As time passed and the day neared for him to leave the sanatorium, the doctor was exceedingly pleased with the man. On the day of his discharge, he thanked the nurses and all those on the ward who had aided him on his road to the cure. He thanked the doctor for his sound advice and professional care.

As he walked out the door, the doctor realized that this had been the perfect patient! He had had the perfect patient! Alas, the shock was too much for the doctor --- he fainted.

-----The San Pulse

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There is no duty we underrate so much as the duty of being happy

-----Robert Louis Stevenson

# SPORTS

By Joe Oneha

## BASEBALL :

The Brooklyn Dodgers in the National League and the New York Yankees of the American League continue to dominate the other baseball clubs during the past month. It looks like another clash for the two New York Clubs again this year for the world's baseball championship.

At the present time the Dodgers and Yanks have won the same number of games from their opponents. They are leading their respective leagues with nine games over the team that is in second place. In the National league, Milwaukee (former Boston Braves) is finding tough opposition to hold the second place position as the Philadelphia Phillies and St. Louis Cardinals are pressing them closely. On the other hand it looks like the Chicago White Sox will have no trouble staying in second place in the American League as the Cleveland Indians and Boston Red Sox have been losing games to the second division teams of the league.

In comparing the relative strength of the league leaders at this early date the Brooklyn Dodgers seem like the best balanced all around team. They have more 300 hitters, better fielders and more all around replacements than the Yankees. Furthermore they are playing good ball at the present time and have just finished a string of 14 consecutive wins. On the other hand the Yankees although winning most of their games recently are not playing heads up ball. They are being helped to the championship this year because the other clubs of the league have lost games which they should have won from their weaker opponents. The Yankees have also been making a lot of errors afield while while the Dodgers have been playing errorless ball.

## BOXING:

In the world of boxing a stunning upset was registered this month when former Heavyweight Champion Ezzard Charles lost to comparatively unknown Cuban Heavyweight Nino Valdes in Florida. It seemed in the earlier rounds that Ezzard Charles would not have any trouble disposing of Nino Valdes but in trying to end the fight early he made the mistake of slugging it out with his tough opponent. The decision at the end of the fray was unanimous in favor of Nino Valdes.

Heavyweight Champion Rocky Marciano and challenger, Roland La Starza, are now in training for their forthcoming fight. In their last fight session before Marciano became the champion which was held over three years ago, Roland La Starza lost a split decision. Since that time he has tried to get a rematch with Rocky Marciano but was side tracked until recently when he won a hard fought battle over the veteran Rex Layne in New York. The win placed him in an enviable position as number one challenger for Rock's crown so the International Boxing Club made the match. It is the writer's opinion that Rocky Marciano will again defeat Roland La Starza when they meet next month. Furthermore, I believe the bout will end in a knockout before the 10th round.

The Middleweight situation will be settled sometime in October when Randy Turpin of England will meet the American Champion Carl (Bobo) Olson in New York. Bobo Olson is currently being picked as the man who will replace Sugar Ray Robinson when the two fighters meet.

Dentist: I'm Sorry Miss, but I'm out of gas."

Coed: (leaping out of the chair): "Ye gods! Do dentists use that line, too?"

"GIVE PLACE TO THE PHYSICIAN"

By Joe O'Neil

There is no question of the high regard in which the American public holds the medical professions. In the space of a single generation, we have seen many of the dreaded enemies to our health checked, if not almost entirely conquered. We have learned to look and listen hopefully for news bulletins of further conquests, and we respect the army of researchers, physicians, nurses, and dentists as the conquering heroes of the day.

The writer of Ecclesiasticus tells us in the Apocrypha: "the skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration."

So completely has the medical profession captured our imagination and confidence today that advertisers have made capital of our frame of mind. The familiar picture of the white-clad man with the stethoscope and test-tube helps to sell us anything from shampoo to foot salves. What 99 out of 100 doctors have to say about cigarettes is used to boost sales. We may be sure, however, that the author of Ecclesiasticus had in mind a nobler purpose than the advertising potential of the medical profession.

"Honor a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him," is the way Jesus, son of Sirach, begins his praise of the physician in Ecclesiasticus. Whether a member of the medical profession acknowledges it or not, he is to be regarded as the instrument of God: "for the Lord hath created him." His skill is God's gift and to heal man's ills he must work in reverent co-operation with the laws of God's creation. If we honor the physician as God's creation, we shall be careful not to trust him above God or to think that the cure to all human "disease" is within the physician's competence.

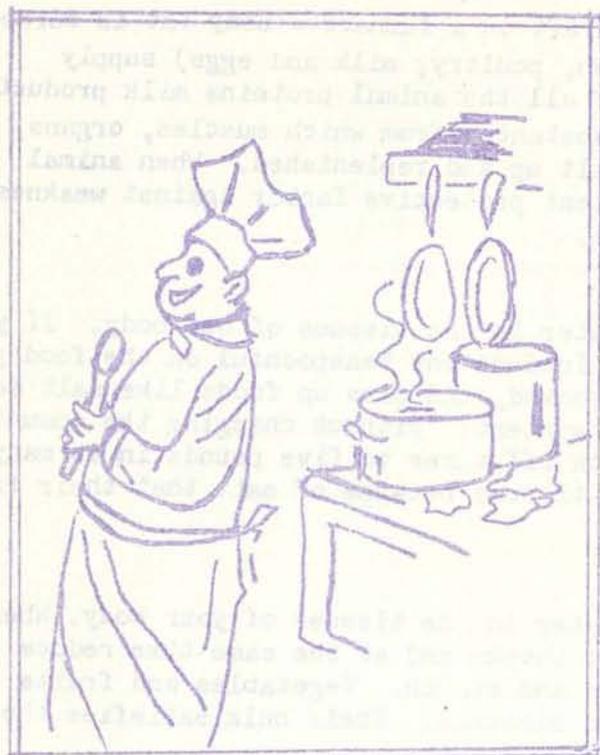
"Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him." The Christian religion has always faced squarely the fact of physical needs, and it welcomes the assistance of science in meeting these needs as heartily as it relies upon the power of faith. It expects of the medical profession no more than what Jesus, Son of Sirach, required: "they shall also pray unto the Lord, that he would prosper that which they give for ease and remedy to prolong life."

-----St. Peter's Church Calendar.

Good: (leaving out of the chair): "Ye yobal do dentists use that line, good?"  
Dentist: I'm sorry Miss, but I'm out of gas.

## FOOD FACTS AND FANCIES

By SanGalley



This problem of reducing-----

When the excessive use of salt is prevented and fruit and vegetable eating is increased, intestinal elimination improves. If carrots, cabbage, prunes, figs, six to eight glasses of water daily, mineral oil dressings, buttermilk, moderate exercise, and a definite time of the day devoted to elimination do not bring a regular evacuation you should ask your doctor for his suggestion.

Vitamins-----

Scientists have discovered that vitamins do queer, important, fascinating things-- like straightening bowed legs in children, improving vision in dim light, and curing "pink toothbrush" Since the choice of foods is more or less up to you, be sure to make vitamin-rich selections for your diet. When you cook for yourself or others, here are the rules for saving these precious

- food factors:
1. Use as little water as possible.
  2. In boiling foods, raise the temperature to the boiling point as rapidly as possible.
  3. Don't stir air into foods while cooking.
  4. Don't use soda in cooking green vegetables.
  5. Don't use long cooking processes, i.e. stewing when shorter methods will do.
  6. Don't fry foods valuable for their content of vitamins A, B, or C.
  7. Don't throw away the water in which vegetables have been cooked, use it to make gravies, sauces, and soups.
  8. Prepare chopped fruit and vegetable salads just before serving.
  9. Start cooking frozen foods while they are still frozen.
  10. Serve raw frozen foods immediately after thawing.

Exercise-----

Exercise need not be severe to be beneficial. Five minutes of exercise before breakfast, and five minutes of brisk walking after meals will reduce you faster, improve your mental outlook and otherwise benefit your whole body. But remember, reducing your food intake 500 to 1000 calories a day is easier than burning up this number of calories by exercise. If you weigh 154 pounds you can lose 70 calories by walking a mile, so to lose 500 calories (1/8 pound of fat) by exercise, you would have to walk seven miles!

Painless reducing-----

There are about 4000 calories in a pound of fat and theoretically that's the weight you will lose when you eat 4000 calories less than your body needs for its daily support. Actually, when you deprive yourself of this number of calories the combined fat and water you have lost may reduce you five pounds, not one pound-- or it may not. The answer depends on the quantity and proportion of protein, salt, sugar and starch, vegetables, fruit, etc., in your diet.

Protein speeds up reducing---

Protein has a stimulating action. If the proportion of protein in a reducing

diet is increased, the effect is like opening a draft on a furnace-- body fat is burned off much more rapidly. Animal protein (meat, fish, poultry, milk and eggs) supply human needs better than vegetable protein, and of all the animal proteins milk products and eggs are the best. Animal proteins supply substances from which muscles, organs, glands, and even the endocrine secretions are built up and replenished. When animal proteins are lacking in a reducing diet the greatest protective factor against weakness, fatigue, anemia and tissue damage is lacking also.

Salt slows up reducing---

One teaspoonful of salt holds one pint of water in the tissues of our body. If you are a heavy user of salt it doesn't take long to include one teaspoonful on the food you eat. So don't put salt on foods after they are cooked, and pass up foods like salt meats, pickles, broths or other things with a high salt content. Without changing the amount of food you eat, this forbearance alone may knock off three to five pounds in as many days. Many people retain so much water in their tissues because of salt that their face and ankles get puffy.

Starch and sugar slow up reducing---

These substances also retain considerable water in the tissues of your body. When you skip desserts you greatly reduce your caloric intake and at the same time reduce excess amounts of water held in the body by sugar and starch. Vegetables and fruits are exceedingly important sources of vitamins and minerals. Their bulk satisfies the appetite while keeping the caloric intake low.

-----From Health Builders.

#### CHINESE COOKERY

A beautiful, logical structure reinforced by common sense-----

For national cookery that is highly sophisticated, in the best sense, probably no other people in the world have excelled the Chinese. There's an order, an economy, an adaptation of means to ends in their cooking that a common body of wisdom has developed through the centuries. It's completely logical structure is reinforced by common sense. In this sense, Chinese cookery is a rigid set of principles. But, within the code there is great attention to the aesthetic qualities of foods, the relation of one to the other in color, size shape and texture.

Background of cookery---

You can understand the practical development of Chinese cooking better after considering a few basic economic facts. In China, metal always has been scarce. With cooking utensils at a premium, the Chinese cut up their food into small pieces so that it can be over the fire the shortest time possible, then make way for some other food. Fuel is scarce, but manpower is abundant. Preparation, such as cutting, may take hours, but the actual cooking tends to be more a matter of minutes. Finally meat and fat are in relatively short and dear supply, compared with vegetables, and especially rice. All their highly developed methods of cooking and seasoning really have but one aim-- to bring out the best and to discourage the worst in the flavor of meats and vegetables.

The Chinese don't cut up their food because of mere whim. One element in the dish, usually the vegetable, will determine whether the others will be sliced, diced or shredded. For example, if you combine peas and chicken, the chicken would be diced, as that is compatible form. But if chicken were used with bamboo shoots, it would be cut into long strips. And if it were used with mushrooms, it would be sliced, since mushrooms have best texture when sliced parallel to the stem.

