

NOVA SCOTIA SANATORIUM

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Health Rays



HEALTH RAYS

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

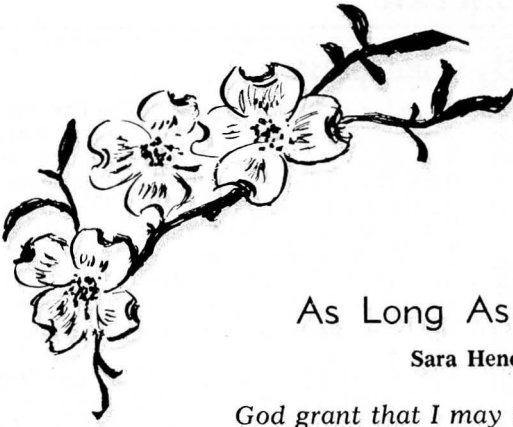
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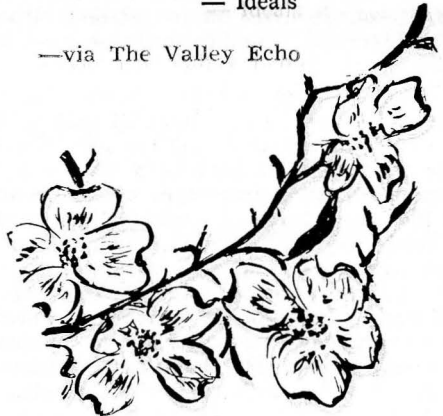
As Long As April Brings

Sara Henderson Hay

God grant that I may never be
A scoffer at eternity —
As long as every April brings
The sweet rebirth of growing things;
As long as grass is green anew,
As long as April's skies are blue,
I shall believe that God looks down
Upon His wide earth, cold and brown,
To bless its unborn mystery
Of leaf and bud and flower to be;
To smile on it from tender skies —
How could I think it otherwise?
Had I been dust for many a year,
I still would know when spring was near,
For the good earth that pillowed me
Would whisper immortality,
And I, in part, would rise and sing
Amid the grasses murmuring.
When looking at the mother sod,
Can I hold doubt that this be God?
Or, when a primrose smiles at me,
Can I distrust eternity?

— Ideals

—via The Valley Echo



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History Of Tuberculosis

Many of you are here because of a chronic disease, tuberculosis. While most of you have some information relative to this disease, I thought I'd give you some of the historical background, with special emphasis on the various methods of treatment.

Hippocrates first gave an accurate clinical description of tuberculosis at about 349-360 B.C. While it was not called tuberculosis at that time, his description was fairly accurate as we see TB today. Even Shakespeare's plays contained allusions to tuberculosis such as his description of pleurisy: "side stitches which shall pen thy breath."

The treatment of TB has included many strange concoctions, from the use of snails and fox lung, to the present "miracle" drugs, including PAS (birdseed), streptomycin, and INH. During the period 23-79 A.D., Pliny the Elder mentioned many folk remedies including fox lung, snails, and radishes. In Naples, however, around 167 A.D., it was believed that breathing the fumes of Mt. Vesuvius was beneficial for tuberculous ulcers. The Babylonians recommended the use of meat from animals with ulcerated lungs. A medicine that sounds a bit more refined was proposed in 980 A.D., consisting of injecting an infusion of red roses and honey into the windpipe. Goat's milk has also been used as a beneficial therapeutic medium . . . especially good for kids.

In 1962, Thomas Sydenham advocated fresh air and horse exercise. He thought the agitation of the chest by the movement of the horses was beneficial. We'll have to order a horse for each patient on this ward. In 1711, the first patent medicine, "Tuscora Rice" was sold for the treatment of TB. While it didn't cure any cases of TB, it sounds much more palatable than "Cod Liver Oil," another medicine used in 1774.

Oxygen therapy, emetics, purges, inhalants and mineral waters have all been used as treatment agents during the past. Creosote and arsenicals have been utilized but were of a passing fancy type of treatment. In 1840 the advocated treatment consisted of fresh, dry air, isolation, and no drugs. This treatment, combined with hydrotherapy and rest, persisted until 100 years ago.

