

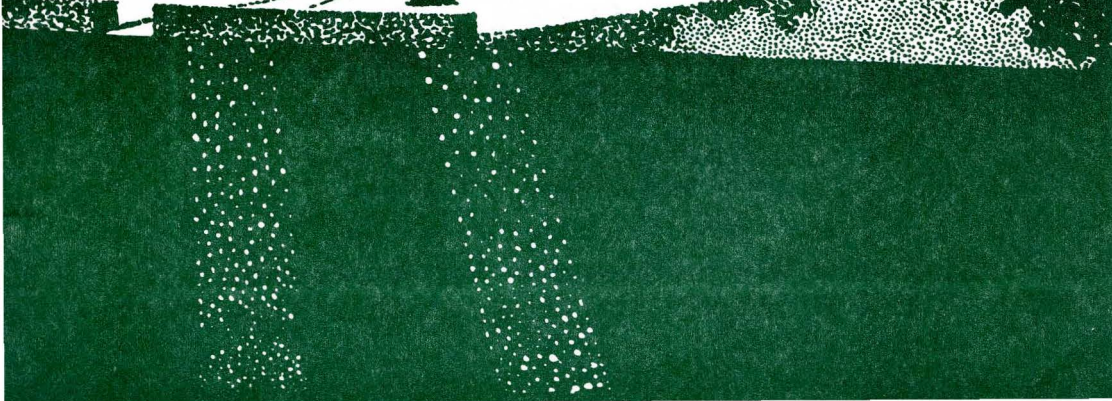
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NOVA SCOTIA SANATORIUM
VOL. 52 DECEMBER, 1971 No. 11

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Health Rays



HEALTH RAYS

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Authorized as Second Class Mail, Post Office Department, Ottawa

Published monthly by the Nova Scotia Sanatorium, Kentville, N. S., in the interests of better health, and as a contribution to the anti-tuberculosis campaign.

SUBSCRIPTION RATES 25 cents per copy \$2.00 per year

*Please address all communications to: The Editor, Health Rays,
Nova Scotia Sanatorium, Kentville, Nova Scotia*

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.
DAILY: 7:30 — 8:30 P.M.

Absolutely NO VISITORS permitted during

QUIET REST PERIOD 1:00 P.M. - 3:00 P.M.

Patients are asked to notify friends and relatives to this effect.



MERRY CHRISTMAS

A Merry Christmas to all at the Sanatorium.

May the New Year bring you health and happiness.

D. Scott MacNutt
Minister of Public Health
Province of Nova Scotia



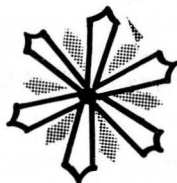
The Feast of Christmas marks a wonderful event for all. Particularly happy will be those of you who are to receive the gift of being able to return to your families. Some of you will have completed hospital treatment and the occasion will be a most memorable one. A large number will be returning to the Sanatorium after the holidays. Those of you who have to remain here for Christmas will experience the traditional Nova Scotia Sanatorium festivities and I am sure you will remember fondly the Christmas of 1971. In whichever category you may be, my sincerest greetings to one and all and best wishes for the New Year, particularly for a return to health before the end of 1972.

H. M. HOLDEN, M.D., C.R.C.P. (C),
Medical Director



I want to extend my very sincere best wishes to the readers of Health Rays and all those who are contributing in the fight against tuberculosis and respiratory diseases for a Merry Christmas and a Happy New Year.

P. S. Mosher,
Administrator



Family and Friends Can Be The Deciding Factor In A Patient's Recovery

To enter the hospital as a patient is a crisis in a person's life. The man or woman coming to the hospital must leave the familiar and the dear for a strange environment at a time when the nearness of loved ones is most important. The patient does not know what experiences lie ahead. He does not see a familiar face. He does not understand his disease and the whys and wherefores of his treatment. How normal to feel frightened and alone!

That is why every patient is different in certain ways from what he was before coming to the hospital. Matters which concerned him in health seem of no importance now. Problems which he felt well able to master when well may disturb now. . . . That which entertained or amused him formerly may bore him now. He sees his entire way of living in a new perspective; he takes stock of himself; he asks fundamental questions that he may not have thought of for years.

He wonders why he is in the hospital—why did this happen to him—what has he accomplished in life so far—and what will next week or month hold for him? He wonders about life, its meaning, his reason for being.

A dedicated hospital staff and personnel recognize these things about the patient and exert every effort to bolster his courage while treating him with the best medical skill. The hospital with its large investment in labor and love and money, was built to restore health and active life to those who come to it. But this task which has been so carefully prepared for cannot be accomplished by the hospital staff alone. Thoughtful acquaintances, devoted friends, and loving family often are the deciding favors in the recovery of a patient.

He who enters the hospital for the treatment of tuberculosis, has greater

difficulties than most hospital patients since his stay is more prolonged. The first thing that his family can do in helping him to adjust and to speed his recovery is to relieve his haunting fear that he may have unwittingly infected his loved ones with TB germs. As soon as the patient is settled in the sanatorium all the members of his family and anyone else who has been closely associated with him should have tuberculin skin tests. If this is found to be positive it should be followed up with a chest x-ray. A clean bill of health for them will help the patient relax and stop worrying about his family's health.

Mail time can either brighten or darken the whole day for a patient. A looked for letter which isn't received brings all sorts of worries about home affairs. It can easily ruin the day, make the patient restless and dissatisfied and cause him to think of leaving the hospital against the doctor's advice. On the other hand cheerful affectionate home letters filled with interesting and informative news about the family and home doings can do much to make the patient satisfied with the hospital. When the sick one is fully assured that home conditions are good, he is better able to relax and give full thought to getting well.

Visiting a patient in a hospital is entirely different from making a social call. Visiting the sick is more than a casual social duty. The visitor is at the hospital because he wishes to help the patient. There is probably no greater proof of a person's maturity and wisdom than being a good visitor.

A good visitor is sensitive to the patient's needs, fears, and worries. He brings joy, peace, and a sense of well-being not always so much by what he says as by what he refrains from saying and not necessarily by his talking, but by his listening. He does not stay long enough to tire the patient. He speaks calmly and confidently, guiding the conversation away from subjects which seem to excite or disturb the patient. He realizes that too many visitors at one time may be disquieting to someone in bed so he doesn't carry all the cousins or a neighborhood of friends with him when he goes to visit.

He shows some common sense about the patient's disease. He follows the directions of the hospital for protecting himself: not sitting on the patient's bed, not kissing, not being unduly careless in any

(Continued on Page 12)

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The Sanatorium Post Office

DONALD BROWN

The date September 16, 1971, marked the official closing of the Nova Scotia Sanatorium Post Office. This event took place very quietly and without ceremony, as with many other smaller post offices which have been closed out from time to time. Post Offices have always played an important part in the life of a community and the Sanatorium Post Office is no exception.