Long hours of work with the knife may seem cumbersome and primitive. But there are

at least two points of view. As M.P. Lee, in his book, Chinese Cookery points out:

"In Europe, the eater generally does the cutting. In China, the cook does it. This is one of the reasons why the Chinese use chop sticks and Europeans and Americans still cannot dispense with knives on the table at this stage of their civilization."

#### Methods of cooking--

Certainly, the Chinese found a quick, economical, and flavor-preserving method of cooking. Their most characteristic method is "stir frying." The food is cut up into small particles, cooked over a hot fire in a small amount of fat, and stirred constantly during the cooking period of two to three minutes.

Next in importance is steaming, either in a regular steamer or in a covered frying pan. Stewing or braising, and deep fat frying are definitely secondary methods. Roasting is seldom done at home, only at restaurants or stores, which have the equipment. And broiling, as we know it, is seldom done at all. Seasoning is added during preparation, and cooked into the food rather than applied at the table.

Cooked food is served and eaten hot to capture the full flavor and avoid any greasy taste. Cold dishes usually come first, followed by fried foods that can be cooked while the cold foods are eaten, then braised dishes and rice, and finally vegetables and soup. However, this order isn't completely hard and fast.

The rice bowl is always overflowing on any Chinese table, with an idea of having cold cooked rice on hand for fried rice the next day. While basic recipes for fried rice are much the same, you will find considerable disagreement on the correct time, or way, to add the egg. Here are the basic ingredients, along with three methods for cooking.

#### FRIED RICE

Cold cooked rice	4 cups
Eggs	2
Oil (cooking)	3 tablespoons
Shrimp, pork, ham or beef	$\frac{1}{2}$ cup, shredded or diced
Green onions	5
Soy Sauce	2 tablespoons
Sugar	$\frac{1}{2}$ teaspoon
Pepper and salt as needed	

- Method 1. Fry eggs until hard in the oil and cut into shreds. Return to skillet with meat, which would be cut into shreds in this method to correspond to eggs. Add onion. Stir and cook for three to four minutes. Add the rice. Mix Soy and sugar and add. Stir until rice is hot.
- Method 2. Cook cold rice in hot oil about ten minutes. Add meat if desired. Beat eggs and pour over rice. Fry slowly about five minutes more. Season with onion, soy sauce, sugar and pepper.
- Method 3. Fry cold rice in hot oil. As it starts to warm up, add onions, and seasonings, when quite hot add beaten eggs, remove from heat. Mix gently and let the heat of the rice cook the eggs.

TOASTS----

Since the greatest affinity possible is almost any solid with a liquid, it is well to have a stock of salutary toasts on hand: Skål, Salute, A Votre Sante, Lachaim, Slainte, Cheerio, Here's mud in your eye, Down the red lane, Here's how, I give you the Queen, or I give you the Supreme Court.

And as with basic jokes, all toasts spring from these three:

1. The philosophic toast--- Any "jug of Wine, loaf of Bread," quatrain from old Omar, or this summation of the whole matter:

"While we live, let's live in clover,  
For when we're dead, we're dead all over."

2. The Egocentric toast:

"As bad as I am and as good as you are,  
I'm as good as you are, as bad as I am."

or this: "Here's to all those who love those whom I love-  
And to those who love those who love me."

3. The gallant, "To the ladies" toast, always with a trick ending, of course.

"Here's to our sweethearts and wives,  
may they never meet."

or this: "Here's to the love that lies in woman's eyes,  
and lies and lies and lies."

or this: "Here's to the very best days of my life, spent  
in the arms of another man's wife--- my mother."

The whole spirit of all this is caught up in the wise-crack toast:

"Baby, will you have a drink with me, on you?"

From the spice jar----

When Magellan started out to encircle the world, the voyage took years and was completed by an assistant. All but one of the ships foundered, but that one had enough pepper on board to pay for all the lost boats and yield a profit besides.

It was a tradition among the Romans that to hang an anise plant near one's pillow prevented bad dreams, and to hold a sprig in the hand warded off an attack of epilepsy.

Like several of the other very old spices, cinnamon was believed capable of inspiring love, and it was used to concoct love charms.

Chewing a clove to sweeten the breath is a custom which was begun by the ancient Chinese.

Ginger, the root of a herbaceous perennial flourishing in tropical and semi-tropical countries, is one of the few spices which grow below ground.

Natives of the Spice Islands prized the clove trees not always for their spice value but as a record of ages, it being a custom to plant a clove tree for each child that was born. In Zanzibar the natives believe that when the clove tree which was planted at a

FAVORITE VERSE:

EPICURE

I sometimes wonder at the scandalmonger,  
Who, not content that his own keen hunger  
Is satisfied, would have me share  
His indigestible bill of fare.  
He offers me this and he passes me that,  
But somehow for things on which he  
grows fat  
I have no appetite. He is replete,  
But I am particular what I eat---  
Rather than dine on food that's  
unclean,  
I would grow lean.

-----Eva Byron

REVENGE

Revenge is just a poison flower,  
But over men it has strange power.  
Satan loves this flower well,  
Because it has its roots in Hell.  
  
This flower is seeming very fair,  
But plucked, it brings death and despair.  
Before you grasp it, don't forget  
You court its twin sister, Regret.

-----Louise Mercer

EVERYBODY'S PET SNACK

Even as you and I, most everyone at the Sanatorium has his or her favorite snack, here are a few, and more will be printed as they come to our desk.

- Doster Chao: Bean sprouts simmered in pineapple juice.  
Paul Nelson: Peanut butter sandwich and a cup of hot chocolate.  
Miss Stuart: Twist it, choke it and make it crackle. (Chocolate malted milk with egg)  
Miss Clark: Grilled cheese sandwich.  
Keturah King: Splash of red noise and a Polly (Tomato soup and cracker)  
Suzanne Hayward: Italian hurricane (Spaghetti with garlic)  
Helen Priebe: Lemon pie.  
Diana McKay: Scandal soup and tear one (Tea and herring)  
Elizabeth Hittson: Pizza  
Chrystine Rouse: Bacon dredged in corn meal and fried crisp.  
Cowboy Johnny: Jerky and bannock.  
Lorna Mattson: Candy  
Nellie Graham: A goose neck stuffed with hash.  
Mary Randolph: Waffles with ice cream and butterscotch sauce.  
Bernice Devlin: Ducks and geese.  
Mr. Arins: Boiled tongue with cherry sauce.  
Mrs. Aldridge: Robbing the mail (Tramp slang for eating the frosting first, or taking choice bits for one's self.)  
Florence Brammer: Oysters in any form.  
Dr. Phillips: Any small bird stuffed with one oyster.

Little Alice was allowed to sit in her mother's place at the dinner table one evening when her mother was absent. Her slightly older brother resenting the arrangement sneered: "So you're the mother tonight. All right, what's two times seven?"

Without a moment's hesitation Alice replied nonchalantly, "I'm busy, ask your father."  
-----Sanscript

Wear a smile and have friends; wear a scowl and have wrinkles. What do we live for if not to make the world less difficult for each other?

-----George Elliot

# BOOKS



I WANTED TO LIVE  
An Autobiography by Will Ross

A Review by Martha Shaquarie

This story of a man and his struggle with tuberculosis seems to me far and away the most significant of the new books received by the Patient's Library in recent weeks. Will Ross wanted very

much to live, in spite of the fact that his TB was very far advanced when it was discovered, and in spite of the fact that very little was known in his day about the cure and control of this dread disease. His experience in "taking the cure" unlike so many of his contemporaries, was successful, and he writes about them in the hope that many persons now suffering from tuberculosis may take heart from reading his book and continue in their fight for health and rehabilitation.

Will Ross came of sturdy ancestry, and lived in a good home in a good neighborhood. Like the average American boy of his day, he went to grade school and then to the local High School, but he couldn't quite make the grade, he failed his last year in high school.

Always a frail sickly child, he was still underweight in his early teens, suffered from heavy "night sweats" became exhausted very easily, and maintained a dispirited, lackadaisical attitude even in sports. When he failed practically all of his class examinations so that the class had to graduate without him, he says, "This should have been embarrassing, but by this time I was too tired and indifferent to care."

He then was offered a job on the local daily newspaper, and took it, he says, "I was assigned to a rather unsteady table in the only unoccupied corner of the room. On it was an ancient typewriter and in front a chair which had probably come originally from Mr. Ryan's dining room. This chair and its accompanying equipment had served a year or so previously to launch Edna Ferber on her way to fame and fortune. This happy state had not yet been reached, so I felt no particular inhibitions or inferiorities in following in her footsteps."

It was while working in this basement printing office that Will Ross discovered his tuberculosis, "By the end of that summer," he writes, "I was plainly sick. The tramping back and forth to a doctor's office had become a ritual. A new physician had settled in town, and he had come with advance notices of postgraduate work recently completed in Vienna. He was reported to be especially good. Mother decided that a change of medical opinion might help and began working on me to go to see this new doctor."

Finally persuaded to see the new doctor, Will heard the verdict, "It's tuberculosis my boy." and was advised to do what was commonly done 45 years ago to cure TB. He was told to go to the South West to seek cure in its dry, warm climate, and since he wanted to live, he took that advice, however, he returned to his home more dead than alive after attempting the "climate" cure.

Everything else having failed, and at last desperately ill, Will Ross at last entered River Pines Sanatorium, just for one week, "If you don't like it, his doctor had said, "come home." His 'week' stretched into five years of struggle with TB. He experienced all the set backs, flare ups, mental depressions, vacations, visitors, anxiety about a future job, desire to give up and everything else that still plagues the "cure" taker. Nevertheless, Will Ross wanted to live so much that he was willing to make radical changes in his pattern of life. He was willing to follow his doctors advice to the letter, and in time he became a living legend for all T.B. workers and patients. After his cure he went into TB control work with all his heart and mind, and like his good San doctor, his motto was "No home is safe until all homes are safe from TB."

## SEWARD SANATORIUM AT NIGHT

By Dr. Frank Maresh

"Many people have been to a sanatorium, but actually, how many people have seen a sanatorium at night?" The night nurse asked a sprightly question as she went up the low, wooden steps into Seward Sanatorium. And strangely enough, such questions have a way of popping into one's mind unbidden, and at unexpected moments to conjure up nostalgic reflections long after the incident is past and the conscious mind has forgotten it.

Night at Seward San. Even in retrospect, those formless shadows along the gravel walk leading up to the San are no different from similar shadows anywhere else in the world. Just the same, and this in retrospect too, the deep gloom along that walk, in that mystic hour when the nursing staff is changing from day to night shift, does appear to crystallize into a hypnotic mirage suggestive of another world, or another age.

The tang of dry, mossy wood, the elusive ingenuousness of a graphite remoteness in which bituminous apparitions seem to move in a grotesque, atrocious cyclorama. As the eye becomes accustomed to the eerie light, the night is more replete with exaggerated shapes suggestive of a cross-section of the coal age. The gloom is limitless. Enigmatic fingers seem to rearrange the sombre shapes into praedormitory visions. The pungence of plant life, earth teeming with suppressed excitement--- the night is productive of delightful delirium.

