

**TODAY ONLY—Free Photos of SIMONE SIMON!**  
 LAST TIMES TO SEE "I MET HIM IN PARIS" CLAUDETTE COLBERT  
**PRINCE EDWARD --- THUR. FRI. SAT. 3.15 7.00—8.50**



**THIS WAS RAPTURE**  
 ... to make one man  
 her life... her love...  
 her heaven... in spite  
 of all the world!

Lovers who lift your  
 heart to the stars...  
 in the tenderest  
 romance of our time!

**SIMONE SIMON**  
 ... emerging as the  
 screen's greatest star!

and  
**JAMES STEWART**  
 in  
**'SEVENTH HEAVEN'**

with  
**JEAN HERSHOLT**  
**GREGORY RATOFF**  
**GALE SONDERGAARD**  
**J. EDWARD BROMBERG**  
**JOHN QUALEN-VICTOR KILIAN**  
**THOMAS BECK-SIG RUMANN**  
**MADY CHRISTIANS**

on the same program  
 Walt Disney's  
**NEW MICKEY MOUSE**  
 in Technicolor  
 and featuring  
**DONALD DUCK**  
**"MODERN INVENTIONS"**

**LAST TIMES Today—"WEDDING PRESENT"**  
**CAPITOL—Thursday—Friday—Saturday**

**HAROLD BELL WRIGHT'S**  
 grandest and gayest  
 adventure romance

**"IT HAPPENED OUT WEST"**

**PAUL KELLY - JUDITH ALLEN**  
 JOHNNY ARTHUR - LEOPOLD MASON  
 Produced by Selznick. Directed by Howard Bretherton.

ALSO SERIAL AND COMEDY

**Island Motor Transport Ltd.**  
**New Fall Bus Schedule**

Bus Leaves Charlottetown (Whites Restaurant)  
**FOR SUMMERSIDE (Via Kensington)**

Daily except Sunday 7.30 A.M. 1.00 P.M. 3.45 P.M.  
 Saturday Night only 10.00 P.M.  
 Sunday only 1.30 P.M.

**FOR BORDEN (Via Summerside)**  
 Connecting with Mainland S. M. T. Bus Service  
 Daily except Sunday 7.30 A.M.

**FOR SOURIS AND NORTH LAKE**  
 Daily except Sunday 4.00 P.M.

**FOR TIGNISH (Connecting at Summerside)**  
 Daily except Sunday 3.45 P.M.

For further information call the Bus Station—248.

**WINNIPEG WHEAT**  
 (Supplied by Pittfield and Co.)

Close—122%  
 Oct—122%  
 Nov—122%  
 Dec—118%—5%  
 May—117%—11%.

**NOTICE**

I beg to notify the public that the business heretofore conducted by me at 109 Richmond Street has been disposed of from this date to Lorne Nunn and Ira Saunders, who will henceforth conduct same. Thanking all my customers for their past patronage and bespeaking a continuance of the same for the new proprietors.

Dated Oct. 13, 1937. (Sgd.)  
**ELMER S. MOORE**

**The Central Guardian**

**MRS. MURRAY'S FUNERAL TOMORROW**—The funeral of Mrs. Peter Murray which was to have been held today has been postponed until tomorrow, it was announced last night, to await the arrival of her son, Peter Murray from Detroit. The funeral will be held tomorrow morning at 8.30 from the residence of her son, Gerard Murray, 290 Grafton Street, to St. Ann's Church, Tyrone, where service will be held at 9.30.

Miss Mary Paquette of Charlottetown returned home yesterday after spending an enjoyable vacation in Millville and Vernon River visiting friends and relatives.

**BIRTHS**

**BATT**—At the Prince Edward Island Hospital on Oct. 9, 1937, to Mr. and Mrs. Fred Batt, Charlottetown, a daughter.

**DEATHS**

**CALLAGHAN**—Suddenly at the Prince County Hospital, Oct. 12, 1937, Frank Callaghan of St. Louis. Funeral notice later.

**DOUCETTE**—Suddenly at Summerside, Oct. 12, 1937, Mrs. Joseph Doucette, aged 75 years. Funeral notice later.

**FORBES**—At Hazelbrook on Monday, Oct. 11, 1937, Albert Forbes in his 78th year. Funeral from the residence of his nephew, R. H. Wood, Hazelbrook, on Wednesday, October 13th. Service starting at 2 o'clock. Interment Cross Roads Cemetery.