Surgery came into play in 1885 at which time operations were performed to collapse tuberculosis cavities. The surgery became more extensive, with radical thoracoplast-

ies being performed by 1907. The first operation in which an entire lung was removed was performed in 1933, although the surgery at that time was performed for cancer of the lung.

Overfeeding the TB patient was practiced for a short period of time, but it was unsuccessful. Gold therapy was also attempted without success. Some even went so far as to place all their TB patients on a low-salt diet.

Now, with the advent of streptomycin, discovered in 1944; PAS (birdseed) 1946, Isonicotinic acid (INH) 1951, plus pyrazinimide, ethionamide, kanamycin, cycloserine, ethambutol and viomycin of the 60's and of course, surgery when needed the patient whose disease is diagnosed before too much lung tissue is destroyed, has an excellent chance for sound recovery and to be able to return to work.

The Link

PATIENT RESPONSIBILITY —

(Continued from Page 3)

possible for a patient to "accept" treatment, but we must not allow this effort to defeat the treatment.

I believe that more emphasis needs to be placed on teaching the patient not just to "accept" treatment but to make a real effort to accept his responsibility to follow through and persist in his efforts to get well. He needs to understand that his cooperation and determination are essential and that he must not force those trying to help him into a compromise that is detrimental to his well being.

—Sanatorium Outlook

Baby-sitting one afternoon with three noisy pre-schoolers, Grandma was trying to quiet them by reading nursery rhymes. When she came to "the cow jumped over the moon," little Johnny asked, "Grandma, did the cow blast off from Cape Kennedy?"

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RON ILLSLEY

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Patient Responsibility

W. DUANE JONES, M.D.,
MEDICAL DIRECTOR

The final responsibility for the recovery from tuberculosis lies with the patient. No matter what science has done, no matter what medications are known, no matter what the doctor does and advises, no matter what the sanatorium provides, no matter what the public health departments and the public health nurses do, no matter what the departments of welfare and vocational rehabilitation can do, no matter what the family and friends do, the ultimate responsibility lies with the patient. For only with the patient's consent and persistent cooperation can any or all of the above mentioned forces be brought to bear in a useful manner to effect a recovery from tuberculosis.

There was a time when a person with tuberculosis could not expect any help. This disease has persisted through the centuries. Only about 100 years ago the cause of tuberculosis was discovered and the disease was recognized to be contagious. Thus a firm basis for the development of help for the patient was laid. Even then, the progress of treatment was slow, and mostly unsuccessful.

The public in this part of the world became increasingly concerned, and the patient began to get more and more help. The early sanatoria were quite crude. Many of the services which we now take for granted—such as welfare, health departments, and others before mentioned—were barely in existence. Various means of collapse of the lung were used with irregular success. Actually, a relatively few survived their illness. Despite this rather dismal outlook, or perhaps because of it, the patient was willing to accept his responsibility in the effort to get him well, he accepted his responsibility to protect his family and community.

Many patients spent years and years to obtain a cure of their disease.

In recent years there has been a change in the attitude of many patients. Many seem no longer willing to do their part, to persistently make the effort and to spend the time and do the other necessary things to get well. This has become a very serious problem in the management of the tuberculous patient. We used to have excellent patient cooperation and rather limited treatment; now we have excellent treatment and often very limited patient cooperation.

We ask, now that almost every patient can expect to recover, and certainly in much less time and with all kinds of help and support, why does he not do his part? Today the treatment of the individual is often more difficult than the treatment of his disease.

Perhaps we as doctors, nurses, public health departments, the tuberculosis associations, the press, radio, and television are responsible for this change. In the enthusiasm generated by the success of today's treatment, I believe we have changed the attitude of the individual and the public regarding tuberculosis. They read and hear of "miracle" drugs, of advances in surgery and anesthesia, of the shortened hospital stay, of declining death rates, and of declining incidence rates. The individual and the public can not be blamed if, then, they feel the disease is no longer dangerous and that TB is no longer a problem.