First established in 1930, it was designated Post Office X-335 N. S. Sanatorium. Before this office was established the mail was handled through the Kentville Post Office and sorted at the Sanatorium for distribution to staff and patients in much the same manner as it has continued to be done. The difference was that stamps and money orders were purchased from the Kentville Post Office, the clerk in charge of the Sanatorium mail making several trips to town as required. The Sanatorium, as always, supplied the vehicle to carry the mail and to transport the postal clerk.

The following is a list of the ex-patients who were in charge of the Sanatorium mail from 1919 to 1929:

W. Saunders, 1919; L. B. Beckwith, 1919; Mr. Westerman, 1920; Joseph McDonald, 1923; C. R. Barkhouse, 1923; Thomas O'Donald, 1924; John D. MacIntosh, 1925; Currie Creelman, 1927; A. E. Bisson, 1929.

In 1930 this office became separate and apart from the Kentville Post Office. The first postmaster was Roger Bruce, who was a patient. He held the office for some six months until he was forced to discontinue because of his health. It was then decided to appoint some member of the staff as a permanent Postmaster, which was to be in name only, with patients doing the actual work as they became well enough. Austin Amirault was appointed permanent Postmaster in April, 1931, and continued to hold this position until his retirement in 1967. As of July, 1967, the Nova Scotia Sanatorium itself had been designated as Postmaster.

The following is a list of ex-patients who served as postal clerks or assistants to the Postmaster since 1930:

Roger Bruce, first Postmaster, 1930; Murray MacPherson, 1930; Glen Seamone, 1937; James Twaddle, 1940; Wodie Davis, 1941; Ellsworth Outhouse, 1942; Harold Pothier, 1945; Lester Smith, 1947; Tom Mullen, 1947; Jules (Joe) LeFave, 1947-

1971; Avite Burke, 1950; Allan McKinnon, 1950; George Baker, 1954; Allister McFarlane, 1956-57; Steve Mullen, 1957-1971.

According to Jules (Joe) LeFave the volume of business has remained fairly constant up until the time of closing. The decrease in the number of patients was offset by the increased volume of business from the offices of Inspector of Schools, Public Health Nurses, and the Department of Lands and Forests. Since its official closing, stamps and money orders are no longer sold, stamps having been replaced by a metered postage machine. Joe LeFave and the mail room are now located in the Administrative Building, the present name for the former nurses' residence.

Be A Good Forgetter

Be a good forgetter. Life is too short to remember that which prevents one from doing his best. "Forgetting the things that are behind, I press forward," said a brave old man in his first century. The successful man forgets.

He knows the past is irrevocable. He lets the dead past bury its dead. He is running a race. He cannot afford to look behind. His eye is on the winning post. The magnanimous man forgets. He is too big to let little things disturb him. He forgets quickly and forgets easily. If anyone does him wrong, he keeps serene.

It is only the small man who cherishes a low revenge. Be a good forgetter. Business dictates it, and success demands it.

— Author unknown

Mrs. Petty — "I'm going to enter Fido in the dog show next month."

Friend — "Do you think he will win many prizes?"

Mrs. Petty — "No, but he will meet some nice dogs."

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Star Of The East

Star of the East, Oh Bethlehem's star,
Guiding us on to Heaven afar,
Sorrow and grief are lull'd by thy light,
Thou hope of each mortal in death's lonely
night.

Fearless and tranquil we look up to thee,
Knowing thou beam'st through eternity,
Help us to follow where thou still dost
guide,
Pilgrims of earth so wide.

Oh star, that leads to God above,
Whose rays are Peace and Joy and Love,
Watch o'er us still till life hath ceased,
Beam on bright star, sweet Bethlehem star.

Star of the East, undim'd by each cloud,
What though the storms of grief gather
loud?

Faithful and pure thy rays beam to save,
Still bright o'er the cradle and bright o'er
the grave.

Smiles of a Saviour are mirror'd in thee,
Glimpses of Heaven in thy light we see;
Guide us still onward to that blessed shore,
After earth's toil is o'er.

Child Of Christmas

Lo, in the silent night, a child to God is
born

And all is brought again, that e'er was lost
or lorn.

Could not thy soul, O man, become a silent
night,

God would be born in thee, and set all
things aright.

Though Christ a thousand times in Bethle-
hem was born,

If He's not born in thee, thy soul is all
forlorn!

Hold, there! Where runnest thou? Know
heaven is in thee!

Seek thou for God elsewhere, His Face
thou'lt never see.

In all eternity, no tone can be so sweet
As when man's heart with God in unison
doth beat.

Ah, would thy heart but be a manger for
the birth,

God would once more become a child on
earth!

— Angelus Silesius (17th Century).

The Wonders Of Christmas

There was deep symbolic silence
In the world on that first Christmas,
Its profoundness blending clearly
With the angels' glorious song.
There was warmth and deepest reverence,
And the light of tender loving
In a mother's gentle eyes.
There was faith and hope and wonder
On the faces of the shepherds,
As they knelt in adoration
By a humble manger bed.
There was giving, loving, sharing
As the wiseman journeyed onward,
Following the path of starlight,
To find the Holy Child of God.
There is warmth and love and magic
In a child's soft kiss at bedtime,
And in parents' tender glances
As they watch their sleeping child.
And when candles shine in windows
There is stardust gleaming softly,
In the eyes of those who cherish
Magic moments, Gifts of Christmas
Shining like God's star in Heaven,
On a velvet-curtained sky.

ANNE KAYE

Digby, N. S.

The door is on the latch tonight
The hearth-fire is aglow,
I seem to hear soft passing feet —
The Christ child in the snow.

My heart is open wide tonight
For stranger, kith or kin.
I would not bar a single door
Where Love might enter in.

— Kate Douglas Wiggin

I have always thought of Christmas as a
good time; a kind, forgiving, generous,
pleasant time; a time when men and wo-
men seem to open their hearts freely, and
so I say, God bless Christmas!

— Charles Dickens

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MAYFLOWER MOTEL

Thoughts At Large

By Sydney J. Harris

The worst mistakes of judgment are made by those who believe that "reason" and "passion" are opposites; reason does not exist to oppose the passions, but to mediate among them; and the man who uses reason to repress his emotions will soon be as mad as the man who permits his emotions to override his reason.

* * * * *

Starting a talk with a joke is the most inappropriate opening a speaker can make if the rest of the talk is dull and dusty — for it simply points up the vast borrowed and the subsequent dreary difference between the humor he has statements that belong to the speaker himself.

* * * * *

Watching the TV shots of Atty. Gen. Mitchell and his confreres sitting on a balcony in Washington observing anti-war demonstrators being arrested, I was reminded of Chamfort's remark 200 years ago: "In France we leave unmolested those who set fire to the house, and persecute those who sound the alarm."