**SHERRY**—At Tarantum, Oct. 12, 1937, Barbara Sherry, dearly beloved wife of the late Patrick Sherry, aged 78 years. Funeral from her late residence Thursday morning at 8.30 to St. Patrick's Church, Fort Augustus.

**SHARKEY**—At the Prince County Hospital, Oct. 12, 1937, Mrs. Charles Sharkey, aged 54. Funeral on Thursday from her late residence in Centerville Bedeau to the R. C. church at Seven Mile Bay, leaving the house at 9 a.m.

**In Memoriam**

In loving memory of James H. Newson who died October 12, 1937. Gone from among us, dear Brother I miss you. Loving you dearly your memory I keep.

Inserted by his Sister  
 Thankful S. Newson, Cornwall, P.E.I.  
 L-518-10-3-11.

**N. D. MacLean**  
 UNDERAKER  
 Charlottetown and North Westshore  
 Phone 149

**BINGO**  
**Hope River Hall**  
**Oct. 13th**

**Provincial**  
 (Continued from page 1)

of appreciation to the Gyro Club and one empowering the Board of management to select a standing committee for any necessary change in the constitution and by-laws.

**Report of Public Health Nurse**

There are ninety-seven active cases of tuberculosis in this province outside the Sanatorium, Miss Olive Ings, public health nurse, declared in her report. Of that number 41 had active sputum divided among counties as follows: Kings 11, Queens 12, Prince 18. The present Sanatorium had 60 beds and there was a waiting list since last winter of from 15 to 30, all deserving cases and eager for admission.

The nurse told of visiting 467 homes all over the province and 756 individuals.

The work of a public health nurse doing tuberculosis work consisted of assisting in the finding of new cases either through personal observation or by investigating suspect cases reported by neighbors, voluntary organizations, public health nurses, the clergy, etc.

The most important phase of the work was done in connection with the holding of clinics, either in the homes, in doctors' offices or at the Provincial Sanatorium. Of 870 individuals so examined 87 were found to have active tuberculosis.

Then there was the supervision of the patient in the home before admission to the Sanatorium and after leaving the Sanatorium, Miss Ings said. This supervision included not only seeing that the doctor's instructions were being carried out but also ascertaining that the patient had adequate nourishment, clothing, bedding, etc. Instructions were also given to the family as to what precautions should be taken in order to prevent the spread of the disease.

**Educational Work**

The educational work was twofold—(a) educating the patient and his family as to the treatment required and the precautions necessary to prevent the spread of the disease. (b) Secondly, teaching the general public to have early diagnosis when they had reason to believe they might have tuberculosis or when they had been in contact with the disease, thus endeavouring to detect the disease in its early stages. "For the sooner treatment is begun, the sooner the patient will recover," Miss Ings said.

"During the past year I have addressed 24 meetings on the work of the P. E. I. T.B. League, including the Institutes, T.B. League, Women's Institutes, Catholic Women's Leagues, Women's Institute District Conventions, Young People's Society groups, and Women's Missionary Society groups, in various parts of the province. As the result of these meetings considerable interest has been shown and the financial support given very gratifying," the public health nurse said.

"Still another phase of the work is assistance with the re-establishment of patients as regards employment after recovering from tuberculosis. Here in P. E. I. we have a small beginning in the shape of a workshop at the Provincial Sanatorium where the convalescent patients turn out very creditable work in the framing of pictures," Miss Ings continued.

Mrs. W. R. Shaw, vice-president of the League, presided at the session.

**Luncheon at C. N. Hotel**

Delegates to the annual meeting of the Provincial Tuberculosis League and lay and professional workers from the other Maritime provinces were welcomed by Dr. P. A. Creelman, superintendent of the Provincial Sanatorium, who presided at a luncheon at the Canadian National Hotel.