In an effort to combat the lack of cooperation on the part of the patients, the approach to their problem has been to try to make the treatment more and more palatable. I have no objection to making any treatment palatable as long as this does not effect its efficiency. Certainly, no one wants to be hospitalized any longer than is necessary, nor does he want to take medicine longer than necessary.

In line with this idea, continued effort has been made. I believe this attempt has, unfortunately, been carried too far. In many places over the country patients have, I believe, been discharged from hospitals earlier than was best for them. I believe many patients have been treated at home too early for their best interests. Doctors have been found to treat patients not in the way they feel is best but in a manner that compromises the patients' best opportunity to get well. Certainly we want to make it as easy as

(Continued on Page 2)

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The Air That We Breathe

L. C. MANNI, M.D.

Oh, what I wouldn't give for a breathe of fresh air!

How many times have we wished for just that while sitting in a meeting room filled with smoke or while walking down the streets of a large city where the air is contaminated with smoke and exhaust fumes. A breath of fresh clean air is hard to find these days, and the first and last thing a man does is breathe. Each one of us breathes about 15,000 quarts of air a day, ten times as much by weight as our intake of food and water combined.

Generally we are very fussy about the purity of our food and water but do very little about or give any thought to the quality of air we breathe. Air is very important to our health and well-being, and without it our lives can be snuffed out in a few seconds. Breathing impure air takes longer, depending on the kind and amount of impurity.

Actually the air that man breathes has never been pure and with the advancement of civilization it has become more impure year after year. Air pollution results from emission into the atmosphere of aerosols, dust, fumes, gases, mists, odors, smoke, vapor, and ionized radiation.

In recent years there has been a marked increase in the incidence of respiratory diseases (diseases of the nose, throat, bronchial tubes and lungs). Respiratory diseases resulted in the number one "total disability" for which social security is being allowed in Florida and is a field which will lead to a "major medical catastrophe" in the next ten to fifteen years unless radical changes occur.

The chronic respiratory diseases: emphysema, chronic bronchitis, lung cancer, sarcoidosis, bronchiectasis, pneumoconiosis, fungus infections, and allergies are amongst our greatest killers and causes of disability. As of August, 1957, sixty-nine million people had one or more chronic conditions, and one-fourth of them had some limitation of activity (National Health Survey). During the three-year period 1955-57, respiratory diseases ranked fourth as a cause of death and the rate of increase was second to heart disease.

The causes of the chronic respiratory diseases are known to be: repeated acute respiratory attacks; aftermath of fungus infections silicosis and tuberculosis; and chronic irritation as caused by air pollution from industry and exhaust fumes and especially

in the individual air pollution caused by the chronic inhaling of tobacco smoke.

With each year that passes polluted air becomes a greater and greater problem. In comparison to our other natural resources, we have done very little to protect the air we breathe. The effects of air pollution on human health are as important as the effects of impure water and food. Dramatic disastrous episodes in this country and abroad have demonstrated that air pollution can produce acute illness and death. As far as long term effects of exposure to air pollution are concerned, evidence has been accumulated which links air pollution with increased deaths from heart and respiratory diseases and interference with normal respiratory function. Individual air pollution caused by the chronic inhaling of tobacco smoke has been proven to cause changes in the tissues of the respiratory tract and to hamper breathing. More and more circumstantial evidence is accumulating which links smoking with increased mortality from cardio-respiratory diseases and lung cancer.

The air we breathe is one of our greatest natural resources and very important for healthy living but it can be ruined and spoiled like any other resource. Remember, the first and last thing a man does is take a breath of air. Let's keep the air fresh and clean for a longer and healthier life.

— Sanatorium Outlook.
— via SoCaSan Piper

Betty: My new shoes hurt me!

Jane: No wonder. You've got them on the wrong feet.

Betty: But I haven't any other feet.

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Adventure

Adventure isn't only heroic hardships endured in climbing mountains, exploring rivers, or searching jungles for some lost and savage tribe. Adventure is anything that is new, different, and exciting for you. You can find adventure anywhere.