* * * * *

The chief effect of argument is to strengthen one's own opinion, and sometimes, indeed, to drive us to more extreme positions than we would take without the spur of controversy.

* * * * *

Possibility of a U. S. detente with Russia and China must frighten the skin right off hundreds of politicians; if they lose an outside aggressor to "view with alarm," most of their campaign appeal will be gone.

* * * * *

The "liberty" that most men clamor for is merely the right to remain enslaved to the prejudices they have grown comfortable with; genuine liberty—to become who you are—is more feared than coveted.

For every public figure who complains that lies are told about him, a score would complain if the truth were told; as Samuel Johnson accurately observed: "A man had rather have a hundred lies told of him than one truth which he does not wish should be told."

* * * * *

"Compromise" is one of the trickiest words in the language—for there is nothing better when it signifies the abandonment of dogma in order to cooperate, and nothing worse when it signifies the abandonment of principles in order to conspire.

* * * * *

One of the most perplexing differences between the sexes is that a woman away from home is usually on her very best behavior; a man away from home tends to be on his worst.

* * * * *

I know a professional man who spent so much time playing the stock-market (and losing) that he could have doubled his income had he devoted the same amount of time and energy to his profession.

* * * * *

One of the best remedies for social smugness is to read over the "ranting" of the "lunatic fringe" of a century ago, and realize how many of these have been incorporated as stable elements of all modern societies.

* * * * *

True greatness in a man consists in saying what he means and doing what he says—which must be based on knowing who he is; as a friend said of Martin Buber, one of the few great men of our time: "He stands at the bottom of his personality, looking up."

* * * * *

The worst harm to human nature comes from the futile attempt to "repress" the evil within us, rather than learning how to mobilize this demonic force in the service of a higher good; for repressed evil instincts always strike back with redoubled fury in a crisis. (It is no accident that the pre-Nazi German people were the most lawful, clean, industrious, obedient and repressed in all of modern Europe).

* * * * *

We can never understand someone until we are able to hear what he is not saying.

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The Hazard Of RD

SPECIALIST ANSWERS QUERIES ON RESPIRATORY DISEASE

By GORDON M. MEADE, M.D.

Director of Medical Education
National Tuberculosis and Respiratory
Disease Association

Q. When doctors use the term "RD", just what are they talking about?

A. Respiratory Disease — disease that affects breathing.

Q. What is RD like?

A. It has a number of different forms. Its acute forms, most of which are caused by viruses, are familiar; they include the common cold and influenza. Other types of RD are caused by germs, notably bacterial pneumonia and tuberculosis. Some respiratory diseases are caused by allergy; typical of these are asthma and hay fever. Most serious of all are the chronic respiratory diseases which include not only the two last named but also emphysema, chronic bronchitis, TB, lung cancer, and some others.

Q. What do you mean by "most serious"?

A. They affect millions of people and often cause severe disability or death. Chronic respiratory diseases are direct or indirect causes of about 88,000 deaths in the U.S. each year.

Q. Emphysema is sometimes called a "new" disease. Is that a fact?

A. No. But it has assumed growing importance and incidence in the last 15 years.

Q. What are the characteristics of emphysema?

A. Breakdown of the countless tiny air sacs and blood vessels in the lungs, causing the lungs to lose their elasticity, their ability to expel air properly, and principally their capacity to take up oxygen and to give off carbon dioxide from the blood. Breathing becomes laborious and painful; the extra strain on the heart often leads to heart failure and death.

Q. How does chronic bronchitis differ from emphysema?

A. Chronic bronchitis is characterized by excessive secretion of mucus in the lining of the bronchial tubes, which connect the windpipe with the lungs. A cough develops and returns regularly; or it may become permanent. If the irritation causing excessive mucus secretion is not removed, the condition may grow progressively worse. It often leads to emphysema,

and the two diseases exist together.

Q. Do environmental conditions play a role in these diseases?

A. Definitely. In the case of chronic bronchitis, medical evidence shows that it is directly caused by cigarette smoking. As for emphysema, while no direct physical link has so far been demonstrated, a study team has reported to the Surgeon General of the U. S. Public Health Service that cigarette smoking causes "an increased risk of dying from pulmonary emphysema."

Q. What about other respiratory diseases?

A. About 47,000 persons in the U. S. die of lung cancer annually, and it is well established that most of these deaths result from cigarettes.

Q. Are any other environmental factors involved?

A. Air pollution undoubtedly plays an important role. While there is no direct evidence that it causes respiratory disease, we know that it increase its severity. According to the "Air Pollution Primer" published by the National Tuberculosis and Respiratory Disease Association, the symptoms of emphysema, chronic bronchitis and asthma "are aggravated by air pollution."

Q. How serious a problem is caused by acute RD?

A. There were more than 20 million cases of acute respiratory disease in 1967 — an average of slightly more than one for every American. In the same year acute RD caused an aggregate loss of 96,560,000 school days and 94,400,400 work days.

Q. Is tuberculosis still considered a serious problem?

A. Any disease that kills more than 7,000 people and attacks more than 40,000 each year — as TB does — must be considered serious. Modern drugs have greatly improved TB treatment and made ultimate eradication a real hope, but it will take a long time.

CUES TO CULTIVATE

On quiet power: All noise is waste, so cultivate quietness in your speech, in your thoughts, in your emotions. Speak habitually low. Wait for attention and then your low words will be charged with dynamite.

The way some girls break a date is by going out with him.

—Anonymous

Editorial Comment

It is likely that each generation feels that its problems are unique or, at least, of far greater magnitude than those experienced by earlier generations. It is therefore somehow comforting to learn that the same problems have been encountered and the result has not been complete disaster. For example, many express concern today that the commercialization of Christmas is defeating its true significance. Probably it is because the tempo of everything tends to increase — the T. V. ads become more frantic as more and more companies are competing for the buyers' attention and favour. One of the problems is that with this tremendous build-up there tends to be a corresponding let-down when the tinsel is cast aside. It is a matter of balance — the six or eight weeks of commercial build-up being too long a period to sustain the high pitch of excitement — if the end result is to be the acquiring of the "gifts" that are being advertized.

However, from the time that Christmas first began to be celebrated on the present date it either incorporated or replaced, some of the festivities that pre-dated the Christian era. It afforded a substitute for many who had observed a festival of rejoicing that the shortest day of the year had passed. For the Roman converts it furnished a substitute for the *Saturalia*, the feast in honor of Saturn and marked by unrestrained revelry and merriment for all classes, even for their slaves. Similarly, the Yule log, the holly, and the mistletoe were an eventual concession made to the ancient Druid observances. Early churches had objected to the use of greenery because of its pagan symbolism but eventually relented and made use of some of the symbols, to good advantage. The Advent wreath with its four candles, one for each of the four weeks of the Advent Season, is an example of one of the most significant uses of an ancient custom.