Dr. A. F. Millar, medical superintendent of the Nova Scotia Sanatorium at Kentville, and a former Prince Edward Islander, gave an interesting address on Dr. Edward Livingstone Trudeau describing his life and his influence on tuberculosis work in America.

Dr. Miller paid a high tribute to this beloved and distinguished physician, under whose influence and inspiration he came to study tuberculosis 25 years ago.

In his introductory remarks, Dr. Miller said: "Those of you who at times feel somewhat discouraged with the general outlook of things in your own lives, should receive further inspiration when you hear what this frail man was able to accomplish."

Dr. Trudeau, of French parentage, was born in 1848 in New York City, his boyhood being spent in Paris. He received his medical degree from Columbia University in 1871. Two years later it was found he was suffering from pulmonary tuberculosis. He was ordered to live out of doors and for exercise to ride as much as possible on horseback; but his health failed to improve under this vigorous plan of treatment.

Up to this, little was known about tuberculosis, or consumption

as it was commonly called. The medical profession took little interest in it. The general public thought it was inherited and was incurable. There was no scientific method for treatment. There was little hospital accommodation in these days for the consumptive sick. Most hospitals admitted a few cases of tuberculosis for the general wards when they had empty beds. The larger institutions, like Bellevue and Blackwell's Island, New York, had special wards devoted to the care of the tuberculous, but these hospitals were merely a place in which a patient might come to die.

**A Fight For Health**

Dr. Miller then told how Trudeau went to the Adirondack Mountains a desperately sick man, and there began his fight for health. He was fond of hunting foxes and rabbits, and as there seemed to be no prospect of winning back his health, he decided to indulge in this sport as long as he was able to do so. This was contrary to the advice of his medical friends, who thought the best treatment was to keep the patients indoors in a heated room or send them south to a warmer climate. Trudeau faced the rigors of an Adirondack winter where his health showed some improvement, and subsequently he located at Saranac Lake, and founded that sanatorium which from small beginnings grew to the large institution that it is today.

Dr. Miller told the story of Trudeau's struggle to establish the sanatorium and how financial difficulties were gradually overcome. The fund which he started has increased to \$1,250,000, with an average yearly income of \$40,000. The little village of Saranac has become a busy town, with a population of more than 5,000 people. Here tuberculous invalids from all sections of Canada and the United States receive a warm welcome.

Under the impetus of Trudeau, the National Tuberculosis Association came into being. From a few members it has grown into a vast organization.

Dr. Trudeau died at Saranac Lake in 1915 in the 68th of his age. Dr. Miller said that two years ago he visited the Trudeau sanatorium where he had once been a patient, and it seemed hardly possible that 25 years had gone by since he was a member of the staff of this institution.

**Great Progress**

When Trudeau first started his work there was but an inexpensive cottage or two on a few acres of land. In 1914 great progress had been made. It was then more like a magnificent private estate and had a plant valued at a million and had a thoroughly organized and equipped for scientific care of the tuberculous.

Dr. Miller stated that while Trudeau's name will be forever associated with that of the sanatorium he was also an eminent scientist. In a laboratory in his own home, with the aid of home made equipment, he repeated many of the experiments of the famous Koch, who in 1882 reported the discovery of the tubercle bacillus, the cause of tuberculosis. Trudeau also carried on valuable research studies.

Dr. Creelman, medical superintendent of the Provincial Sanatorium, presided yesterday, and at the speakers' table were also Hon. B. W. LePage, acting Premier, Hon. Mark R. MacMillan, Minister of Health, Hon. L. R. Allen, Dr. W. J. P. MacMillan, ex-Minister of Public Health, Mayor Turner, S. P. Paoli, and Dr. MacPhee of the Sanatorium Commission.

Music was furnished by the Gomez Orchestra, and a vocal solo was rendered by Raoul Raymond.

**Evening Meeting**

"Rehabilitation of tuberculous patients" was the subject of an interesting address by Dr. R. J. Collins, medical superintendent of the St. John, N. B., Tuberculosis Hospital, who was the first speaker at the public meeting last night. Emphasis was placed by Dr. Collins on the necessity of adequate treatment before any really effective rehabilitation work can be accomplished.