You can find adventure even in eating. It may be in tasting the favorite dish of someone who remembers how it was prepared by a grandparent of foreign origin. It may be the first time you eat ham and eggs fried over an open fire along some quiet lake shore. It may be in trying an out-of-the-way restaurant where atmosphere awakens romance to tease your memories of another moonlit night.

You can find adventure in people. A friendly gesture on your part may touch a moment of loneliness in someone eager to share in a conversation with you. Strangers when you meet, you are not exactly strangers when you part; for each of you has given something of yourself to the other. And for your part, friendliness is not just a word but an experience.

You can find adventure in places — places that can be reached without hardship or danger. The beauties of nature need not be on the grand scale of the Rockies or the Alps. If you haven't noticed them before they are new and grand to you. And finding out more about places can be exciting, too, if they have a historic significance about which you know little.

Adventure can be found in doing simple things, like planting seeds and waiting for them to grow. It can be found in re-doing things, like making an old and worn piece of furniture look like new. It can be found in being part of things, like the activities of church or club.

Adventure can be found in learning, whether formally enrolled in a university extension class or following a program of your own. Books let you live in any age you choose anywhere in the world. You can share in the lives and loves of fiction's greatest characters, or you can explore the times and issues which marked some men and woman for a place in

history. You can leave the world of fiction and history and explore the world of science and mathematics. Only your own choices can limit the adventures into which learning can lead you.

Adventure is waiting everywhere around you all the time. It is only necessary for you to be an adventurer to recognize and enjoy its many challenges.

—The Link

The Shower

On every budding leaf and flower,
The sweet, soft rain of spring
Comes down in a soft and gentle shower,
Like a whispering angel-wing.

The shower hath bow'd the proud red
rose,
With many a fragrant tear,
It hath wakened the harebell's long re-
pose,
The wanderer now to cheer.

It hath given the woodbine strength to
cling
To the strong elm's rugged bough;
And the wakeful pimpernel folds its
wing,
And quietly slumbers now.

It hath watered the seeds in their cold
dark bed,
And they burst through the prisoning
clay.
To the lingering buds it hath gently said,
'Unfold to the bright sun-ray.'

Among the leaves of the forest-tree
Its gentle footsteps go,
And they murmur thanks so pleasantly
In an anthem soft and low.

—Frances R. Havergal

Sammy: Do you think anyone can predict the future with cards?

Danny: My mother can. She takes one look at my report card and tells me what will happen when my dad gets home.

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Question Box



Q. We hear about one's lungs losing their elasticity. Is this condition hereditary, or is it due to the lungs not becoming fully aerated, for one or more reasons?

A. The normal lung on inspiration becomes inflated, and on expiration deflated, somewhat in the manner of a balloon. This elasticity depends on the lung

being structurally intact, the bronchial tubes unobstructed, and the chest wall normal. Loss of elasticity occurs when the lung is diseased or injured, and some loss is a normal accompaniment of advancing age. The condition is not hereditary but there are rare congenital abnormalities of the lung which will prevent its functioning properly. An extreme example of loss of elasticity is seen in advanced emphysema.

Q. Would deep breathing exercises help to maintain good function of normal lungs?

A. If the lungs are normal it follows that their function is normal. Breathing exercises are not necessary to maintain this normal function.

Q. Is there an apparent increase in sarcoidosis, or do we just hear of it more frequently than formerly?

A. The incidence of sarcoidosis may have increased in recent years but a more reasonable explanation of why we see so much of it nowadays is better diagnosis. The development of modern diagnostic methods such as lung biopsy has made possible an accurate assessment of what previously were obscure lung conditions. The majority of these proved to be sarcoidosis.

Q. Is pulmonary function sometimes improved by a bronchoscopic examination? Is this why it is sometimes performed on an elderly person, or is this more often for diagnostic purposes?

