#### BRIDGE



### Almost right

By James Jacoby

One of the key ingredients of the strip-and-endplay strategy is forcing the right opponent on lead at the right moment. Unfortunately Willy Nilly held the South cards and wasn't quite up to the best play. He won the ace of diamonds, drew two rounds of trump, ending in dummy, and ruffed a diamond. Next came A-Q-K of hearts. Hearts didn't split, so Willy ruffed the last heart. Let's give him credit -Willy had watched his play in the trump suit, so he still had a trump entry to dummy. He now led a spade to the dummy and played a club. He hoped East would follow with the three or four. Then he could insert his five, and West would be endplayed. Unfortunately East put up the eight of clubs. Willy played the queen, losing to West's king, and a club return left Willy with an eventual club loser.

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When Willy complained to Careful Charlie about his bad luck, he was shown the error of his ways. "You did fine, Willy, up to a point," commiserated Charlie. "But after you had drawn two rounds of trumps, ruffed a sometimes it backfires. diamond, and played the high hearts, what was the necessity of ruffing that fourth heart? Why not just discard a club? West will have to win the trick and he will now have to lead into your A-Q of clubs."

## Broken arm? Make a fashion cast

#### POLLY'S POINTERS



POLLY FISHER

By Polly Fisher

DEAR POLLY - Some time ago, our daughter had carpel tunnel surgery, and afterward she had to wear a protective covering over her hand and wrist that she considered ugly. She was especially upset because her plans included attending a wedding just a few days later.

So I suggested that we purchase a set of slouch-style socks in a color matching her dress for the occasion. She was so pleased and received many compliments on her idea. It would work equally well for a cast on a broken arm. After you no longer need them to cover the cast, you can wear them for their intended purpose.

- DL DEAR D.L. — This pointer could really cheer up a lot of forlorn but mending hands, wrist and arms! Those baggy socks come in every color and fit easily over a cast. The toe or foot can also be cut off, if necessary, to improve the fit or leave fingers uncovered. Your pointer earns you the Pointer of the Week award, a copy of

my book "Polly's Pointers: 1,081 Helpful Hints for Making Everything Last Longer." Others may order it for \$6.50. Make your check payable to POLLY'S POINTERS and send to POLLY'S POINTERS, P.O. Box 93863, Cleveland, OH 44101-5863. — POLLY

DEAR POLLY - My two little granddaughters, ages 3 and 4, were over for the weekend. When it was time to get dressed for church, I discovered my daughter had hung their tights on the same hanger as the dress to coordinate the colors. She also attached their hair ribbons and barrettes (in a plastic bag) to the same hanger. Very helpful.

My daughter furthermore packed a couple of videos such as Peter Pan and Cinderella for my granddaughters while they were here. I sure appreciated that, especially because it was a rainy day.

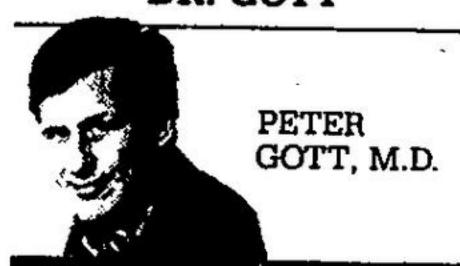
It seems I have to shorten most of my polyester slacks, and over the years I have saved the colorful trimmed-off fabric. I braid three strips together, then sew them all together to make colorful braided rugs. This is something I can do while watching television.

When I need a liner for my lace tablecloth, I use my brightly colored ta-blecloths that are stained. They can't be used alone, but they look lovely under the lace. They also work better than vinyl liners since they don't slide around so easily. - S.P.L.

OUTGOOD STATE OF THE STATE OF T

# Miracles may require acceptance

#### DR. GOTT



By Peter H. Gott, M.D.

The longer I practice medicine, the more convinced I am that a physician's primary role is to relieve suffering and pain. In most instances, this involves diagnosing and treating illness. But what happens when all methods of cure have been exhausted and the patient is nearing the end?

At this point, I believe a doctor's duty is to help allay the fear of death. This means assisting the terminal patient to cope with the reality of his or her own mortality, thereby allowing a reconciliation with defeat. Such a role requires delicate skills; by and large, I am successful with it. However,

I had known Joanne, as a friend, for more than 20 years. During the past few months, she had been under the care of an oncologist because of a colon cancer that had spread throughout her pelvis, despite chemotherapy and radiation.

One Sunday, when her regular physician was unavailable, I was called to Joanne's house; she was uncomfortable and needed assistance. A brief examination confirmed my worst suspicions: Her lower bowel was literally

replaced by rock-hard tumor. Here was a 55-year-old woman who had inoperable, incurable cancer that showed no signs of abating or shrinking.