"We all say to our convalescing patients, 'You must secure easy employment,' he said; 'But who is to provide it? Society, he added, owes it to itself to make provision for rehabilitation in such cases. He instanced modern methods that have been adopted with much success in England, where under proper treatment ex-tuberculous patients are now being restored to almost any occupation.

Dr. C. J. Beckwith, District Medical Health Officer of Sydney, N. S., spoke on Contact Examination. He emphasized that between 60 and 75 per cent of persons diagnosed as tuberculous are far advanced in the disease and that recognized symptoms appear only when the disease is firmly implanted in the system. Single negative examinations, he pointed out, are deceiving. The key to satisfactory contact examination is not the sputum but the X-ray.

The speaker contrasted the public concern over the comparatively feeble steps taken to deal with the more serious, but less dramatic, record of deaths from tuberculosis which in the Maritimes last year amounted to 900, and pleaded for greater public effort in combating this disease.

**Stresses Local Needs**

Speaking on present needs in this Province, Dr. Creelman said a review of public health records showed marked advancement in the control of tuberculosis, the toll from the disease having been cut in half during the past fifteen or twenty years. Notwithstanding this progress, however, much remained to be done.

"We have," he said, "our Sanatorium, our Health Department and the co-operation of the P. E. Island Tuberculosis League which is ably assisted by the C. T. A. These represent our organized forces at the present time and in their present harmonious co-operation of activities are responsible for the progress which is being made.

"These are the basic requirements for battle, let us consider what then is necessary to change more quickly the P. E. Island Tuberculosis situation in respect to the other Provinces, and to the whole of Canada, the present position of P. E. Island is vividly portrayed on the Exhibit loaned from the C. T. A. Sack and Ont. with death rates of 30 and 36 respectively out for the whole of Canada 81 and P. E. I. 67.

"What is now required in this province is simple, more adequate means. The big initial expenditure has been made in the building of the present sanatorium and establishing the Dept. of Public Health. Therefore we must look to the strengthening the various operating units of these organizations for the future development.

"Reference first to sanatorium—there are not sufficient beds to meet the present requirements. Two beds for every death is not excessive. The Province that have over that number have the lowest death rate. As the beds increase, deaths decrease, also the Province which have the largest institution death rate have the lowest provincial death rate from tuberculosis.

**Nurses Home**

"As soon as a nurses' home is built the bed accommodation for patients in the present building will be increased by fifteen, and will make total beds for the province for tuberculosis 75, which will be near one per death working it out for average per year over the last decade. And we would then stand 8th in relation to other provinces in Canada. Now with the completion of both convalescent and nurses' home we would have 100 bed accommodation which I feel is sufficiently far ahead to plan in this field of operation.

"We shall now turn to the field of public health for possibilities of extension work.

"The first place for increased effort is in the finding of new cases and these are found by examination of contacts. There are approximately 700-800 contacts in P. E. Island not such a great number in one sense, but when you look at them from the view point of proper supervision, that of finding the active cases and arranging for suitable care which in many cases at present does not exist; making correct diagnosis of early cases and seeing to it that their lives are so directed to check further development; I can assure you that these 700-800 contacts stand out pretty big to the present staff along with other urgent duties which they have to perform.

"This field of Public Health work is not receiving the attention needed in this Province, increased activity here can be made at comparatively small expenditure. It is hoped that the Seal Sale this year will increase sufficiently over last year to make this possible."

**The Situation in Canada**

The last speaker, Dr. J. G. Wherrett, secretary of the Canadian Tuberculosis Association, Ottawa, gave an interesting review of the tuberculosis situation throughout Canada. The progress made since 1900 was indicated by

**N. B. Activities**

Dr. R. J. Collins, medical superintendent of the Saint John, N. B. Tuberculosis Hospital gave the meeting a vivid picture of activities in New Brunswick. In a field survey for discovery of cases only

ten per cent of the patients examined were found to have T. B. Their case finding organization had greatly increased since 1927 but would never be 100 per cent efficient until they had facilities for the immediate segregation of every open case discovered. He advocated support of sanatoria by public funds, providing free treatment for at least those patients who were unable to pay. Such treatment would mean a very small health tax on the whole people, he said.