You give yourself up completely to reverie-- grotesque fancies seize hold as you amble along the gravel path and gaze up along the Sitka Spruce or the stately cottonwoods-- poking up like thousands of telescopes into outer space-- the variation of branches, the bristling twigs, sausage-like cones, delicate needles, all writing intricate, abnormal inscriptions against a phosphorescent sky. Surrounding this unreal world, ominous masses of snow-covered, icy mountains shimmered in frowning unconcern not far in the distance. Up the valley from Veskressensky Bay (Resurrection to you) great, dappled changing clouds, unsettled as world affairs, awkward as war surplus, and undefinable as plastics.

In the heart of these murky, chaotic images, a necklace of rectangular windows shows, outlining the wards of Seward San, casting a warm amber glow. This golden glow, too feeble to cast a shadow on the moist ground, suggests the geometric patterns of walls, overlapping eaves, slightly inclined roofs, conical ventilators, freight-train-like ramps, apartments, porches, steps, and the aura of well-regulated life within. In such a setting, any mythological drama could be imagined without surprise or wonder on the part of the dreamy spectator--Alice in Wonderland--Jack the Giant Killer--Cinderella--All are at home here.

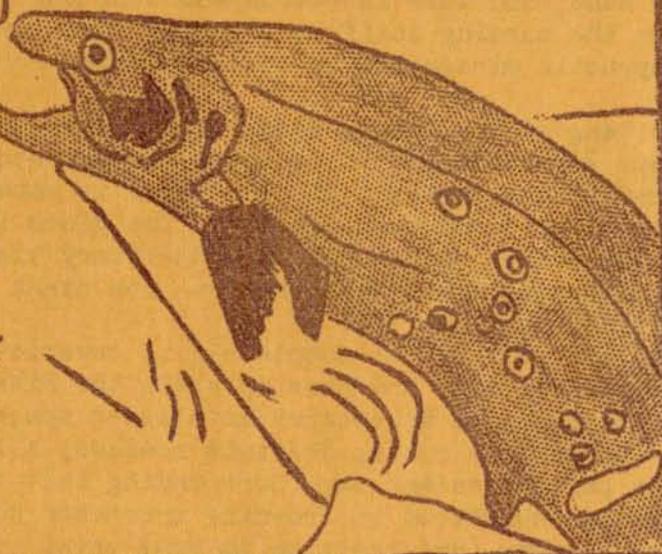
You knew as you walked along that gravelled path, that each inhabitant of the tenanted wards was even now playing a role in his own private drama that could turn out as fascinating as Cinderella and her glass slipper if the villain in the dramatic struggle, the evil force known as tuberculosis could be overcome. And you knew the struggle to be an earnest, dead serious battle, requiring equally as much cunning, perseverance, skill and sheer courage as ever was displayed by that intrepid hero, Jack-the-Giant-killer. And you knew this TB Giant had many advantages over the giants poor Jack encountered, being invisible to the naked eye, he can strike in a thousand different ways to handicap and cripple his victims. You knew from experience, that it would take a courageous patient, and a courageous doctor, both working together as protagonists in this drama to win this struggle against the giant TB.

These fancies, inseparable from the Alaskan night take on the complexity of a mystery. The days, hours, years, perhaps which a patient spends in the loose sovereignty of a "rest cure" far from being lost in his life, if he wills can produce greater human doggedness which enables those who spend their nights in a Sanatorium, to evaluate what is intrinsically worth while in life, to cultivate and build a completely new way of life, he has the time now for complete rehabilitation, so that when he is out at last, he may have a better life than he could have dreamed of before. Not even George Washington who made places famous by sleeping in them ever slept in a sanatorium. Who can tell what great opportunities may await each of you who now have time to re-make his life.

(The above was written especially for San Chat by Dr. Frank Maresh, who was formerly on the staff here at Seward San. Dr. Maresh is now at Statesan, Wisconsin---Ed)

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### ABOUT YOUR DIET

By Suzanne Hayward

What would life be in the United States in 1953 if our mineral supplies were suddenly cut off? In this highly mechanized country of ours we have become dependent upon iron, aluminum, copper, and many other metals for almost every activity. The simplest tool, the most complex machine, the smallest cooking utensil and the high powered automobile require in their manufacture mineral elements in varying amounts.

But do you know that your health, yes even your physical life itself, is dependent on mineral resources too? Minerals are present in every cell of the body, and they regulate important vital body processes. Although some of them are needed in only minute amounts, they are essential. For example, iron is vital for normal function of the body, yet it makes only one part in 25,000 in body weight.

Just how do minerals perform for our bodies? They supply building material. Compounds of the elements calcium and Phosphorus are concentrated in our bones; but if we are deficient in them, we will have stunted growth, weakened bones, and poorly formed teeth. Phosphorus is an essential part of every cell nucleus. Sodium, potassium, calcium, magnesium, and chlorine are important in the formation of hemoglobin, which is the colored part of red blood cells; it enables them to combine with oxygen which helps feed the cells of the body. Without it the body loses vitality, pep, and general life itself.

There is in the body two to three times as much calcium and phosphorus as all the rest of the mineral elements together. This is because these two minerals make up a large portion of the structural frame work of the body as well as being present in other tissues. Sturdy bones and general well-being of the body depend on these two minerals.

How much calcium do you need? The needs vary somewhat in individuals. Children require several times as much for their size because of the growing bones being formed. Through experimentation it has been shown that better health and longer life may result if much calcium is eaten.

Some foods contain more calcium than others. It is particularly plentiful in milk and most green leafy vegetables. It is also found in dried beans and peas, cheese, turnip greens, mustard greens, hot biscuits, broccoli, cauliflower, chard, dried figs and molasses. As a safety measure, adults should drink at least a pint of milk each day and children a quart.

The body holds onto the iron it receives and constantly re-uses it for making hemoglobin in the blood. You remember the hemoglobin is the colored part of the blood. This helps the little blood cells combine or pick up food to carry to each body cell in the tissues of the body. In other words, every body cell has to have food to keep the body alive. If the blood cells do not receive enough iron, the blood cannot carry sufficient food to keep

the cells and the entire body loses pep, becomes weak and easily becomes sick. This happens when not enough iron is taken into the body in foods--- or blood is lost from the body and cannot be replaced fast enough. Good food sources of iron are liver, oysters, meat, dried fruits, dried beans and peas, nuts, egg yolks, whole grain cereals and breads, oatmeal, and green leafy vegetables.

Iodine, copper, cobalt, fluorine, manganese, and zinc are other elements necessary for life in the body. But they are found in such tiny amounts that there is very little danger of a person suffering from a deficiency of them.

Again we say you are what you eat. If one could eat more nutritious food such as liver, meat, legumes, dried fruits and vegetables, fruits and vegetables of all kinds, milk, eggs and less of the fluff foods such as sweets, candy, pop, rich desserts, and refined cereals and breads, one would feel a lot more peppy, healthy, and full of life.

In the sanatorium here the diet is always well-balanced besides being supplemented by vitamins and minerals in pill form, but good nutrition is very important in helping to stay well when patients are discharged and must select their own food.

(Parts of the above were taken from the magazine, Health and Life, the article written by Lydia M. Sonnenberg, Director, School of Dietetics, College of Medical Evangelists, ----- Suzanne Hayward)

#### VACATION IN SOUTH AMERICA

( Continued from last month By Nellie Graham, Executive Housekeeper )

In this article, I am going to tell you about Lima, Peru. I made it through the Customs at Lima, after leaving my Freighter, the Santa Elisa, at about 10 P.M. Took a cab to the Hotel Gran Bolivar (pronounced Boleever) dashed up to the room, changed my clothes and rushed down to see the sights of the town. Had't been on the street five minutes until I noticed that I was the ONLY unescorted woman anywhere. I assure you it did not take me long to get right back up to my hotel room and stay there. I found Lima a very conservative town, most proper and very aristocratic--- a stately city

The exchange on our money here was \$16.40 of their money which is called soles, to \$1.00 of our money. Beautiful room and bath in gorgeous hotel cost \$5.50 per day American money, but food was cheap. For instance, ham and eggs, 35¢, Filet mignon steak, 90¢, and all other foods accordingly priced.

Silver is their big industry here and is much cheaper than our Sterling here in the States. They do not mark their silver, "Sterling", instead they put the mark "925" on it, and when you see that mark you know it is the real stuff, for they guard their silver jealously, and I was told that Government officials check the stores that silver often, and if any merchant is caught selling silver without the mark on it, or if it is marked and does not test out to be pure silver, that merchant's store is promptly locked shut, they take him to jail and that is the end of business for him for all time.

Clothing is very high in Lima, and styles not nearly so chic as we have here in the States.

Wages are extremely low. I went to the bank to cash a traveller's check and talked to one of the nice young girl clerks. She asked me how I liked Lima, I told her "Fine and dandy", and then asked her how she liked living there. She said she had always

lived in Lima, and said that the working class of people were a "sad" people, her very words. I later met this girl in a small shop where I was looking at earrings. She asked me if I liked the earrings she was holding in her hand, and I told her they were wonderful for her, and why didn't she buy them. They cost \$1.00 American. She did buy them, she put 25¢ American down to hold them, and promised the clerk 25¢ a month until they were paid for. Just imagine not being able to buy an article that costs only \$1.00! She was a bank employee, too!

Coffee in South America is brewed strong and black. I found a shop where they made it from 'scratch'. They ground the coffee beans, then put these in a small container (making one small cup at a time) and this container was put in a sort of holder in front of what looked like a large coffee urn. Then the man turned the steam on and opened a valve, then put a small cup under the container of coffee and the pure black juice ran out into the cup. This surely was the pure essence of the coffee bean. It tasted strong and smooth and wonderful. After I drank it, I felt like I'd had a good strong drink of whiskey. It acted like a shot of pure caffeine, and needless to say I drank many, many cups of coffee. 'Twas wonderful.

In Lima all shops and places of business, even the banks, close promptly at noon for the siesta. All shops have iron shutters pulled together and locked with huge padlocks. I saw five of these huge things on ONE small store shutter. Candy and cakes are carried about the streets in an open tray for sale to passersby, and the people buy them and munch as they walk along. They cost one cent, and some of them one half a cent.

The shops all open again, as does the bank, at three P.M. and stay open until seven thirty, P.M. I forgot to tell you that the shops open at eight A.M. A long day wouldn't you say? How would you like working from eight A.M. until seven thirty P.M.?

This will interest the girls. You get a fine shampoo, finger wave and manicure in Lima for \$1.50. And you have TWO operators working on you. One of them gives you the shampoo, and the other girl waits on the one giving you the shampoo-- hands her the soap-- turns on the water, etc. Then when you get the finger wave the one girl makes your curls and the other hands her the pins. Also when you eat in the hotel dining rooms you have three waiters for yourself alone. One waiter takes your order, tells another fellow what to bring. The second one brings the food from the kitchen while the first waiter stands and WAITS. The second fellow sets the tray down, hands the food to the first waiter who puts it in front of you. Then a third man comes up with your coffee or tea, pours it, and sort waits around and then takes the dirty dishes away. Meanwhile all three of them are hovering over you while you eat, handing you the salt and pepper, etc. and all but feeding you. It made me nervous at first, but as this was the usual procedure all over South America, I soon got accustomed to it. As a matter of fact, I was so spoiled when I finally got back to the States that I felt abused when I only had service from one person in a restaurant.