A. While bronchoscopic examination is most frequently carried out for purposes of diagnosis, it is also very useful as a therapeutic measure; for example, foreign bodies in the windpipe and the large bronchial tubes can frequently be visualized through the bronchoscope and at once removed by the use of special forceps. Thick secretions in the bronchial tubes which the

By J. J. Quinlan, M.D.

patient is unable to cough up can frequently be removed through the bronchoscope by the use of a suction pump. By relieving the obstruction to the bronchi caused by secretions and foreign bodies, pulmonary function is improved. On an elderly person, bronchoscopy may be carried out either for purposes of diagnosis or, as noted above, as a form of treatment.

Q. Is cigar smoke and pipe tobacco smoke just as damaging if inhaled as the much-publicized cigarette?

A. Tobacco is tobacco and in similar quantities cigar and pipe smokers who inhale can develop just as much chronic bronchitis, cancer, and heart disease as the cigarette smoker.

Rifampin — A new Anti-TB Drug

By HARRY NELSON

(Special to the Los Angeles Times and The Chronicle-Herald — Copyright)

CINCINNATI — Some of the most difficult-to-treat tuberculosis patients in the country have responded favorably to a new antibiotic which has been called one of the most effective anti-TB drugs available.

Dr. William Lester, chief of chest medicine at the National Jewish Hospital and research center, Denver, said the drug, which is called Rifampin, is nontoxic and can be taken by mouth.

He gave the results of a clinical trial at the veterans administration-armed forces pulmonary disease research conference here.

The 30 patients in the trial were all far advanced cases who had been treated unsuccessfully with all other drugs available. Each patient had become resistant to an average of eight drugs each, Dr. Lester said.

One of the first patients treated was a man who had had TB since 1939. He had failed to respond to all the commonly used drugs.

According to Dr. Lester and Dr. Arthur Vall-Spinosa, the man became culture-negative for TB within a few weeks after receiving Rifampin and has remained negative for the one year since the trial began.

Of the 30 patients in the trial, 21 — or 70 per cent — were converted to a negative

(Continued Page 7, Col. 2)

Editorial Comment

As with Social Workers in other hospitals and other agencies we find that a good part of our effort is directed toward obtaining various forms of financial assistance for people. Our two main sources are Provincial and Municipal Social Assistance, and both of these sources use mainly Federal funds which are intrusted to them for administration. Of the two, the Provincial Social Assistance is probably the more predictable, for the Social Assistance Act shows what categories are eligible for assistance with the amount to be determined on the basis of individual need, up to a maximum of \$160 per month.

The administrators of Municipal Social Assistance probably have more leeway in determining who is eligible for assistance. A minimum scale is set by the Provincial Government below which the Municipal Welfare Unit may not go if the Unit is to benefit from Provincial cost sharing. With education costs continuing to rise in most areas the budget for welfare services must, of necessity, be relegated to second or third place. The administrators of welfare have at their disposal only as much money as the representatives of the tax payers have allotted.

We were interested in reading and hearing some of the remarks and advice attributed to Saul Alinsky during his recent visit to Halifax. His doctrine is that "You will never get what is rightfully yours unless you are strong enough to demand it, and you will never have the strength to demand it until you are organized into pressure groups." Interestingly, he says, "The Schools of Social Work should be changed into Schools for Radicals so that in order to be a Social worker you should be trained to be an agitator and an organizer." Speaking of the difficulty in organizing welfare recipients he said that Massachusetts is the only state in the U.S. where you have militant welfare recipients." He said that in that state there were two competent organizers working on a full time basis.

There are many sides to the problem and perhaps Alinsky tends to oversimplify and, like most radicals, he tends to advocate instant action for instant change. One of the problems is that the income in many families where there are one or more members working may be lower than that of many families who are supported by welfare payments. An example shown in a recent issue of our daily paper is that some 1,400 non-

medical employees of 17 hospitals throughout the province earn an average of \$250 a month. In addition, there are large numbers of other workers whose income would fall below this level. It is reasonable to expect that ones wages from full time employment should be greater than what one could obtain from welfare payments. It was noted that one woman who was receiving \$300 per month from welfare payments said that she had already organized a small group of other welfare recipients to strengthen their demands for higher payments.