Discussion was by Dr. McPherson, assistant superintendent Saint John T. B. Hospital and Dr. A. F. Millar of Kentville.

Dr. J. G. Wherrett, Ottawa, told of the Canadian Tuberculosis Association and Christmas Seal Work.

Progress against public health lines "was almost unbelievable" since his first visit to the Province 11 years ago, Dr. Wherrett declared. Then there was no department of health in this Province and no Provincial Sanatorium, he reminded the audience.

Dealing with the Christmas seal work the speaker said the idea originated in Denmark in 1904 and spread to the United States in 1906. It was not until 1927, however, that it became a national program in the Dominion although it had been carried on in some cities for the past 25 years. In addition to supplying a means of providing funds to carry on the fight against tuberculosis the seal sale campaign had an education value whereby the facts of the fight against the great scourge were placed before the people once each year.

\$140,000 had been raised last year in the Dominion, the speaker said, and went on to declare that they had not fully developed the possibilities of the campaign which might easily be made to yield 50 to 100 per cent more receipts.

Mrs. K. L. Lawson, secretary of the Nova Scotia Tuberculosis Commission, Halifax led the discussion. She was followed by Mrs. Walter Shaw, St. Catharines; Mrs. Allison MacMillan, Fairview; Dr. W. J. P. MacMillan, Charlottetown and Dr. Campbell, Halifax.

The fight against tuberculosis was one of the most important parts in the public health problem, Dr. MacMillan declared. In this Province since the fight really began the death rate went down from 115 to slightly more than 66.

**Police Seek Thieves in Two Breaks**

Thieves entered the office of the Prince Edward Island Travel Bureau on Queen Street over the week end and rifled a drawer of between \$125 and \$150 in cash and a \$200 check, City Police said last night. The break was reported when officials went to the office yesterday morning. Entrance had been made by removing the screen from a rear window and lifting the sash, which police said had been left unlocked.

Mr. Justice Arsenault, president of the Travel Bureau announced last night that the check was the only thing taken that belonged to the Travel Bureau. It had been received too late to deposit on Saturday, he said.

The money taken, City Police said they were informed included about \$75 in American money mostly 5's and 10's. There were also \$10 in silver.

Another break was reported yesterday morning from the plant of J. and T. Morris on Water Street where a window was broken and a club bag taken. Nothing else was interfered with, Police said. The break occurred between Saturday night and Monday morning.

In the light of accumulated evidence of the value of adequate bed accommodation, we can see here the solution of our problem.

"To double our present bed capacity in order to give two beds per death looks like a big undertaking and certainly would require some high powered salesmanship—perhaps more than we possess at present.

"However in order to arrive at this objective there is certain logical procedure to follow.

**Convalescent Home**

"The handling of tuberculous patients has developed into a complex problem, that is, in order to do so efficiently. The sixty patients in the sanatorium at present are made up of patients in all stages of the disease. Those acutely ill, those in far advanced condition, the chronic far advanced, moderate and incipient and minimal, and the convalescent cases. Rather a motley mixture at present and it is only reasonable that they should be better classified and divided. It is not necessary that there be many divisions, but there is one main dividing line which is essential and that is the hospital cases should be separated from the minimal and convalescent and this for many reasons. Therefore in order to accomplish this a convalescent home is necessary and I feel a building which would accommodate 20-30 would be sufficient; when this step of development in the plan is completed we shall release hospital beds in the present building for the sick patients scattered about the country who are in need of hospital treatment.

"The construction of a convalescent home does not need to be elaborate and expensive. However before this part of the extension work can be done it is necessary to provide new accommodation for the staff and help. At present time they are all housed in the present building for the patients and that is not good state of affairs from either the point of view of the staff and help or that of the patients. Furthermore, in order to provide sufficient staff and help we have had to encroach on patient accommodation in the building. We are also at the stage where further increase of patients can not be made without an increase of staff and help. Therefore, the first move is to provide suitable accommodation for the present staff and sufficient for whatever addition that will be necessary as a result of increased patients.