A number of plants have long played a part in the celebration of Christmas as we have come to know it. The ancient Druids considered holly to be sacred. Its eternal green meant that the sun, which they worshipped, never deserted them. It was also their belief that it would protect them from witches. A sprig of holly on the bedpost would service to dispel evil and assure pleasant dreams. Mistletoe symbolized peace and hope in Roman times. The Druids

believed that it warded off evil, promoted fertility, and had medicinal value. Many well-known legends have sprung up around the holly and mistletoe. One, concerning the mistletoe, is a Norse legend: The sun god Balder told his mother that he had dreamed of his coming death. She called upon all the powers of nature and pleaded with every living thing not to harm her son. She ignored the seemingly inoffensive mistletoe and shortly after, Balder was killed by an arrow made from that wood. The land darkened and there was great mourning. After three days, because of his mother's great love, Balder was permitted to return from the dead. His light shone again, and his mother's tears became mistletoe berries. Overjoyed, she kissed every person beneath the plant's branches and decreed that, henceforth, all who walked under mistletoe should be kissed. My brief research does not show that the mistletoe has received general acceptance in the Church's observance of the Christmas festival!

We do, however, see the poinsettia gaining acceptance as a Christmas plant. A native of Mexico, it was introduced into the United States by Joel R. Poinsett, U. S. Minister to Mexico at one time, who lived between 1779 and 1851.

While considering observances and customs which we have acquired from many lands it is interesting to consider how our Santa Claus has derived from Kriss Kring-le, or Christkindl (The Christ Child) and St. Nicholas, or the Dutch Sant Nicolaus, who placed gifts in the shoes or stockings of children.

It is truly a time for children and those of us who are older can still recapture something of the wonder of it when we see how the small children look forward to that happy day with such expectation — and carry us all along on their own enthusiasm.

And now, from those of us on the staff of HEALTH RAYS and from all of us in the Rehabilitation Department, our very best wishes for the Christmas season.

Instead of grumbling about the wrong way the world is going, make yourself one part of the world that is going the right way.

Your X-Ray

Milton Koulik, R.T.

Everyone appears to be very much interested in his own X-rays and their interpretation, so perhaps you would like to know how we can have a very good idea of what your lung looks like, even though we don't have it in our own hands to examine it.

So often patients ask us about "shadows, lesions and cavities," and the difference between them. Quite commonly, you say that your doctor told you there was "only a shadow" in your lung and perhaps you feel that rest is not necessary for "just a shadow."

In order to understand something about X-rays, let us first talk about rays of light which are familiar to us all. If you are outside in the sunshine and extend your hand from your body, then your hand casts a shadow. The area of relative darkness, or a shadow, conforming to the shape of your hand is seen on the ground below. If you saw this curiously shaped shadow on the ground and had never seen a human hand before, then you would have no idea what that particular shadow represented. But, as you know, that particular shadow has the exact shape of the human hands, therefore it represents skin, muscle, bones, joints, nails, ligaments, nerves and blood vessels. The shadow itself doesn't look in the least like tendons, nails, or bones, but from experience, you can immediately say that it represents a human hand, and that therefore those tissues must be present.

The same is true of X-rays. Here the source of the ray is the X-ray machine, and the rays are directed from the X-ray tube to a cassette or film holder. Inside this cassette is a pair of intensifying screens between which is placed an X-ray film. The screens are made of a suitable base and painted over with a fluorescent chemical preparation which fluoresces when penetrated by X-rays. The greater the amount of X-rays that penetrate it, the brighter will be the fluorescence. When a film is placed in close contact between the screens it reacts to the light and X-ray. After development the film is a visible record of the shadow that was

on the screen, but this shadow is not limited to a silhouette only. Now if you are wondering just how this is possible, the reason—very briefly—is that X-rays have the ability to go through some materials such as flesh, cloth, paper, with ease, while they are stopped in greater or lesser degree by other substances like bone and stopped entirely by the heavy metals such as lead.

This brings us to the term density. As the density of this object increases, the amount of X-ray stopped increases, or we could say the amount of X-ray absorbed is increased, therefore the amount of film is less and the white or clear area energy left to act upon the screen and on the film then represents a dense material. Now when X-rays are directed through a portion of the body and a cassette is placed where it will be acted upon by the X-rays that succeed in getting through that portion of the body, and this film is developed by the proper chemicals, it becomes a picture record formed by these X-rays—a record that speaks clearly to the experts.

As an example we will fill three brown bottles with different amounts of water and on casual inspection we are unable to tell the amount of water in these bottles. Now if we pass X-rays through these bottles, due to the difference in density of the water, air and bottle, each absorbs its own amounts of X-ray. The remaining X-ray energy will then affect the screen and film in different amounts and after this film is processed through the proper chemicals it becomes a shadow picture or radiograph and shows us the silhouette outline of the bottle and how much air and water is in each bottle, in terms of black, gray and white.

The human body is made up of various tissues of different density. X-rays pass with ease through some of these tissues but with difficulty through others. Bone represents an obstruction to X-rays and always appears on the X-rays as a white shadow and the thicker the bone is, then the whiter the shadow is. The heart, which is composed of thick muscle full of blood, is opaque to X-rays and very few can pass through, so that the heart looks white on the X-ray plate. Any kind of fluid in the body, whether it is fluid in the pleural cavity or fluid in the stomach or bowel, absorbs nearly all of the X-ray and consequently, appears on the plate as a white density.

When a chest X-ray is taken, the X-rays have to pass through a thin layer of skin, fat, muscle, and pleura, both front and

RON ILLSLEY
ESSO SERVICE STATION

back, and the lung itself. As most of the chest is composed of air containing lung, the X-rays have little difficulty in reaching the sensitive X-ray plate, so the picture of the lungs appears almost black. Each lung takes up considerable space in the chest because it is inflated with air, there being millions of air spaces, or what we call alveoli, within it. If the lung is allowed to expand completely, as air allows X-rays to pass through it easily, the lung whose volume is composed chiefly of air, will allow X-rays to pass through almost as well.

If there is any area of tuberculosis in the lung, then this will show up in the X-ray as an area of whiteness as compared to the dark areas which represent a normal lung. If a diseased area involves a great thickness of lung, then the area will be quite white, but if it is only a thin area, then it will appear only faintly white. Tubercle germs cause the lung to become inflamed—that is reddened and swollen — like your tonsils when your throat is sore or like a boil on the back of your neck. The swelling is due to an increased amount of fluid in the lung tissues involved, plus the gathering together in that area of millions of cells which have come directly from the blood stream in order to fight the tubercle germs. Such an inflamed area with the increased amount of fluid in the involved part of the lung and in the neighboring air spaces, with the great increases in inflammatory cells, will prevent most of the X-rays from getting through to the screen and film and will therefore show up as white shadow or density, as compared with the surrounding normal lung which, as I mentioned before, appears almost black on the X-ray.