This will interest the men. They have the most beautiful women in Lima that I have ever seen anywhere. Really beautiful-- all of them, and curious as it may seem, I did not see any FAT women. This is most surprising, because it seemed to me that they ate all the time. Breakfast is the typical Continental meal-- fruit toast and rolls, lots of butter, (all sweet butter, not one bit of salted butter anywhere in South America) Marmalade or jelly of some kind, and usually two or three kinds, and coffee and tea. Then a real big lunch at noon consisting of salad, steak, dessert, well the whole deal of a big meal. Then at five P.M. to seven P.M. they have 'tea'. That includes tea, toast, a meat sandwich, a cheese sandwich, assorted cakes, butter and jelly. Then nine P.M. is dinnertime, and this is a much larger meal than lunch. There is always a midnight supper, too, now wouldn't you think they'd all be fat? Well they are not.

(cont'd next page)

I took a bus, fare six cents, to the Miraflores district where all the very beautiful homes are. Such gorgeous home you cannot imagine. All of stone, almost all white, all with beautiful balconies and grill-work of iron around the proches and balconies, all landscaped, beautiful shrubbery, large poinsettias growing high as trees, gorgeous roses and flowers that I have never seen before. I just havent the words to tell you of the beauty of these homes and the innumerable servants they employ. The rich people here are so very rich and the poor, working class, are so very poor. Seems a shame.

Picture shows are nice. They have three shows a day-- two fifteen in the afternoon, six-fifteen in the evening and nine-thirty at night. The best seat costs thirty cents and they have a peculiar way of letting you choose your seat. When you go for a ticket they hand you a large board which is a plan of the seats in the theatre. Each seat is designated by a small round hole on the board and when you choose your seat, you pull out a small piect of paper that is wrapped into a cone and stuck in the holes in the board. There is a number on this and that shows the usher where you have chosen to sit. All seats at all theatres are reserved in this way. The pictures are, by the way, mostly old American films and they show them with a caption across the bottom in Spanish. It is therefore, much better for the Americans going to a show there than for the Peruvians, I should think, although I saw few Americans at the picture shows. I went to one showing a Russian film, that is I judged the picture was made in Russia. The people in the film spoke Russian, and there was a Spanish Caption underneath. I couldn't understand a word, of course, but I noted that the photography was very poor, and the make-up on the actresses and actors was terrible, and the acting was worse.

I also went to a ballet. This was legitimate theatre, not pictures. Half of the show was a Russian ballet, all done by Peruvian and South American performers. The other half of the show was Spanish ballet. The costumes, especially the Spanish ballet were so very colorful and beautiful, and whole thing was so artfully and beautifully done, it was well worth while. The cost was \$1.00. The show started at seven P.M. and was out at ten P.M. in time for dinner. You choose your seats for this in just the same way as you did at the picture show.

One peculiar thing I noticed in Lima, was that all the men's shoes squeaked. The Post office is open all day, every day including Sunday, and no siesta from noon to three P.M. for them. They do close at eight P.M. but are open again promptly at eight A.M.

I liked the beautiful city of Lima, Peru very much and would like to live there IF-- I could live out in one of those gorgious homes in the Miraflores section surrounded by servants--BUT CERTAINLY I WOULD NEVER WANT TO LIVE THERE AND HAVE TO WORK FOR A LIVING.

I hated to leave, but finally decided I had better get with it, and boarded a plane for Santiago, Chili.

---

The only way to get rid of a temptation is to yield to it.

-----Oscar Wilde.

There is only one thing in the world worse than being talked about, and that is NOT being talked about.

-----Oscar Wilde.

## ANOTHER VACATIONER REPORTS

By Sarah May Garrett

While in Washington D.C. I attended the National Convention of the Federated Woman's Club. On Saturday, May 23, my sister and friend went to the Embassy Tour and Tea planned by the Goodwill Industries, which is a Methodist Institution doing a rehabilitation program for the physically handicapped in many of the major cities in the States.

The Tea was held in the stately residence of Mrs. Arthur Gardener. Honored guests were Mrs. Dwight D. Eisenhower and Mrs. Richard Nickson. They were to pour tea from four to six. The home was so crowded that we thought we would go to some of the less crowded embassies first and then return later, but when we did return later, we found to our great disappointment that Mrs. Eisenhower had departed for the White House due to fatigue. We were really very sorry for her as the crowd was overwhelming. It was a very successful Tour and Tea and thousands of guests and visitors were in Washington over the week end.

I visited Philadelphia next and as it was where I had worked for the last eight years prior to coming to Alaska, was met at the train by several friends. In the evening I was surprised by an informal get-together which had been planned, and what a talk fest we had! After refreshments the party broke up and all my friends went home.

After spending three delightful weeks in Philadelphia I went to New York, New Jersey and then back to Philadelphia where I packed and left for a visit with a former pastor and family in McKeesport, Pa. At the close of two days visit with them he took me up to Jumanville to our Conference training Center to witness the dedication of the chapel, a beautiful little stone chapel in the grove. While I was there I met another pastor friend who invited me to be the guest of the conference for a week during the Woman's School of Missions, where I was to speak about the work here and show my pictures and slides. This was a wonderful week of activity, not much vacation but lots of real joy and pleasure, meeting so many of my former friends of my home conference.

From McKeesport I went on to see my brother and family, also a sister. I made his home my headquarters visiting many friends in and about the vicinity of Pittsburgh. Then since I have a sister in Greenville, Pa. and two neices in Ohio I sallied forth in that direction. Then on to Sharon where I had an appointment to speak at a Woman's Society breakfast. This was a very interesting affair, I had never heard of before, but there was a fine group of one hundred and eight women there. They all enjoyed the pictures and slides I took along to show them. After visiting friends there for lunch, I left Pittsburgh on the afternoon bus, and then on August second left for the West Coast.

The trip up the west coast on the steamer was a delightful one. We made only three stops. At Ketchikan I was met at the boat by two of my former Jesse Lee Home children and their mother who was once a patient here in the San. She is Mrs. Ramoka Miller, she has not been too well she said, the care of a family of growing girls is a task for a strong person and no doubt she is feeling the wear and strain of home responsibilities. But the girls looked wonderful and have grown.

Then we stopped in Sitka, and I visited Miss Leduc, former nurse here at Seward San. She looks fine and is enjoying her work in Alice Island Barracks where the convalescent patients are recovering and becoming rehabilitated. After leaving Sitka, we crossed the Pacific--(???????????)--question marks by Ed.) and I was very happy to be able to visit the Baptist Children's home. It is somewhat different in its set-up from that of our own Jesse Lee Home. They are set up as a family type and ours as a dormitory, but each one is doing an excellent piece of work for children in Alaska.

In Kodiak I saw a beautiful flower show put on by the wives of the service men and natives of the town. We spent a day in Kodiak and headed for Seward, arriving the following day.

## WHAT IS TUBERCULOSIS?

By Henry Kaiser

(A discharged patient asks and answers his own question)

Have you ever thought, What is Tuberculosis? Well I have. It was and is a question that I, for one can never ignore.

Four years ago the late Dr. Roger N. Witzel, who was with the health team that ran the Railbelt Mobile Health Unit told me I had tuberculosis, and would have to go to a sanatorium if I ever hoped to arrest it. It was quite a shock, and even though I knew I really did have TB, I couldn't believe it--I wouldn't believe.

Nevertheless, I was admitted to Seward San three and one half years ago. I told myself, "I'll just stay a year, and then I'll be well again." But as most patients have experienced, that year stretched out into three and one half before my goal could be accomplished.

Now, thanks to the understanding skill, and perseverance of a fine doctor, Dr. Francis J. Phillips, I can now say with confidence I'm leaving the San and going back to school to take up my life with normal hopes and aspirations.

I had a great deal more TB than I could have dreamed when I came here. I finally got the idea through my head that I really had it, and would have to adjust myself to taking the "cure" if I wanted to get well.

I didn't have any treatment other than bed-rest for quite a while. Then Dr. Phillips decided to try a pneumoperitoneum. Also strep and PAS were on my treatment list. Soon after the pneumo I began to gain weight, feel better and have a much brighter outlook on life.

So then tuberculosis meant to me, rest, pneumo, drugs, x-rays, eat and sleep--nothing else. One would think time would really drag with a routine like that, but those three and a half years look awfully short when I look back on them now. At the time, I think I was looking ahead more than I looked back, at least I hope I can truthfully say that.

And then came a really big day--one hour up-time and negative sputum. "I'm really getting TB down and myself up, wonderful!" I thought. And pretty soon another milestone when Miss Ushler came with tests and such to announce Rehab time. Miss Ushler announced that Dr. Phillips had Okeyed me for the dental lab. Time began to pass faster than ever. Working with and under Dr. Hittson, our dentist was very rewarding and much fun too. Also fellow patients were working in the dental lab and it always lifts your spirits to know that others too, are making the up-grade, and it was fun associating with them and trading experiences. It was especially nice working with my buddy, Herman Joseph, and the dental assistants, also patients, Sarah Warnke and Pat Lambert, were pleasant to work with.

All the time I worked in the lab, Miss Ushler, Dr. Phillips, Mrs. King, the rehab staff, kept making plans for me, finding out what I wanted to do, what I could do, we had many conferences, always looking ahead, with a glance back now and then to see how far I had come.

And now the stupendous thought which I can scarcely grasp yet, MY TB IS ARRESTED--I've gained many pounds in weight, grown in height, and matured a little, I hope. The day has come when I can go home. Thanks to the good people of Seward San it has turned out wonderfully, and I think I can truthfully say that I am much better for having been a patient

here at Seward San. My especial thanks to Dr. Phillips, Dr. Chao, Dr. Hittson, Mrs. King, Miss Ushler, Miss Stuart, and all her nursing staff, Ward Four's nurses, Mrs. Brattain, Miss Mahan, Miss LaDuc who is working at Mt. Edgecumbe now, Miss Hayward and Miss Priebe, and all their kitchen staff, including all those pretty diet kitchen girls.

And even now, although I'm leaving the San, and you'd think it's time to forget TB, I know that the potential enemy is still there. TB to me, today is something that has been licked, sure, but I've seen a few come back here, after winning the first rounds, and I resolve that it is humanly possible I'm not going to be one of those. If there is any way for me to prevent it, I shall not be back as a patient. I've won a few rounds, got the enemy down on the mat, but I hope I can always realize that he is only dormant, vanquished, not annihilated, and if I turn my back on him, or let him up, then I'll be the one who is down again, a threat for constant vigilance, that's TB to me.

With these final words, thanks again to all of you, I hope I'll be seeing a lot of you out soon, I'll say good bye, good luck, and may you have faith, and may the Good Lord bless you and keep you until we meet again,

(Thanks, Henry, this is a very able article--Ed)

Here is a letter written by one of our well-wishers down in Texas to a patient, which we thought would be interesting to patient readers who are not familiar with life on a cattle ranch:

Master Harold Ptarmigan,  
Seward San.

Dear Harold:

I understand you have been looking for a letter from Texas all summer. Please forgive me for being so long to write, and I'll tell you what we have been doing.