There are still many improvements that can and will be made in the field of Public Welfare, but we hope that they will come about as money becomes available and not through the activists and "People power."

* * * * *

We read that two sanatorium publications will now be published less frequently: The *Camsell Arrow*, Charles Camsell Hospital, Edmonton, will be appearing annually, in December. The *SoCaSan Piper*, South Carolina Sanatorium, will now be issued quarterly. In 1969 it had changed from monthly to bi-monthly, and the continuing rise in printing costs make necessary the further reduction. Their journal began in March 1929.

* * * * *

Eleanor Chase, Social Worker at the Sanatorium, and her husband Ned are vacationing in Britain during the month of April. We will prevail upon her to write something of trip (after she gets caught up on the work that we will be saving for her!)

RIFAMPIN —

(Continued from Page 6)
status. The other nine were considered to be treatment failures.

The majority of TB patients respond to treatment with one or another of the anti-TB drugs of which isoniazid is the best known. A small percentage, however, develop a resistance to isoniazid and the rest of the drug arsenal.

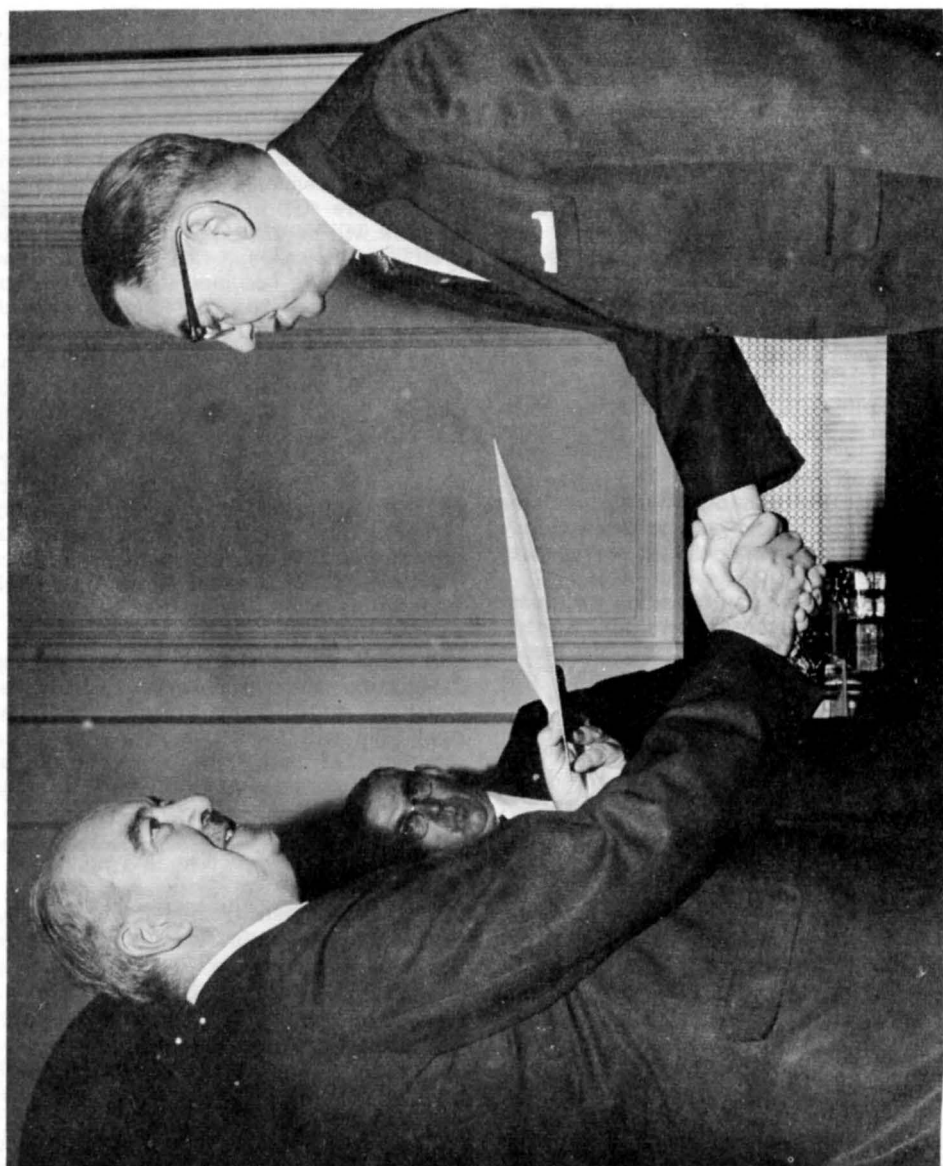
This drug-resistant group is a special problem for the staffs of hospitals that specialize in the treatment of chronic chest diseases.