Should the center of this inflamed area in the lung die due to the action of the tubercle germ it soon becomes liquified, like the center of a boil does with the formation of pus. The patient then coughs this up as sputum, and a hole or cavity is left in that part of the lung. Such a cavity is composed of a small or large air space in the lung seen on the film with the naked eye. The wall of the cavity is composed of inflamed and reddened, or swollen lung. The X-ray will show the cavity as a circular area of blackness which contains air alone, surrounded by a dense white one which represents the inflamed swollen lung around it.

In some cases these shadows of cavities or densities are in such a position that

they are superimposed one upon the other. It is then necessary to separate these shadows and one way is to take a stereo, which means to take two films and view them on a stereoscope which gives the impression of depth. If this will not identify the shadows, body section radiographs can be taken. This is also called plainagrams or tomograms and the finished radiograph will give the impression of a thin area or section through the body. Now this is accomplished by exposing the film during the movement of the tube and the film in opposite directions. As the film and tube move about a common pivot point, the plain at this point is recorded on the film. As you can expect it is necessary to have several of the plains or sections in order to separate the shadows.

It is only by seeing thousands of X-rays and comparing these X-rays with the actual lungs removed at operation or autopsy, that we have been able to learn or interpret what we see in these so-called "shadows." By now we have become fairly proficient in our interpretation of the areas of blackness and whiteness we see in the X-ray film, so that we can predict with almost certain accuracy what the lung would really look like. Similarly, I have difficulty in interpreting such things as air photographs or the rows of numbers and letters on your knitting books, because I haven't had the experience in dealing with that sort of thing. If you think of an area of tuberculosis inflammation in the lung as something like a boil or a tonsil which is reddened and swollen, then you will begin to understand what inflammation is.

I hope this little discussion has helped you to understand some of the elementary things about shadows, cavities and lesions. If there are still some points on which you aren't quite clear, then ask your doctor.

The San-O-Zark

It is not enough to own a Bible; we must read it.

It is not enough to read it; we must let it speak to us.

It is not enough to let it speak to us; we must believe it.

It is not enough to believe it; we must live it.

A dressmaker is super-stitchous.



Chaplain's Corner

THE PROPHECY

For unto us a child is born, unto us a son is given; and the government shall be upon his shoulder; and his name shall be called Wonderful, Counselor, The mighty God, The everlasting Father, the Prince of Peace.

Of the increase of his government and peace there shall be no end, upon the throne of David, and upon his kingdom, to order it, and to establish it with judgment and with justice from henceforth even for ever. The zeal of the Lord of hosts will perform this.

—Isaiah IX; 6, 7.

Comfort ye, comfort ye my people, saith your God.

Speak ye comfortably to Jerusalem, and cry unto her, that her warfare is accomplished, that her iniquity is pardoned: for she hath received of the Lord's hand double for all her sins.

The voice of him that crieth in the wilderness, Prepare ye the way of the Lord, make straight in the desert a highway for our God.

Every valley shall be exalted, and every mountain and hill shall be made low; and the crooked shall be made straight, and the rough places plain:

And the glory of the Lord shall be revealed, and all flesh shall see it together: for the mouth of the Lord hath spoken it."

—Isaiah XL; 1-5

The wilderness and the solitary place shall be glad for them; and the desert shall rejoice, and blossom as the rose.

—Isaiah XXXV 1

Then the eyes of the blind shall be opened, and the ears of the deaf shall be unstopped.

Then shall the lame man leap as a hart, and the tongue of the dumb sing: for in the wilderness shall waters break out, and streams in the desert.

—Isaiah XXXV; 5, 6

How beautiful upon the mountains are the feet of him that bringeth good tidings, that publisheth peace; that bringeth good tidings of good, that publisheth salvation that saith unto Zion, Thy God reigneth!

Thy watchmen shall lift up the voice; with the voice together shall they sing: for they shall see eye to eye, when the Lord shall bring again Zion.

Break forth into joy, sing together, ye waste places of Jerusalem: for the Lord

hath comforted his people, he hath redeemed Jerusalem.

The Lord hath made bare his holy arm in the eyes of all the nations; and all the ends of the earth shall see the salvation of our God.

—Isaiah LII; 7-10

Thus saith the Lord of hosts: Yet once a little while and I will shake the heavens, and the earth, the sea, and the dry land; and I will shake all nations, and the desire of all nations shall come.

—Haggai II; 6, 7

THE NATIVITY

For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.

—St. John III; 16

Thoughts

In the long run, we shape our lives, and we shape ourselves. The process never ends until we die. And the choices we make are ultimately our own responsibility. — Mrs. Eleanor Roosevelt.

We may elevate ourselves but we should never reach so high that we would ever forget those who helped us get there. — Will Rogers, humorist.

Praise a man for what he does well, then gradually help him with his shortcomings. — Dale Carnegie, biographer.

I studied the lives of great men and famous women; and I found that the men and women who got to the top were those who did the job they had in hand, with everything they had of energy and enthusiasm and hard work. — Harry S. Truman.

To find out what one is fitted to do and to secure an opportunity to do it is the key to happiness — John Dewey, philosopher.

What you say and what you do must be one. — Chiang Kai-shek.

Some people are always grumbling; if they had been born in the Garden of Eden, they would have found much to complain of. Others are happy anywhere; they see beauties and blessings all around them. — John Lubbock, astronomer.

Remember when "what a riot" used to mean something funny?

About Your Lungs

A radiograph can tell more about your lungs more easily than any other part of your body except, perhaps, your bones and your teeth. Your lungs, you see, are like a highly complicated sponge, and when you breathe in they fill with air. The x-rays can readily pass through lung tissue and show whether the lungs are healthy or not.

Every grown person ought to have an x-ray examination of his chest every year, and this is almost more important if you feel perfectly well than if you don't. If you're sick in bed, your physician knows there is something wrong, and the only job of the x-rays, then, is to help him decide what is wrong. Suppose it looks like pneumonia, he'll probably order an x-ray study to help him decide what kind it is. An x-ray study, for instance, may be the only way he can really decide whether you have virus pneumonia, which seems to be attacking more and more people recently, or whether your fever is from something else entirely. And since this will decide what treatment he prescribes for you, it can be very important indeed.

In the case of certain diseases, lung abscess for example, it's important to know just where in the lung the trouble is located, and this again is a job for the x-rays. Also in bronchiectasis, a condition in which the bronchial tubes have become dilated, it is quite necessary to know the location of the difficulty. In order to accomplish this the radiologist will need to introduce an iodine mixture into the bronchial tubes before the radiograph is made. The iodine is radiopaque and outlines the tubes clearly.