Maybe you'd like to know about the place where we live. Our family consists of Daddy--John, who is a rancher, and a real cowboy. He rides horses and ropes cows from his horse. We raise Whiteface cows and have to brand all of the calves with our brand which is like this-- F9 -- that is, all the calves we are going to keep. We try to keep the heifer calves so that we can raise more little calves, and we sell the bull calves. We do not brand the ones we sell, as whoever buys them may want to put their own brand on them. Some of the calves are sold to be butchered and no one brands them. As you probably know, the brand does not hurt them as a good rancher only burns the hair with the hot iron. Then a cool black ointment called worm medicine is put on the new brand. The calf hollers because he is frightened, but he soon forgets it as he runs to his mother. It's quite a trick to tie their feet together to hold them while another cowboy brands them.

Well to go on with the family, there is the mother, and that is me. I used to like to ride horseback too, when I lived in town, and thought when we moved to the ranch I would ride horses all day! Well, the first thing you knew I was so busy fixing up the old house that came with the land, cooking dinner, and washing clothes and making a garden that I just didn't have any time left to ride horses.

Then we have three children. The oldest is Tony who is nine, Cathy, who is six, and the baby, Chris, who is four. Last year their grandfather gave them a little pony for their birthdays, (they were all born in the summer time) They call her Blondie because she is a Palomino Shetland. Soon after we got her she had a little colt that we call Baby Dump-ling. Soon the little colt will be big enough to ride too. The children play with him and he is very gentle. Of all the children, Cathy likes to ride the best. Isn't that funny?

Tony is in the fourth grade this year and Cathy started this year. Sometimes they ride the school bus. We live about five miles from town and the highway is about half a mile away.

I spoke about the house being old that we live in. It is over a hundred years old, but the exciting thing is that it used to be an old stage coach stop years ago when the road from Old Mexico to San Antonio came right by this house and the people would get off and stay all night. We found arrow heads the Indians used in their bows and arrows right close to the house.

We have long hot days down here most of the year. It is still quite warm now. January, February, and March are the coldest months, but it hardly ever snows. Our children have only seen a little snow one time. They are dying to see lots of snow. I know you could tell them about that. All the Carpenter family would enjoy getting a letter from you, and you let us know what you'd like to hear about us, and we'll write you again from the P9 ranch.

Adios, Amigos, Mrs. John Carpenter

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Another recent Communication which we thought you might enjoy comes from Norman Matthews he says:

Dear Friends:

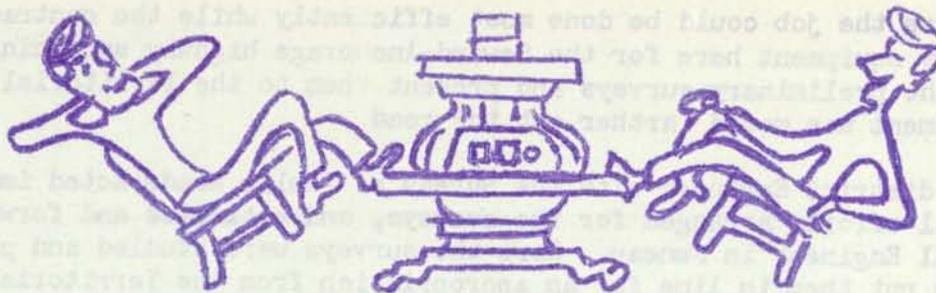
Since the past summer has been such a successful one from my point of view, it seems only right that I should thank each of you for the part you played. It is not an easy matter to analyze just what contribution each of nearly three hundred people made to that success. In fact it would be so complex, that I have decided to resort to the lazy man's practice of not making very specific references. In this way I hope to be as fair to each of you as possible in expressing my appreciation.

First I should like to thank the administrative department, which was willing to gamble on a young man with absolutely no hospital experience; and I hope it was worth the gamble. Next, I'd like to thank the nurses and aides for their tolerance and help. Without them it would have taken much longer to "learn the ropes" around the San. With the other personnel I was as a rule less closely associated. Nevertheless, I'd like to thank them too, for their hospitality and particularly for their willingness to give assistance when needed. Also appreciated was the welcome accorded by the people of the Seward Methodist Church and by those friends found at the Jesse Lee Home.

To the patients too, I owe a large debt of gratitude for their toleration and friendship. I say "toleration" because it was the patients who ultimately received the results of whatever blunders I made. It was they who received coffee-splattered trays, or water on the table when it missed the water jug, or jolting rides in the wheel-chairs or stretchers when I forgot that their illness deserved more consideration. Yet despite these and many other potential causes for complaints, I received only one, and that was mild, though well deserved.

In fact, it seemed to me that they went to the other extreme -- and I appreciate it. I appreciate the help given in scraping trays, the various magazine articles recommended to me by them, the discussions we had when there was a little time to spare, and the many other contributions they made. But above all I appreciate the effort made, consciously or not, to make working there a pleasant experience.

Whether or not I'll be able to get back to Seward again, I don't know. I should certainly like to do so, but it's a bit too soon to tell. At any rate I'd certainly be happy to hear from and answer any of you who care to write. I am sending my address to the San Chat editor, it may be obtained from her. Yours, Norm.  
Many, many thanks again for a great time, and the best of fortune to you all. N.M.



# NEWS AND VIEWS

Number One News and Views story this time is an article written especially for Seward San in our own San Chat Office by our good friend, E.L. (Bob) Bartlett when he visited here a few weeks ago. He admits to being an ex-newshawk himself, and liked it he said. He also stated in regard to Seward Sanatorium, "I have never seen so many people so completely dedicated to a cause, as is the staff of Seward San, and it is seldom that I have seen more efficient workers, or those more devoted to the people they serve." And then he wrote the following on the San Chat typewriter.

## BARTLETT RETURNS TO BARTLETT

By Delegate E. L. Bartlett

As always, I was terrifically impressed in visiting the San late in August. So much has been done in so many ways since I was here about ten months ago that I was simply amazed by the improvements. The Rehabilitation program, which promises to yield so many and such rich rewards, certainly gives renewed evidence of the progressive policies of the San's Administrative Officials.

Since I have been accorded so generously the opportunity to give this statement, I should like to say that in my opinion all Alaska is tremendously fortunate in having a man of Dr. Phillip's capacity. Not only is he a skilled surgeon, a highly competent physician, but he is a humanitarian as well. The combination is as pleasing and productive as it is rare. The staff of the San is, if you will permit a layman to state, exceptional indeed.

To all of you here-- the patients who after all are the reason -to- be for the entire institution-- the staff in all components, allow me to extend my very best wishes and continued hopes for further advancements. It has been a pleasure for Bartlett to return to Bartlett.

## SEWARD SANATORIUM ROAD GETS HARD SURFACE

Through the cooperative efforts of the Territorial Engineer, the Bureau of Public Roads, and officials of the Babler Rogers Construction Company, we were able to get the road past the San hard-surfaced this summer. This has contributed to the comfort of all patients here by eliminating the dust problem which was becoming greater and more annoying with the increase in traffic past the San.

Only by the best of co-operation between the Federal and Territorial agencies and the contractor, were we able to get this job done.

(cont'd next page)

Since it appears the job could be done most efficiently while the contractor Company had their heavy equipment here for the Seward-Anchorage highway surfacing; it was necessary to make the preliminary surveys and present them to the Territorial Engineer, before the equipment was moved farther out the road.

Mr. Alderton, district Engineer with the Bureau of Public Roads acted immediately and through special efforts arranged for the surveys, and estimates and forwarded them to the Territorial Engineer in Juneau. Here the surveys were studied and placed on a high priority which put them in line for an appropriation from the Territorial Engineer's office, which was already overloaded with requests for funds.

One hour before the Babler Rogers Construction Company were ready to close their plant at this end of the road and move out toward Anchorage, the telegram came through from the Territorial Engineer authorizing the expenditure of funds for the job. Had the processing been delayed one more hour the paving would not have been done.

Mr. Alderton immediately notified the contractor and the contractor started the work without delay. We are grateful to the officials of the Babler Rogers Construction Co., represented by Mr. Mac Enroe, superintendent for their considerate, low estimate that was an influence in bringing about approval of the project by the Territorial Engineer, and for their enthusiastic and careful work to give us a high quality surfacing job.

Also we are grateful to the Territorial Engineer for his honest appraisal of the need, and to Mr. Alderton, without whose help we would have lost the opportunity to have this much needed project accomplished.

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Among more recent visitors to Seward Sanatorium was Marjorie Morris, Director of the Division of Social Service for the Department of Public Welfare in Alaska.

Accompanied by Mrs. Hans Hafemeister of the Seward District Welfare Office, Miss Morris consulted with Mrs. Clyde King, Medical Social Worker, Miss Grace Ushler, Rehabilitation Counsellor, and with Dr. Francis J. Phillips, all of Seward Sanatorium, on the work being done to rehabilitate patients here.

Miss Morris stated that the purpose of the Consultation was to draw up some workable plan of procedure in a program for reconstruction of a hitherto forgotten group of hospitalized persons. She referred to this group of forgotten men and women as the "Senior Citizen's Group," and described them as, "Ageing indigent persons who are handicapped by a disabling disease, and who must still face the problem of earning a living if and when their disease is controlled. Many of these people are past the employable age level, Miss Morris said, and unless some kind of special training can be arranged, they will still be a public charge, even though medically discharged from the hospital.

"If a workable plan for rehabilitation of these people can be sustained, "Miss Morris went on to say, "It holds out a small ray of hope to people whose only hope before lay in swelling the Public Welfare rolls and remaining a drain on the taxpayer's pocketbook."

And such a program as outlined here at Seward San will have far reaching effect for good on the total welfare picture in Alaska." Miss Morris said. "Only those who work with these problems daily and intimately can know just how far reaching in effect such a program can be for the disabled indigent."

"In Juneau, we work very closely with the Office of Rehabilitation, today we have

learned something of Seward Sanatorium's program, and we think the plan of help offered here to people who cannot help themselves, is pretty wonderful." she concluded.

Miss Morris' visit to Seward San and vicinity was her first visit here. "The rain in Seward," she said, "is just as wet as it is in Juneau, but everyone insists on giving me perfectly valid alibies for the weather, they say the is simply unbelievable following so perfect a summer."

Despite her damp reception by the weather man, Miss Morris expressed herself as being delighted with Seward, and voiced the hope that she might be able to continue her visit in a more lengthy stay in the near future. Those of us who met and talked with this charming, gracious lady, joined with her in voicing the same hope that she will return soon.

Her visit to Seward was in conclusion of a District Itinerary which took her to Anchorage, Nome, Fairbanks, and finally, Seward. The New Welfare Representative for the Nome District, Miss Morris said, is Clara Robinson Salisbury, stating that she is under the impression that some of our patients here at Seward San would be interested in knowing Mrs. Salisbury's married name. Some of our patients knew her as Miss Robinson.

Miss Morris was on her way from Seward San to Jesse Lee Home for a brief visit, and then back to her central office in Juneau.

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Another interesting and charming visitor was Anna M. Zaldaris, Regional Nursing Supervisor for the Alaska Department of Health. She has been making a survey of the Territory with reference to more adequate Health Service to Alaska and hospitals in the Territory. She spent several days in Seward.