According to Dr. Lester, the National Jewish Hospital has an overall success rate

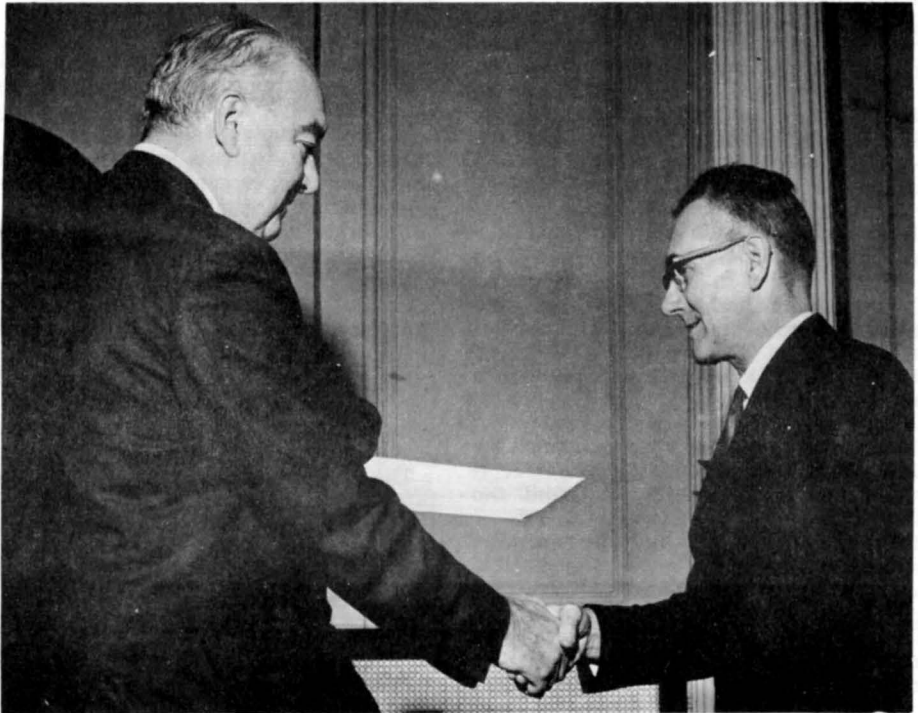
(Continued on Page 10)

Long Service Awards

(For Story See Page 13)



Photos Courtesy N. S. Information Services





Chaplain's Corner

REV. KENNETH G. SULLIVAN,
M.A., B.D., D.D.

United Church of
St. Paul and St. Stephen

Fulton Oursler in his book "Modern Parables" has an interesting story of a porter who worked in Grand Central Station, New York. I pass it on to you for your meditation:

"The tiny, silver-haired woman is crying. Beside her wheelchair, station porter Number 42 ruefully watches his suffering customer. As the elevator dawdles down from the balcony of Grand Central, the man takes off his red cap and, closing his eyes, seems to listen. Presently he bends over and whispers: 'Lady, that is a sure-enough pretty hat you're wearing this morning!'

In utter astonishment, she looks up into the Negro face.

'And your dress, too—prettiest one I've seen all today.'

Over the pain-wrenched mouth comes the apparition of a smile, such as only women know when their taste in frocks and bonnets is admired.