"What has your doctor told you?" I asked.

"He said the cancer is treatable," she replied. "Although it spread to my liver, the chemotherapy cured it. My liver's OK."

"That's good," I answered. "However, it looks as though your lower bowel is involved now, and I'm concerned about your discomfort."

"I'm waiting for a miracle," she said.

"A miracle?"

"Yes, a miracle. The doctor says more chemotherapy will cure me. I want a miracle. I'm going to beat this thing."

"Well," I said, "miracles come in different forms. Perhaps your miracle will not be a cure."

She was immediately wary. "What do you mean?"

"Sometimes, in cases such as yours," I continued, "the miracle is the act of acceptance. I think that if you're going to experience a miracle, it may be the serenity of acknowledging the seriousness of the problem, the peace that comes when you know that everything possible has been done and the acceptance of what is to come."

"No," she stated. "I'm waiting for a real miracle."

We talked further, and she was relieved to learn she was in no immediate danger. I promised to report to her doctor. And I did.

Two weeks later. I called Joanne to see how she was doing. Her manner was cool.

"You did something terrible to -

me," she blurted, angrily. "What?" I was shocked.

"You took away my hope. You said the cancer had spread, but my oncologist told me it had responded very well to therapy and was no worse than it had been a month ago. You took away my hope, but I am going to get my miracle anyway. I'm going to take more chemotherapy."

As I hung up the telephone, I felt an irreconcilable sadness. I had apparently failed Joanne at the very moment she needed me. And yet, in recalling our conversation, I knew I had said what needed to be said. I regretted not having stated it in terms she could have accepted more readily. I believe now — as I believed then that at the appropriate time, the acceptance of death is associated with a tranquility that transcends hopelessness. My unsuccessful attempts at addressing her illness were misperceived by Joanne as taking away her hope. This was far from my intention.

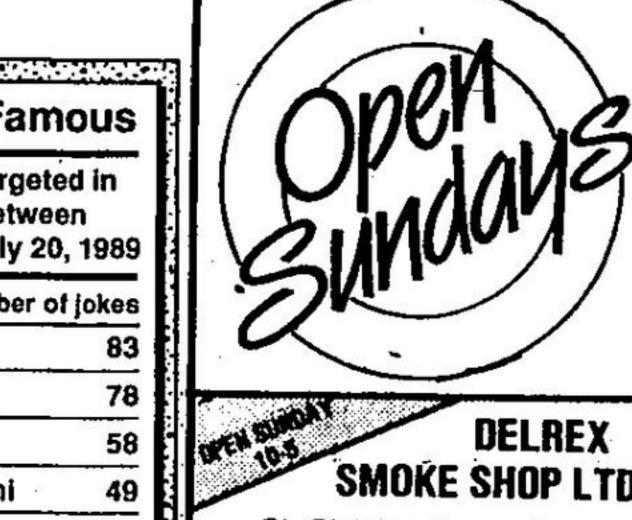
Joanne had her additional chemotherapy. It made her even sicker. She died 15 weeks after I saw her at home.

I marvel at her courage. I hope that, at the end, she was able to resolve the issue of miracles which, like beauty, are more often in the eye of the beholder.

### **Funny and Famous**

Top 10 people targeted in

Number o	f jokes
George Bush	83
Dan Quayle	78
John Tower	58
Ayatollah Khomelni	49
Jim Wright	33
Ronald Reagan	28
Oliver North	24
Joseph Häzelwood	18
Rob Lowe	17
Manuel Noriega	14
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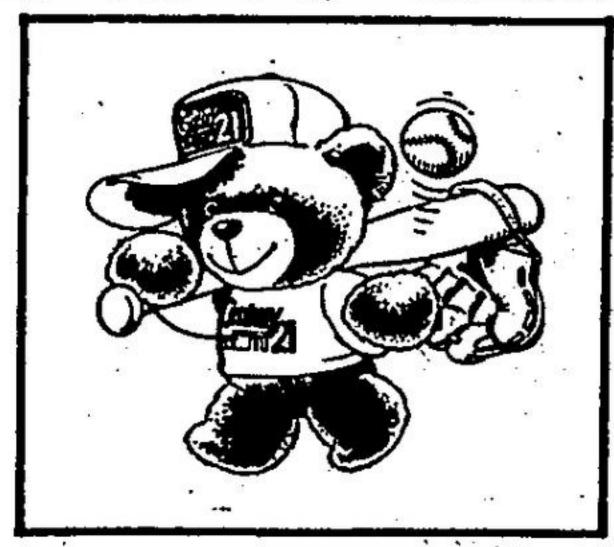
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