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Paul L. Owens, M.D., M.S.C. of Pennsylvania, new Director of the Anchorage Medical Center has been visiting Seward San this week also.

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Ruth Loraine Akeman, of Oklahoma City Oklahoma, was a recent visitor to Seward San. She came up during the latter part of August to visit her sister, Mrs. Walt Welsh who is a patient on Ward Three.

Her first trip to Alaska, this eye-filling blond was so favorable impressed, she says she would like to return next summer to take a job in the Territory. She does secretarial work in the states.

This most attractive young lady came up from Oklahoma City via Airliner, and was planning to return the same way.

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The San Halloween Party held at the Jesse Lee Home Rec Center was reported a great success. It was held in conjunction with the Swingsters Club from Seward, and was planned by the Nursing Aides from the San with Mrs. Howard as Committee Chairman.

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Looking like a typical American college girl, Pat McNavish, former patient, was a visitor to Seward San during the summer. She looked wonderful, said she had just finished her freshman year at the University of Alaska, is taking a course in Arts and Letters, and plans to teach when her course of study is finished. The San Chat extends best wishes for your future success, Pat.

# WARD NEWS

WARD ONE  
By Paul Rudolph

It is raining outside, and the Ward One Philosopher says, "Wet weather brings the worms to the surface." Well, here's a report on the nice, fat, but unscrupling inhabitants of this ward.

Top news for Ward One, I think, was the visit of those health experts from the University of Pittsburgh Graduate School of Public Health, there were four in the group which visited Ward One late in August, and consulted with some of the patients. They were: Walter J. McNearney, assistant professor of Hospital Administration, Dr. James A. Crabtree, Professor of Public Health Practice, Dr. Antonio Ciocco, head of the department of bio-statistics, and associate at Johns Hopkins School of Medical Research, Dr. Thomas Parren, founder and Dean of the School. Dr. Parren was acting as spear-head of the Health Team. Ward One enjoyed their visit very much.

Eugene Killigivok, cartoonist, and all-around artist is happy-- not because he is minus a toe-nail, but because his art is being appreciated. (the toe nail figures in a work of art.) Eddie Roehl, watch and trinket repairman, was asleep the other day, coyly cuddled up to a pillow, and another patient watching him, said smiling, "I'll just bet he's not dreaming about watch-making. But Eddie, when quizzed about his dream wouldn't say one way or another. Joseph Oneha, head of the patient's Council says Doctors are sportsman, always going fishing, for trout, or an appendix. Joe himself has recently been the object of some of the "fishing". He had surgery a few days ago. McKenna Wemark along with several others with improved physical condition are hustling their own trays nowadays. Ruben Lincoln has been given an aptitude test for Rehab, which means he is doing fine physically. His buddy, David Andrews, is lagging behind a little, but is slowly making the way back to health. These two likable kids are always playing cards when they have some spare time on their hands.

Chris Milovich has some up-time now, but is still taking life easy, and of all places in bed. Roland Barr is coming along nicely. He says he is going to quit worrying because goat season will soon be over anyway. Oscar Johnson, who is next to him heard that and asked, "Well, whose goat are you after?" We don't believe Roland meant human goats.

Sylvester Sevohok sticks to his bed like bark to a tree, but he's young and patient, not likely to grow moss from inactivity. Likeable Dan Tatoowi's favorite song is, "Just bummin' around." He doesn't have a slouch hat, but he covers a lot of ground with a host of friends.

Ed Brown, Ward One barber, says; "This month's special is spit curls." Don't be scared girls, his sputum is negative. Willowly Harold Ptammigan is perched for quick flight on his bed. Marcus Macabinte is taking the sullness out of some things that frustrate most people, he files saws, is taking the saw-filing course offered by Rehabilitation. Simeon Catigas is learning the fine art of operating a steamboiler. Simeon knows where it will be warm this winter.

Joe Hannaka has gotten his mythology all mixed up--- He has come up with some of the most amazing answers. He says he knows for sure now why all good looking babes are called chickens -- simple when you find the answer, he says. "Well Helen of Troy,

he explained, (It says in the book). With her twin brothers, Castor and Pollux, originally sprang from an egg, and not a bad one either, says he with a big smile on his face. Now wouldn't a mix-up like that drive most anyone to reading the book for himself? Howard Honakok, that quiet but quick of perception lad, says these miracle TB drugs are TB for TB--(Too bad for TB). Ole Jensen is still pining for the bright lights of Anchorage, but in spite of that seems to be winning the TB war. William Lindstrom is taking life easy. He reads a lot and listens to the radio, and sometimes from the expression on his face, I suspect him of doing some thinking, too.

Dan Malovinski, and Alex Mercurief, the card fiends from Pribiloff Island are still at it. Frank Perry says, "I'm the only Irishman in captivity," but his Irish eyes are smiling, and for a good reason, too, he gets so many encouraging letters from his wife and kids in Nome. Al Brown says, "I wonder why our nurses don't pass out lollypops with those strep shots? All the children in the Health Center used to get lollypops with their shots."

Anne Painter, Nursing Aide expressed appreciation the other day for all the help she has been given by patients awaiting their discharge papers.

Mrs. A. P. Smith, former Charge Nurse on Ward One is back from an extended stay outside. She was visiting in the ward the other day. All the boys were happy to see her.

Through the air, over land, and sea, many of our Nursing aides, R.N.s, Janitors and Orderlies are going South with the Swallows. Those with whom leave-taking blessings have already been exchanged, are Miss Dorothy Bather, R.N., who is crossing the blue Atlantic to be with her family in England, Miss Nancy Homme, R.N. set a straight course for sunny California, Norman Matthews, Orderlie, went over the hump, heading for Haverford College, Pa., to resume his studies there. Donna Alexander, Nursing Aide was not sure where she is going to spend the winter.

Ward One patients warmly welcomed the following Nursing aides and nurses: Miss Annette Jacobson, R.N., acting Charge nurse, Miss Ruth Knight, R.N., assistant charge nurse, Mrs. Blanche Van Orman, nursing Aide, Mrs. Eileen Coughlin, Nursing Aide, and Mrs. Irene Hyke, Nursing Aide.

One patient has received his medical discharge this month, young Johnny Johnson left by boat for Mt. Edgumbe Vocational School, where he will resume his struggle, but with the three R's. Through his work here on Station KSAN he has become interested in radio and would like to become a radio engineer. Well, good luck, Johnny.

The reading tastes of Ward One patients run the gamut. We read everything from light, romance, mystery thrillers to political science and ancient mythology. The one thriller we all agree on is baseball.

Optimistic Walt Farrow has his fingers, toes, legs, arms, (but not his eyes) crossed praying for the Oil Co. in which he has a small investment, to bring in a gusher.

Those two young, handsome fellows, Ed Brown and Ed Roehl out in the porch were having a pow-wow one day before Joe Oneha, sportswriter, and Patient's Council Head, went to the surgical ward. The two Ed's were agreeing with each other that Ward One is the only place in the world where Democrats and G.O.P.'s get along politically. Of course, the redoubtable Joe, being a good Democrat challenged this. Then our two handsome Romeo's assured Joe that G.O.P. doesn't mean Government of the People at all, that it merely means Girls On Parade. So that ended that.

Some last minute news: Jimmie (Pop Jim) Stevenson from Ward Four traded beds with William Lindstrom from here. All the fellows warmly welcome Pop Jim.

"Gosh," says Frank Perry the other day, "There's been quite a turn-over in Nurses Aides and Orderlies lately, however, so long as we have those two faithful ones, Miss Rachel Ersland, R.N. and Ann Painter, Nursing Aide, we'll be O.K."

Miss Ersland's infectious smile and Ann Painter's untiring good humor seem to have won their way into the hearts of all patients on Ward One.

The fellow in Room 27 was asked to come up with a humorous story about a certain friend of his, the Scotchman. The following is the story he gave to me, and I disclaim all authorship of it:

Well, it seems that this here Skittish Scotty, (Maybe he stays in Ward Four now, I don't know) went bear hunting with a friend. He took his rifle along, but somehow he had forgot to load it. They went clumping through the brush, and after a while stumbled accidentally upon a great big Brownie eating berries in a thicket.

Skittish Scotty remembered that he had failed to load his gun and started to shake in his boots. They were at arm's length of the bear, and there was no chance to run. "Take a shot, Scotty," yelled his companion. "That's just what I'm going to do." said Scotty. He reached into his back pocket and drew forth a pint of Three Feathers, he drew the cork and lifted the bottle to his lips.

The bear heard their voices. He paused in his berry-picking, saw the bottle in Scotty's shaking hand, reached out and relieved him of it, and while the bear drank Three Feathers, the two men escaped. Skittish Scotty hasn't been bear hunting since, not he says, because he is scared of the bear, he just doesn't like to lose his liquor like that.

Well, folks that's all for now, see you next month.

WARD TWO NEWS----By Sarah Dunn

Hello, Everyone, it's time for more news, so here goes. There's been a lot of moving down here lately. Dorothy Wallace went to Ward Three for surgery. Mildred Lindberg was transferred to Laurel Beach Sanatorium in Seattle. Rabbie has moved into the Ward. Ward Two "disc jockey", Theckla Eades is making an afghan these days. She is also doing a fine job of learning to run the Ditto machine to help with the printing of San Chat. Julia Beans and Jimmie Jo are helping on the ditto machine too. We ought to have a fine San Chat this time. Little Alice Ashenfelter is also making an afghan. Emily, Julia, Olga and Nora spend lots of time playing snerts, including yours truly, and Hilda Whittaker. Mary M. is all by herself at the moment, can't know what she is doing besides writing letters. Taffy has been knitting, as for her room-mate, Mary H., if you ask me, she's just taking the "cure" and nothing else. Lucy Madison across the way keeps herself occupied by reading.

Dorothy and Brownie are pretty anxious for school to start. Edna Taylor, who was across from them has moved over to Ward Six, and we hear she is assistant Librarian now. Send us some good books down here, Edna. Lassie is the lucky gal who has a visitor almost every day. She gets to see her baby quite often, too. Leah is still putting those jig-saw puzzles together. Irene Ponchine is knitting a ski present from her to herself. Daisy, Donia and Irene are all doing some sort of hand work. Rosa, Dora and Jessie are taking life easy these days. It seems like everytime I pass their room they're taking the cure. Good bye for now, see you next month.

WARD THREE NEWS-- By Barbara Strom, Julia Moreno, and Libbie Davidovics

So-- We'll begin with the rooms. Mr. Herbert Silvertooth entered the San for the second time during the latter part of July. "Silver," as almost everyone calls him, is getting along quite nicely. He is getting better every day it seems, is gaining much needed weight so that the doctor can do surgery on him, and help him get back on his feet again. Dan Wright is another male member of our Ward Three family, he too, is waiting for surgery. Dan looks quite healthy, and it shouldn't be too long before he gets a little yellow pill, a white cap, and an extra long sleep. Probably, when this goes to press, Bill Hall will be enjoying a great big juicy steak at his own home in Cordova. (That's right, Bill has been medically discharged) Bill hasn't been here long this time, only about four months. While here he acquired some more hem-stitching, a few pounds weight and plenty of bed rest. Bon Voyage Bill, and lots of luck!