Sometimes people, usually children but not always, inhale things more solid than air. The commonest things that get into the lungs are carpet tacks, fishbones, false teeth, peanuts, and pins — hair-pins, straight pins and safety pins. But it isn't enough for the specialist who has to get it out to know that something strange has been inhaled. If he doesn't know what the foreign body is and where it is located, the task of finding it would be like looking for a needle in a haystack. X-rays are helpful in telling exactly what to look for and where to look. Then with the help of a long tube with a light on the end, called a bronchoscope, he can usually show the unwelcome stranger out the same way it got in.

Have you had your chest x-rayed this year? If you had advanced tuberculosis,



RELIGIOUS SERVICES AT THE NOVA SCOTIA SANATORIUM

PROTESTANT

Worship Service (Chapel)
Sunday: 10:00 a.m.

Vesper Service (Station San)
Monday through Saturday: 6:25 p.m.
Sunday: 5:45 p.m.

Communion is served quarterly in the East and West Infirmaries.

ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)
Saturday: 4:15 p.m.

The Rosary (Station San)
Monday through Saturday: 6:45 p.m.
Sunday: 6:15 p.m.

The Hour of the Crucified (Station San)
Sunday: 6:30 p.m.

you would be fairly certain to be aware of the fact, but the reason all healthy people ought to have a chest x-ray check-up every year is that thousands of people, walking around carrying on their jobs, have early tuberculosis and never suspect it. Literally thousands. Among the several million people who have had their chests x-rayed by mobile x-ray units in factories and business houses and schools, at least one in every three thousand, who seemed to be perfectly well, turned out to have active tuberculosis. It's important to discover the presence of tuberculosis as early as possible for it is less difficult to cure if it is found early.

If you live in or near a big city, you can probably have your chest x-rayed through the public health department or through our local tuberculosis and health association. It only takes five or ten minutes of your time to give you reasonable assurance that you do not have tuberculosis of the lungs, and that's a big bargain in health. If you should turn out to have the beginning of tuberculosis, on the other hand, that's nothing to be seriously upset about. You would have to have more elaborate x-ray studies to decide

(Continued on Page 15)

OLD TIMERS

It is the last day of November as we write these notes, hoping that we might get our December issue out while it is still appropriate to have it look a bit Christmassy. We have just received our first greeting card and, while it wasn't written for publication, I hope that the writer won't mind. It is from Eileen Hiltz, saying that she is getting ahead of the rush because she intends to spend Christmas in Plymouth, England, with her late husband's sister and brother-in-law, Peggy and Ted Jarvis. We wish her a pleasant and sunshiny holiday.

A second card has arrived—making us feel that the time is drawing nigh. This one is from Sister Marilyn Curry, with greetings to all of her friends.

Today in the Dominion Store I had a few words with Dick Pottie who had been in for his annual check-up. He had been to Cape Breton fairly recently on a hunting trip (without success) and had called upon Albert Longueuey.

Next, some notes from Anne-Marie:

When Percy and Mary Doucette were visiting relatives in Wedgeport they stopped in to see Mrs. Evelyn (Comeau) Lombard in New Edinburgh. Evelyn was here in 1942 and is getting along fine.

They then stopped in Comeauville to see Mrs. Agnes Comeau who was here in 1967. She is feeling well and is busy with her cooking and housework. Later on, when driving around, they visited Mrs. Marie Evangeline Surette of Belleville South who was here in 1970. She wished to be remembered to her friends at the San.

When Joe and Hazel LeFave were in New Glasgow last weekend they saw Barb and Jack Murray of Trenton, who were here in 1950. Jack works as a security officer at the Trenton Car Works. Both he and Barb are avid curlers.

This fall Peggy MacEachern had a trip to Liverpool to visit Marguerite MacLeod, and stayed overnight with her. Marguerite is well and in good spirits, and they had a good visit together. Later, Peggy visited Margaret Morse, who is

now in Kingston, and reported that she is getting along fine.

Mrs. Marie E. Surette (mentioned briefly above) sends greetings to the patients, doctors, nurses, and other staff at the San. She said that she would not be able to send greetings individually to all, as she is going into hospital for a check-up. She still speaks very highly of the wonderful care she received while here.

When Grace Adams was down for her farewell tea, she told us of seeing Lolita Sanderson in Truro. Lolita was here in 1950, has kept well, and works part-time at a telephone answering service.

A picture in a recent issue of the Chronicle-Herald shows Otto Bezanson engaged in the Christmas tree industry. Otto was a patient in 1943 and for shorter periods since that time.

Hubert Surette, who was discharged just a year ago, was in for a check-up early in December. While here he visited some of his friends and made a visit to the Rehab. Department.

Harold Huntley was also in for a check-up and visited his friends and his Godson, Alan Munroe, who is a next-door neighbor. Harold, who was discharged three years ago, is looking well and enjoying life.

FAMILY AND FRIENDS—

(Continued from Page 2)

way. On the other hand, he doesn't go to the other extreme — panic, and be afraid that he'll catch the "bug" if he goes near the hospital. He remembers that he had been in contact with the patient, if they're closely related or good friends, for some time before the patient entered the hospital, when the patient's disease might have been more contagious than it is now.

If the visitor has a cold or isn't feeling well he asks someone to substitute for him. A sick person is having enough trouble fighting his own germs. He doesn't need to have to fight some different ones a thoughtless relative or friend might bring him.

Everyone in the hospital recognizes that a patient's family and friends directly influence the patient's reaction to the course of his disease. He may get well without their help and in spite of their hindrance but his cure will be much more pleasant and probably shorter if his loved ones have the wisdom and spiritual resources to help in the right manner.

—The Link

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Inns And Outs



NOVA SCOTIA SANATORIUM

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OCTOBER 16 to NOVEMBER 15, 1971

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DISCHARGES:

OCTOBER 16 to NOVEMBER 16, 1971

JOSEPH ADOLPH BOUDREAU, Comcauville, Digby Co.; MRS. MARGARET JEANNE KENNY, (Expired), 25 Main St., Wolfville, Kings Co.; DOUGLAS

CLARENCE BENNETT, 8 Pine St., Springhill; LEVI COURTNEY KEDDY, Morden, RR 3, Aylesford; MAXINE ROBERTA CHANDLER, New Harbour, Guysborough Co.; GEORGE ALFRED RAFTER, Bramber, RR 1, Walton, Hants Co.; MRS. SOPHIE MARIE LaPIERRE, Grand Desert, RR 2, Box 4, Halifax Co.; FRANK LAUDER TIBBETTS, Shady Rest Nursing Home, Oxford; ROBERT ELROY MacLELLAN, Roger's Hill, Pictou Co.; EDMUND JOSEPH D'ENTREMONT, Lower Eel Brook, Yar. Co.; JOHN BERNARD CHAPLIN, Middle Stewiacke, Col. Co.; PERCY STANFORD WENTZELL, 91 Exhibition St., Kentville; ALTON EUGENE RUSHTON, Londonderry, Colchester Co.; ALYSTAIR JAMES PELTON, Scotia Nursing Home, Ltd., Beaverbank, Halifax Co.; MRS. HELEN MARY SYLLIBOY, Micmac, Hants Co.; MRS. EUPHEMIA JOLLIMORE, Lakeside, Halifax Co.; MOSES KELLOWAY, 3706 Lynch St., Halifax; SINCLAIR YOUNG, West Dover, Halifax Co.