Dr. Wherrett commended Dr. Creelman's address as an excellent statement of the requirements in this Province.

In both New Brunswick and Nova Scotia, he added, 200 more beds are needed, and these provinces require a better system of financing in connection with tuberculosis requirements.

A vote of thanks to the speakers, moved by Mrs. McPherson and seconded by Mr. Shaw was tendered unanimously.

Warm tribute to the work of Dr. Creelman was paid at the close of the meeting by Rev. Father Monaghan, D. D., and Hon. Dr. W. J. P. MacMillan.

Mr. F. A. Stewart Jones, who presided, stressed the importance of the Christmas Seal Sales Campaign.

**Handicraft Exhibit**

In connection with the Tuberculosis Symposium an interesting exhibit, the work of the patients of the Provincial Sanatorium, is being most favorably commented on.

Here are shown several neatly knitted sweaters. Animal figures sawed from wood and painted in natural colors, neatly made book ends and turned wooden candlesticks.

One article attracting considerable attention is a chess board and men. The latter showed careful and painstaking efforts.

Another exhibit of considerable interest is a framed collection of Tuberculosis Christmas Seals from Canada, United States, Sweden, South Africa, Netherlands, Switzerland, Poland, Italy and Finland.

**Noted Clergyman Is Laid to Rest**

HALIFAX, Oct. 12—High dignitaries of state and church assembled in St. Matthews United Church today to pay a last tribute to Rev. Dr. Clarence MacKinnon principal of Pine Hill Divinity College and prominent Canadian clergyman.

Dr. H. R. B. Bennett, former Premier of Canada and leader of the Conservative Party attended the services and heard an eulogy of the life of the distinguished scholar and churchman by Rev. Dr. J. W. Falconer of Pine Hill College, a life-long associate of Dr. MacKinnon.

Principal of Pine Hill Divinity College for 28 years, Dr. MacKinnon was born in Pictou County 69 years ago. He received his early education in Georgetown, P. E. I.

**NINE KILLED IN CRASH**

LONDON, Oct. 13—(Wednesday)—(AP)—A Reuters News Agency dispatch from Amsterdam early today reported nine men were killed when a Dutch naval plane crashed during a night flight.

No further details were immediately available.

**BINGO**  
**TONIGHT**  
 8.15 P.M.  
 Canadian Legion Home

**Trinity United Church**  
 WEDNESDAY, OCTOBER 13

7.30 P. M.—Browns.  
 8.30 P. M.—Prayer and Praise Ser.  
 8.30 P. M.—Official Board—Ladies Parlour.

the fact that at that time, out of a population of five and a half millions, deaths from this disease totaled 8,500 while in 1937, with a population of eleven millions the death toll was about 6,500. In 1900 there was not a single institution for the treatment of tuberculosis and not a single diagnostic clinic; whereas at the present time there is a network of clinics throughout Canada which examine 160,000 people in the course of a year.

While this progress is encouraging, he emphasized the danger of public indifference. "Tuberculosis is," he said, "far from being conquered. Reduction in the disease throughout Canada has not been uniform. In some parts they have a death rate three times that in other parts. In Quebec and the Maritimes there is roughly 30 per cent of the population of Canada, and yet in that some 30 per cent we find 56 per cent of the deaths from tuberculosis. The average rate in these provinces is as high as it was twenty or twenty-five years ago in Ontario and the Western Provinces.

"From the national standpoint there is the great problem of Indian tuberculosis. They represent a little more than one per cent of the population, yet they contribute 10 per cent of the deaths from tuberculosis."

Ontario, he said, has recently made provision for a ten per cent increase in sanatorium beds, and it is expected that very few more beds will be required.

Quebec also has announced that they are going to carry out an extensive campaign against tuberculosis. They have there the highest death-rate from this disease in all Canada (93 per 100,000) which is three times that of Saskatchewan. They require 1500 beds to come up to the average accommodation. This year the province is obtaining assistance from the insurance companies and the Quebec Government has agreed to furnish an equal amount from the public treasury.

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