It has been several months since Mary Shaginoff's "big day". We hope Mary can move out into the big ward again soon. Come on my house Mary, there are two nice, clean empty beds and we'll give you a choice of them. Dorothy Wallace is the most recent surgery patient, no, I beg your pardon, it's Vi Fish. She moved up from Ward Two recently where she had the reputation of being a model patient. From all accounts she is still maintaining that record since her surgery. Grandma Carlson has had a lot of time to get ready for her operation. She is getting along fine and expects "the word" from Dr. Phillips soon. Good luck, grandma, we are all thinking of you. We don't hear much from Oleta Welsh, but trust that she is keeping her chin up. From past experience we'd bet on Oleta doing just that.

A very new face that can be seen walking along the halls of Ward Three, belongs to Harold Dimmek. He is here for surgery also and should have had his O.K. by the time this goes to press. Ralph Woolard has a new home here in Ward Three too. He is now occupying room 27 across from Silver. I wonder who he knows in Washington, or what kind of pull he has to rate a private room AND BATH. There is a vacant room here on Ward Three, anybody want it?---Julia Moreno. (P.S. Julia has moved to Ward Six.)

As you go out from the rooms into the North end of the big Ward, you cannot help but focus your eyes on two lovely girls, Tanna and Doras. Both are resting and progressing very nicely. This reporter envies their tranquility. Tanna gets all the visitors in this cubicle, wonder how she does it? As for Doras, she is quietly anticipating her mom's next visit, which will be real soon we hope. (mee too) Right across the room are Dorothy Neal and Libby. Say Dotsie, who was that tall dark and handsome gentleman who was visiting you the other day? My Pal Dotsie had company last Sunday. Mr. Neal and two family friends drove down from Anchorage for a brief visit. Libbie's fine too. Around the corner are Elena Willis, and Anna Pete. Willis has written some poems. If you ask me I think she has talent. By the way, she is quite a linguist too, she speaks Eskimo, English and Spanish. Anna Pete is the gal who does clever work with her two little hands. I've seen some flowers she made. She gives them that certain touch, and they almost fool you they look so real. She also does beautiful crochet work. And now to waltz over to Evelyn's place. What!! No room-mate? That's bad. We needn't worry though, she'll get one eventually. How about a big smile in spite of the empty beds, huh?---That's very nice from Ward Three's Irish Rose-----Libby)

(Thanks Libby, and thanks for the fine work you did on ads in this issue---Ed)

We will now concentrate on the South end of the Ward. Julia Moreno, Elsie Justin and Gertrude Anyak have moved to Ward Six. They packed up and left in fifteen minutes flat, so eager they were to get moved to the convalescent ward. We are going to miss them.

Mary Julaton left us the other day, going to her home in Southeastern Alaska by boat. We were sorry to lose her, of course, but glad that she is well enough to be medically discharged. She received a very pretty new suit and shoes to wear home which she modelled for her room-mate, Bobby Edwards, with Hannah Hand added as another interested admirer. She was really a lovely sight after those everlasting pajamas she's been wearing for the last goodness knows how long. Bobby Edwards is feeling much better these days, she has a little doggie that actually barks, along with the song, "How much is that dog in the window?" Marva Trainer's crocheting never ends. I'll bet she'd have a trunk full of things if she kept all that she has crocheted. Kathy Glenn, her new neighbor since Tiny's departure for home, is a good one to play games. You name the game and Kathy can play it. Games aren't the only things she plays as Hannah very well knows who has the practical jokes played on her. We do miss our good nurse Miss Constance Doerty, who left for the States a few weeks ago to be with her brother who had been released from a prison camp in Korea. Since "Cookie" got married, we have had Mrs. Matson for our charge nurse. Thanks to "Cookie" for the wedding cake she gave to Ward Three patients. Before I pass the pen on to Barbara Strom, I want to thank Betty Engler, for her fine job of reporting for the San Chat for the last year or so.-----Carrie Voss.

Ward Three Porch News ----Since Gertie left us for Ward Six we have a new addition to the porch gang in the person of Betty Engler, whose lively-antics keep us all entertained. For instance, her stamping back from the bathroom in a strange and unfamiliar tread, trying to make us think a man is coming. She tells me how bad she feels, her bones ache, she cannot see so well, is getting forgetful-- "It's my age you know, but of course, you know how it is since you are older than I." Annie John is crocheting a doily. Now and then I hear her tell Adeline, "The more I work on this the smaller it gets."----????? It is nice to see Annie feeling a little brighter. Grandma Adeline is busy knitting a hood for her youngest grandson, meanwhile keeping an eye on what the rest of us are doing. She is very distrustful of us since someone tried to put a spider in her bed while she was occupied elsewhere. The plot was foiled when Mrs. Dick opened the bed to straighten it, and the spider escaped, but not for long! He was soon recaptured by the big game hunter of Ward Three, Frances Buckley Engler, who caged him in a paper cup and brought him back alive. I haven't seen many spiders lately, don't know if it's too cold or too hot for them. Yours, Barbara Strom.

#### WARD FOUR NEWS---- By Leo Kunnak

Hi Folks: Here we go again with the news from Ward Four. Scotty says he is too busy to write the news this month, since he is getting ready for his release, and expects to go to work real soon. We all wish you the best of luck, Scotty.

I'm very new at this news-writing game from Ward Four, but I'll try to dig up something that will be interesting to San Chat readers. First, let's take a look out on the porch and see who's there. Oops, they are all new, except Henry Duncan, there is Val Morrison, Frances Payenna, from Ward Three, and William Lindstrom, from Ward One. They all seem to be doing fine. Only Henry has been busy, though. He goes to his class every day. He is studying fingerprinting.

Now let's peek into the main Ward and see what's cooking. Costia Inga and Morris Walter are the busy kids, going to school every day. Reading, writing and arithmetic for those two, also Peter Marks. Andy Stickwan, and Mark Napachotuk are busy guys too, arithmetic and spelling seem to have them stymied. Mike Frank and John Nathaniel are taking the cure. They read an awful lot, listen to the radio, and discuss topics of the day. Outside of that, they don't seem to be doing anything much. I asked Mike Frank the other day, "By the way Mike, what are you reading now?" It was a polite question, but I didn't get any answer, so I looked for myself. Shuz, it was only a Romance novel.

John Fewcett, Jr. and yours truly, are the music lovers on the ward. (cont'd next page)

John F. is one of those busy guys nowadays. He goes to Rehab classes every day, and I hear he stops by the studio for some piano practice every other day. Some of those Jazz records, and some of Johnny's Classics too, are really something to listen to.

Noah Phillips and Jimmy Kilopsuk are doing fine too. Oh yes, here's a bit about our "Irish" Ivory carver, Clifton O'Mara. Man, he's been turning out those name plates like crazy. By the way, he's joined the air-force too. Henry Saccheus is taking the "cure".

Let's have a look into the rooms and see what goes on in there. First here's Art Deering, better known as "Sparky" and he's the guy who is selling those Alaskan Christmas cards, Alaskan stationery, scenic notes, Alaskan scenic picture books, and lots of others. Ed Gelles is very busy with his calendar business, he is getting lots of orders. Also Joe Devlin is a very busy man getting his Ivory stock ready for Christmas. His next door neighbor Gust Brann is taking it real easy and working on cross-word puzzles.

Gun Smoke, Stevenson, better known as Pop Jim has moved to a new range, Ward One. Hope you like it down there, Pop. Ole Jensen has come up to us from Ward One. Ole is a real Alaskan sourdough, says he came to Alaska in 1912. And here's a young fellow, Alfred Stephens, who says he is busy with school work. His new neighbor is Dan Wright who has just come up from Ward One, hope you like it here Dan. Fred Caldwell and Henry Sheldon, better known as "Shanghai" are doing O.K. Papa Henry Bowen is with us again, and I hear that he will be moving over to rehabilitation as soon as the quarters are ready. Well, folks this is all my news for now, and may I wish you all, all our San Chat readers a happy Thanksgiving Day? Yours truly----Leo Kurmuk, Jr.

SOME COMMUNICATIONS FROM WARD FIVE. (The Children's Ward)

Dear Editor of San Chat:

I think it is time for me to say Hello. We are so happy that our teacher came back. Some kids have up-time, and some kids go outside. I wish all the boys and girls soon get up-time and go outside like the other kids. It's better that way. It's getting colder and colder. I like to read the San Chat. Agraphina Nickolai is 12 years old, and I am 11 years old. My birthday is June 4, and Agraphina Nickolai's birthday is April 15. I like to see movies. I have lots of friends here and home. I like comics and movie magazines best of all. We cut some pictures out and hung them on the wall. I came from Allaketat, Alaska. I think Ward Five is fine, but I like to get letters from home. Yours truly---Rhea Sam. (Thank you Rhea, I am sure all our San Chat readers will enjoy your very nice letter----Ed)

And here is one with no signature:

Dear San Chat Editor:

Here I am with Ward Five news. August 17, was Esther Hunt's birthday. We all didn't know it was her birthday. Later we heard it over Station KSAN. We were all surprised. Yesterday Barbara Boskoffsky and Esther Hunt, who have two hours up-time went out with same coat and dress. They looked like twinses. Two times this month somebody brought us some flowers. We don't know who it was but we sure thank them for the flowers. Miss Case, our teacher came back from her trip from the states, so we are going to school. She said we have some new school books. Tony M. is helping her paste Bartlett, Alaska and Seward San on them. Herman Tooli and Tony M. is helping her every afternoon. Only in nice weather they go outside. But when it is raining they don't go. Now that we are going back to school they can't go outside at all, that's too bad isn't it?

(This is a very nice letter, but the writer forgot to sign it. Thank you anyway, write some more news, and next time, put your name on your letter, wont you?--Ed)

COMMUNICATIONS FROM WARD FIVE (continued)

Dear San Chat Editor:

Here I am again with a news from Ward Five. Not much to write about. Some kids have went home. Miss Garrett have come back to San and we are all glad. School start again. Alfred Stephan birthday was September 7, he used to be in Ward Five, but went to Ward Three. Now he is in Ward Four. Miss Case came back. We are going to School. I was going to write to Miss Case, but forgot, and now she is back. Some more kids are writing to San Chat. Julia Lopez, Rhea Sam, Matthew Andreaoff, and I. I told Rhea to write to San Chat. Rhea and Julia are my best friends. I have lots of friends here now. Miss Doerty went home. I like comics and movie magazines best of all. I came from Tyonek, Alaska. Yours truly,---Agraphina, Nickolai.

(Thank you very much Agraphina, maybe some of the other kid's letters were lost, did we print them all? If not, wont you write again and more news from your ward?---Ed)

LIVING SUCCESSFULLY

(part of an article taken from the NTA Reporter)

Sickness may tempt you to draw a circle around yourself, shutting out the troubles and problems of your fellows. Perhaps you don't even want their sympathy. The special attention you get may fortify the impression that nothing else counts but you. You are resentful that this misfortune is visited upon you and feel that you have somehow been wronged. That leads to self-pity, which is one of the most harmful feelings you can entertain. Being sorry for yourself is the result of a constant solicitude of your own welfare to the exclusion of everything and everyone else. You cannot avoid a certain amount of self-commiseration-- that is natural-- but remember that introspection not only chokes the natural healing powers but also enlarges your troubles, often to fantastic proportions.