POINT EDWARD HOSPITAL

ADMISSIONS:

NOVEMBER 1 to 30, 1971

MRS. NANCY GOOGOO, Eskasoni, Cape Breton Co.; MRS. JUANITA MATTHEWS, Whycocomagh, Inverness Co.; ALBERT JOHN CLUETT, 129 Dorchester St., Glace Bay; BARTHOLOMEW (BERT) WATKINS, 14 Wanda Lane, New Waterford; RONALD DANIEL MacLELLAN, 3-13th St., New Waterford; MURDOCK MacKEIGAN, RR 4, Glace Bay Highway; JOHN BASQUE, Barra Head, Richmond Co.; NEIL JAMES KELLY, 259-6th St., New Aberdeen, Cape Breton Co.; MRS. MARIA THERESA JEANNIE MacMULLIN, 108 Highland St., Glace Bay; FRANCIS GERARD MacKENZIE, 178½ Main St., Glace Bay; URBAN THOMAS LAHEY, Main-a-Dieu, Cape Breton Co.; MALCOLM MacDONALD, 5 Duncan St., Glace Bay.

DISCHARGES:

NOVEMBER 1 to 30, 1971

GORDON MacLEOD, P.O. Box 255, Louisbourg, Cape Breton Co.; FREDERICK YATES, 41 Mansfield St., Glace Bay; BERNARD JOSEPH GOULD, Eskasoni, Cape Breton Co.; MRS. CHARLOTTE BARBARA DUCCO, 182 Plummer Ave., New Waterford; MRS. NANCY GOOGOO,

(Continued on Page 15)

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NURSING NEWS

Miss E. J. Dobson, R.N., B.Sc., N., Director of Nursing Nova Scotia Sanatorium, accompanied by two head nurses, Misses Gayle Wilson, R.N., and Vilda Skerry, R.N., attended a three-day Institute In Nursing the Patient with a Respiratory Problem. Miss Dobson participated on a panel discussion of the Then and Now in Tuberculosis.

Congratulations to Dr. D. W. Archibald on the successful completion of his certification in Psychiatry.

WELCOME TO OUR STAFF:

Mrs. S. Eliuk, C.N.A., Mrs. A. Cormier, G.N.

WORKSHOP:

Sponsored by the V.B.R.N.A.N.S. of which Miss V. Skerry, R.N., is President, and her planning committee worked very diligently to bring about a very successful one-day workshop on "Developing Staff For Better Patient Care"

Others helping on the committee from our staff were Mrs. F. Hersey, R.N., Mrs. S. Zirkel, R.N., and Miss E. MacQuarrie, R.N., and Miss M. Potter, R.N.

LEAVING OUR STAFF:

Mrs. Florence Amirault, C.N.A.
Congratulations to Mr. and Mrs. Steven Patterson on the birth of their son; we hope all three are doing well.

TRAVELLER:

Miss E. MacQuarrie, R.N., attended a 3-day Operating Room Nurses Conference. While in Montreal she was a guest of the Holiday Inn.

WEDDING:

Our best wishes to Mr. and Mrs. Gordon Benjamin (nee Beverly Gardner, R.N., B.Sc., N., of our teaching staff) on their decision to tie the marital knot November 5th.

AT WIT'S END

We have virtually erased bad breath in this country, stamped out dandruff and done away with burning, itchy feet, but we have been unable to conquer one of society's most dreaded diseases: Creeping Underwear.

Everyone talks about Creeping Underwear, but no one does anything about it. Technical research has put powdered orange juice on the moon, yet on earth we are still plagued with pantyhose that won't stay up, slips that won't stay down and girdles that should contain a label, "HAZARDOUS TO YOUR HEALTH."

To suggest that Creeping Underwear changes a person's personality is the understatement of this decade. The other night I went to a movie, a fully confident, well-adjusted, stable, human being.

Two hours later, I was a totally different person. My slip had crept to my waistline to form a solid innertube which added about 15 pounds to my form.

My girdle, in a series of slow manoeuvres, had reached several plateaus during the evening. First, it slid to my waist. Upon finding this area was already occupied by a slip, it moved upward, cutting my chest in half and gradually moved upward to where it pinched my neck and caused my head to grow two inches taller.

The pantyhose were quite another story. They kept sliding down until I realized halfway through the movie that I was sitting on the label in the waistband and that if I dared stand up the crotch would bind my ankles together.

I tried to adjust these garments in a way so as not to call attention, but everytime I bent my elbow, two straps slid onto my shoulder and bound my arms like a straight jacket.

My husband was the first to notice the change in my personality. "What are you doing sitting under the seat in a fetal position?" he asked. "Are you trying to tell me you do not like the movie?"

"I am suffering from Creeping Underwear," I whispered.

"You should have taken a couple of aspirin before you left the house," he snarled. "Now, get up here and sit up straight in your seat."

He didn't understand. They rarely do. Nearly 98.2 per cent of all the victims of Creeping Underwear are women. As I sat there I looked under the seat next to me and saw another woman in a fetal posi-

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tion. "What are you doing down there?" I asked.

"I crossed my leg and was flogged to death by a loose supporter," she sighed. "Do you think they'll ever find a cure?" I asked hopelessly.

"I hope so, she said. "Your tongue is beginning to swell."

—Erma Bombeck
St. John's "Evening Telegram"

ABOUT YOUR LUNGS—

(Continued from Page 11)

whether you had to go to bed for awhile or just cut down on your work and play and step up your rest and nourishment. But lots of people with early tuberculosis, who do exactly what their physicians tell them, can look forward to recovery with the minimum disturbance to their normal lives.

Everyone over forty-five ought to have his chest x-rayed every six months, physicians say, and they mean it. Not that people over forty-five are any more likely to develop tuberculosis than younger folks, but they are likely to develop lung cancer. Those large-scale x-ray projects to uncover early tuberculosis have also been uncovering a good many cases of cancer of the lung—about one among men over forty-five, for every three cases of unsuspected active tuberculosis. And this is infinitely more important to discover early. Cancer of the lung was considered incurable not long ago because it was seldom discovered until too late. It is still fatal if discovered late. But when found and treated early enough, the chances of recovery are improving year by year. Yet cancer can grow with such rapidity that even a few months may make all the difference between in time and too late.

—The Link

Middle-age spread: too many nights around the table.