\* Try to be objective, as if you were looking at some other person's burdens. Surely you would not button up your grief and wring your hands piteously. You would go about helping him by doing the best you could, and carry on other necessary activities as well.

In the hospital you are one of many strugglers. Share your joys and your courage with them. Cast your bread upon the waters-- it will return manyfold. Join the doctor and the nurse in their unselfish efforts. Immerse yourself in the game your fellows are playing so hard. You will be one of the failures if you don't. If you do you will be a success as a personality and as a friend of man.

-----NTA Reporter.

Only those beheth me can envy or hate me,  
I have never been envied or hated: I am above no one.  
Only those above me can praise or belittle me,  
I have never been praised nor belittled: I am below no one.

-----Kahlil Gibran

A lie travels around the world while truth is putting on her boots.

-----C. H. Spurgeon



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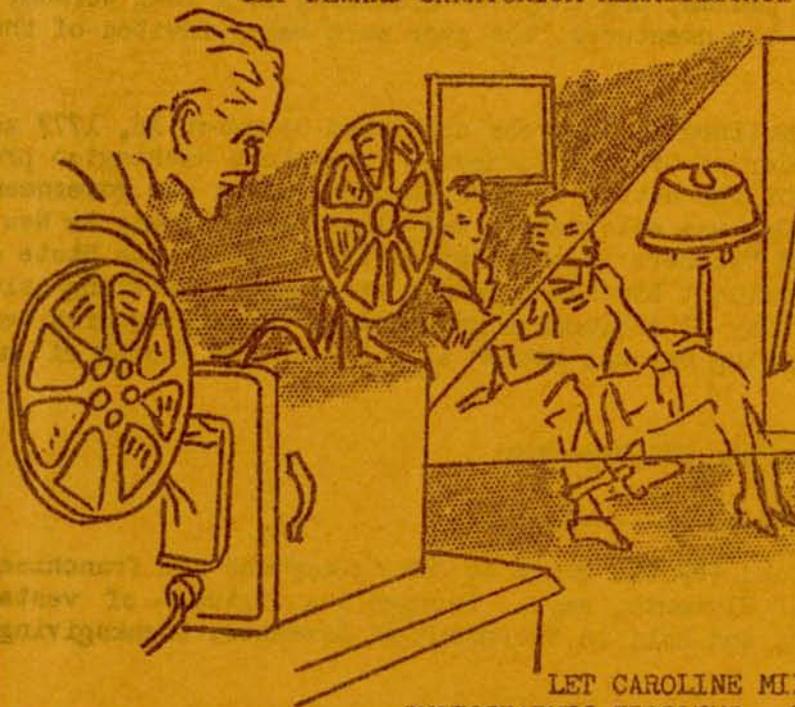
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## THE ORIGIN OF THANKSGIVING DAY



Thanksgiving Day is a distinctly American celebration, although it is the outgrowth of two customs long practiced in England, namely; special days of fasting and prayer in times of peril and harvest festivals of thanksgiving and feasting. Harvest festivals are old, of course, as History.

The first American harvest festival took place in October, 1621, when the families who came from England in the Mayflower celebrated their first harvest. One old account says: "Our harvest being gotten in, our governor sent foure men on fowling, so that we might after a more special manner rejoyce together after we had gathered the fruit of our labor. They

foure in one day kelled as much fowle as, with a little help beside, served the company almost a weeke." Indians were invited as guests of honor. The tables were loaded with wild turkey, fish, wild fruits, vegetables raised in the gardens, and corn bread. The feasting lasted three days. It was a time of "rejoycing," but the record says nothing of giving thanks.

The next year was a disasterous one. A terrible drought withered the crops and browned the gardens. But in the fall came a refreshing rain that salvaged some of the crops, and a ship loaded with new colonists and food supplies appeared unexpectedly. With relief and gratitude the governor appointed a day for public thanksgiving. This time there was no feasting but only a long church service.

There are records of feasts and fasts and days of thanksgiving during the years that followed, but not until the fall of 1636 was there a celebration such as we keep today. In that year the inhabitants of Plymouth Colony gathered in the meeting house from 8:30 in the morning until noon, singing psalms, praying, and listening to a long sermon, after which came "makeing merry to the creatures, the poor sort being invited of the richer."

During the Revolutionary War the Continental Congress appointed December 18, 1777 as a day of thanksgiving for the surrender of General Burgoyne. President Washington proclaimed November 26, 1789, a day for the nation to give thanks for its new government. For years thereafter Thanksgiving Day was celebrated, but almost exclusively in New England. Gradually the Western and Southern States adopted the custom, each State appointing its own day. In 1864, President Lincoln issued a proclamation setting aside the last Thursday in November as a day of national thanksgiving. Succeeding presidents followed the precedent and Thanksgiving Day has become as fixed as the Fourth of July and Christmas Day.

----- From the NTA Reporter

"And therefore, I, William Bradford (by the grace of God to-day and the franchise of this good people) governor of Plymouth, say-- Through the virtue-- of vested power ye shall gather with one accord, and hold in the month of November, thanksgiving unto the Lord."

-----From The First Thanksgiving Day, 1632, by Margaret Preston

# EDITOR'S NOTEBOOK

BEHIND THE SCENES WITH THE EDITOR

Some of the up-patients wander into the San Chat office to deliver assignments and swap yarns and opinions about this and that. Chief topic of conversation these days seems to be our unsavory dental situation. Since we are losing our much honored and highly respected dentist soon now, some of the boys and girls too, are mighty upset about it.

And from some of the remarks, I gather too, that most of us are pretty unhappy about all the vacant beds showing up on our wards now. Since most of us have fathers, mothers, brothers sisters, wives, and even children that need hospitalization for tuberculosis, the situation seems pretty serious to us.

A remark overheard today in one of these informal round-tables, went something like this: "What the boys down in Juneau don't seem to realize is, that we are all voters too, 150 potential votes right here in Seward San, not many maybe, but a voice, and most of us are pretty apt to take our American Constitution seriously. We all want to be and try to be GOOD AMERICAN CITIZENS! We want to know that the laws we stand back of are good laws, "Of the people, by the people and FOR the people." All sorts and manner of people who represent the American public, and that certainly goes for our health laws, too."

Well, the talk drifted back around to the dental situation, and someone remarked that Paul Rudolph on Ward One had a fine bed-side editorial on the subject, so down we went to collect Paul's contribution. He may be a strict bed-patient, but there is nothing wrong with his think-tank. Here's what he has to say:

He begins by asking, "Is there a conspiracy to keep Alaska's population in bad health?" Then he quotes a magazine article which he has read recently in which the writer deploras the disgraceful means employed by Indian and Eskimo girls to buy their way into Anchorage and the larger towns in Alaska. These girls shot through with tuberculosis are infesting healthy people with TB, and making the problem of control much harder. "No one in his right mind, writes Paul, can condemn these girls, although they are certainly spreading TB, and infesting healthy people with their disease. But-- these girls know they are dying for lack of hospitalization, and they think, just as many other people do, that their chances for getting into a hospital is much greater if they can reach a larger town, so they use any means at hand to get there. They are bitterly dissappointed to find too long a waiting list for available beds in TB hospitals in the Territory. They are further disillusioned to learn that patients already hospitalized heal slowly, and that one great contributing factor in the delay is that almost all of them have BAD TEETH!

When Dr. Phillips took over the Medical Directorship of Seward San three years ago, one of the first things he did was to try to get dental care for his patients. It took him two years to get a dentist even on a part-time basis. (I've been here most of the time and I know) The San has had Dr. Jack Hittson, D.D.S. for a year now, and he has taken care of all the worst cases, however, his work which is highly appreciated and praised by all patients alike, is far from finished, and it has been noted by all and sundry that those patients who have had their teeth fixed have received such a lift in general physical well-being and morale, that complete cure is much easier.

Now, because of an arbitrary few in whom is vested power to deny our dentist a Territorial license to practise, (He was licensed in the States) the patients are losing him. And these few, this dictatorial few continues to protest that "The Dental Board acts as an arm of the law protecting the health of Alaska."

Right now, here at Seward San, in spite of the fact that our esteemed dentist has put in long hours of overtime service for a year, there are still many patients who need dental attention. They know, all the rest of us know too, that if they don't get that attention it will prolong the time and expense of the tuberculosis cure. It not only costs more money in the long run to be without a dentist, but it tears down patient morale.

When a man is flat on his back in a TB Sanatorium for months, even years, he has time to think, to read magazine articles, listen to radio, to acquaint himself with the vital problems of the day. He is quite likely to concentrate on the problem that affects him the most, his health. When you are looking at your own health from the zero point behind the enemy lines, that is the TB enemy, or some other crippling disease, you are pretty apt to get the facts straight--- because you want to survive.

We here at Seward San, aided and abetted by members of our staff, try to be good citizens--- good AMERICAN citizens. We believe whole-heartedly in our American Constitution. Especially do we believe and uphold the clause that says to each shall be granted equal rights of "Life, Liberty and Pursuit of Happiness," Some of us may not speak English too well, but whether we are Eskimo, Indian, Aleut, or Scandinavian or Irish, we are all good American citizens, all granted the same rights under the same constitution, all entertain the same hopes, the same aspirations, and and have the same contributions to made to the Society we live in when our disease shall be arrested. We want to attain those hopes and aspirations and make those contributions, and most of us intend to make them.

So--- when we read or hear on our radios that "The Dental Board of the Territory of Alaska acts as an arm of the law, it is protecting your health," We may admit that it is a touching parental gesture, but we are not fooled by it. Not one bit. Nor is any other patient in any other hospital in Alaska fooled by it. Nor is any inhabitant of any small village in the interior of Alaska where there is no dentist at all, fooled by it. Nor are the people of Kenai Paninsula, where several thousand people have to be served by ONE dentist fooled by it. We all know the score, and know it well.

Most of us patients here at Seward San, have come from small villages all over Alaska, we know what the real health situation is. Hardly one of us, but has some relative who needs hospitalization for TB, and ALL of us have relatives with bad teeth. So--- our lack of a dentist when Dr. Hittson has to leave us for lack of an Alaska license to practise these empty beds showing up in all the wards now with no replacements, are of vital concern to all of us. We can't do much about it here, so we pass the problem on to you, our San Chat readers, in the hope that some of you may have an inspiration that will help. The health of Alaska is of concern to all, and to you, our readers, I say, May God bless you and any thoughts you may have for improving the Health situation in Alaska.

Sincerely yours, a patient, Paul Rudolph.

#### DEW DROPS

By Hilda Whittaker

Dew Drops glisten, like fallen rain, Dew drops glisten all down the lane  
A sin-less flower with up-turned face, receives the dew drop with lovely grace,  
Come sunshine, or wind or rain, a flower never complains  
Dew drops glisten on each lovely flower, God's beauty with them to shower,  
Nature sighs when a flower sighs, standing straight, or small or high  
God taught each flower how be, lovely, so lovely eternally  
Dew drops glisten along the lane, like a lover's kiss or a sweet refrain  
As I hold my own little flower---and dew drops glisten in misty shower  
I bless my God for his gift divine---this lovely flower, this child of mine.