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INS AND OUTS —

(Continued from Page 13)

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**HEALTH RAYS
GOLDEN JUBILEE FUND**

Contributions to this Fund may be addressed to:

Health Rays Jubilee Fund
Nova Scotia Sanatorium,
Kentville, N. S.

An official receipt will be sent to all contributors, and all contributions are tax deductible. Your contribution will help Health Rays to survive.

The standing of this Fund as of November 30, 1971:

Previously acknowledged:	\$3,625.39
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Mrs. Joan (Whitman) Tingley	
Ernest Taylor	
Miscellaneous	15.00
Grand Total	\$3,640.39

Timely Quotes

Every man should make up his mind that, if he expects to succeed, he must give an honest return for the other man's dollar. — Edward R. Harriman, industrialist.

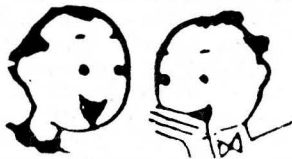
* * *

The world is now too dangerous for anything but the truth, too small for anything but brotherhood. — A. Powell Davies, clergyman and author.

* * * * *

A social service worker among some mountaineers was quizzing her class on the Bible. "Lizzy," she asked, "Tell us, please, who was the first man?" The mountain girl blushed deeply then flared out, "I'd druther die than tell you."

Just Jesting



Owl, after primping for a call on lady friend, stepped out only to find it was raining. He climbed back in his nest, murmuring sadly, "Too wet to woo!"

A woman who lived far beyond her three-score-and-ten years had been in the habit of having a birthday party each year. Her friends and relatives always remembered her with little gifts which were usually in the form of knick-knacks for the house. Finally arriving at the age of ninety, the old lady was asked what she wanted for her birthday. "Give me a kiss," was the reply, "so I won't have to dust it."

It's what the guests say as they pull out of the driveway that really counts.

A practical nurse is one who marries a wealthy patient.

Fun is like insurance. The older you get the more it costs.

Show me a man who understands women, and I'll show you a man who is in for a big surprise.

An elderly farmer returned from taking the new minister on a pheasant-hunting trip in the nearby woods. He sank wearily into a chair before the fireplace.

"Here's a cup of hot tea for you, Ezra," said the wife. "And tell me, is the new minister a good shot?"

The old fellow puffed his pipe a bit, then answered slowly:

"A fine shot he is Martha . . . but it's marvelous how the Lord protects the birds when he's shooting!"

Why are doctors' prescriptions so hard to read while their bills are so clear and legible?

To chase a girl . . .
is lots of fun . . .
If you can find one . . .
Who will run!!!!

Two cannibals were eating stew from a big kettle hung over an open fire in front of their hut. One turned to the other and said, "I can't stomach my mother-in-law."

Replied his friend, "Then just eat the vegetables."

When a man who had just returned from his vacation complained about the rainy weather he'd had, a friend interrupted. "It couldn't have been all that bad—look how sunburned you are."

"Sunburn, nothing," the unhappy vacationer replied. "That's rust."

Mother mosquito to her kids: "If you're very good children today, I'll take you to a nudist colony tonight."

"Why did you leave your last job?" asked the personnel man of the jobseeker.

"Illness, sir," was the reply.

"What illness?"

"I don't rightly know, sir," the applicant answered. "They just said they were sick of me."

A tall stately girl is a long lanky girl with money.

—Anonymous

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FIVE TO THINK ON

(1) A small town is where the telephone operator gives you the right number when you ask for the wrong one.

(2) A day can be brightened by seeing someone just a little plumper than you are.

(3) One of the delicate jobs of life is teaching the kids how to avoid hurting other people's feelings without being liars.

(4) You don't get ulcers from what you eat. You get them from what's eating you.

(5) When you think your child is cute when he tells you all the foolish things his teacher says, try imagining what your foibles sound like when he describes them to his teacher.

"Freddie," said the Sunday School teacher, "can you tell me what we must do before we can expect forgiveness of sin?"

"Yes, M'am," replied the boy, "we must sin."

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P.	Medical Director
PETER S. MOSHER, B.Sc., D.H.A.	Administrator
J. J. QUINLAN, M.D., C.R.C.S. (C) F.C.C.P.	Surgeon
F. J. MISENER, M.D., F.C.C.P.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D., F.C.C.P.	Physician
E. W. CROSSON, M.D.	Physician
V. D. SCHAFFNER, M.D., C.R.C.S. (C), F.A.C.S.	Consultant Surgeon
D. M. MacRAE, M.D., C.R.C.P., (C), F.C.C.P.	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.) F.R.C.S. (C)	Consult. Ortho. Surg.
DOUGLAS W. ARCHIBALD, M.D.	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
MISS E. JEAN DOBSON, R.N., B.Sc.N.	Director of Nursing
MISS EILEEN QUINLAN, B.Sc. P.Dt.	Senior Dietitian
DONALD M. BROWN, B.A., B.Ed., M.S.W.	Director of Rehabilitation

Point Edward Hospital

D. S. ROBB, M.D.	Medical Superintendent
T. K. KRZYSKI, M.D.	Physician
W. MacISAAC, M.D.	Consultant Bronchoscopist
D. B. ARCHIBALD, M.D.	Consultant Urologist
MISS KATHERINE MacKENZIE, R.N.	Director of Nursing
MISS JOYCE LEWIS	Dietitian
MRS. ELIZABETH REID, R.N.	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

Co-ordinating Protestant Chaplain
Rev. Dale MacTavish

PENTECOSTAL
Minister—Rev. Robert Cross

ANGLICAN
Rector—Archdeacon L. W. Mosher
San. Chaplain—Rev. W. A. Trueman

ROMAN CATHOLIC
Parish Priest—Rev. J. A. Comeau
San. Chaplain—Rev. Harlan D'Eon

BAPTIST
Minister—Rev. A. E. Griffin
Lay Visitor—Mrs. H. J. Mosher

SALVATION ARMY
Capt. Charles Broughton

CHRISTIAN REFORMED
Minister—Rev. H. Vander Plaatz

UNITED CHURCH
Minister—Dr. K. G. Sullivan
San. Chaplain—Dr. Douglas Archibald

The above clergy are constant visitors at The Sanatorium. Patients wishing a special visit from their clergyman should request it through the nurse-in-charge.

POINT EDWARD HOSPITAL

ANGLICAN
Rev. Weldon Smith

UNITED CHURCH
Rev. Robert Jones

ROMAN CATHOLIC
Parish Priest — Msgr. W. J. Gallivan

PRESBYTERIAN
Rev. E. H. Bean

SALVATION ARMY

The above clergy are visitors at this hospital. Besides the above named many other protestant clergy from the surrounding areas alternate in having weekly services for our patients.



The Canteen . . .

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AND BENEFIT

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- Gift suggestions, Novelties, Cups and Saucers
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- A wide variety of grocery items
- Ladies' and Men's wear — Nylons