'I declare!' she gasps. 'Whatever made you say that to me?'

'The good Lord,' declares Redcap Number 42 with conviction. 'I just asked Him how to help you, and the answer came to me to take a look at your hat. 'But' he chuckles, 'the dress was my own idea.'

She is still smiling as he pushes the wheelchair across the noisy concourse and down the ramp to the Pullman, but in the drawing room she apologizes:

'I am ashamed of breaking down like that, but I am in pain all the time. Can you imagine what that is like?'

'Yes, ma'am. I had to lose an eye—and for years afterwards it hurt me like a hot iron.'

'How were you ever able to endure a thing like that?'

'Just praying.'

'Did prayer take your pain away?'

'No, ma'am, it never did that. But it brought me the strength to stand the pain.'

There is an aroused light in her hurt eyes as she sends him away. Not until a year later does the porter hear from her. June again, and above the station din, a voice paging Number 42. When the bespectacled, scholarly looking redcap reports at Information Desk; her daughter is waiting with a message from the dead.

'She asked me to find you and tell you that what you said to her last summer made all the difference in the world to her.'

Off comes the redcap, the eyelids close, the porter listens and then looks into the resentful face of the daughter. In the boldness of faith this diligent Samaritan says: 'Don't be bitter, miss, and don't be ashamed to cry. Jesus wept, why can't we? And why don't you say a little prayer of thankfulness to the Lord?'

'Why should I be thankful?'

'Because your mother lived to be a very old lady and you had her to love for a long time. I know lots of orphans mighty young. And besides, your mother's pain is gone now! . . . That's good, miss, cry real hard!'

Hundreds of travelers have been helped by Ralston Crosbie Young, who makes a career of toting luggage and volunteering comfort to the downcast and the bewildered. Neither clever nor profound, this eager servant of God specializes in faith and common sense mixed with an unshakeable liking for people."

RIFAMPIN —

(Continued from Page 7)

of more than 80 per cent treating this difficult group using a number of drugs given simultaneously.

In the Rifampin trial, however, 17 of the group of 30 patients received Rifampin alone and 53 per cent of them were considered treatment successes.

No other drug, given essentially alone as Rifampin was in 60 per cent of these patients, could be expected to achieve and maintain the better than 50 per cent culture conversion and quiescent status seen in this study, Dr. Lester said.

Patients receiving Rifampin with effective companion drugs may expect over 90 per cent success and this is better than any previously reported retreatment program.

The drug, which is expensive, is available in this country only for controlled clinical trials under supervision of the food and drug administration.

It is prepared from the soil bacteria *streptomyces mediterranei*.

Chronicle-Herald, Feb., 1970

* * * * *

KENTVILLE — Dr. John Quinlan, staff surgeon at the Nova Scotia Sanatorium, said

Tuesday that a "desperately ill" patient had made remarkable progress following treatment with a new antibiotic drug known as Rifampin.

The patient, a male aged 53, was seriously ill with an acute form of tuberculosis and he was allergic to all other anti-TB drugs.

"As a result he was dying of tubercol tuberculosis" said Dr. Quinlan. With Rifampin there was no allergy or toxic effect.

The new drug was less toxic and more effective than other medicine in use for the past 20 years in the treatment of tuberculosis.

Dr. Quinlan said Rifampin had been in use at the Sanatorium since early in December. It had been released for experimental purposes and research and at present across Canada there were about 20 patients on the drug. Two of them were at the Kentville sanatorium.

Special permission had to be obtained to use the drug on the patients here.

Dr. Quinlan believed Rifampin would be the "coming drug in the treatment of tuberculosis." It was very expensive and in short supply. It had been used for some time in Italy but was introduced in this continent only recently.

Dr. Quinlan said there were still a lot of things not known about Rifampin.

"We know it is very effective against tuberculosis but that's just a beginning. We have to find out what toxic effects it might have. All we can talk about now are immediate results."

So far as is known to date, including its use in Italy, the new drug has no toxic effects.

"As far as we can tell it is an excellent drug."

Recovery period under the drug will probably involve the same time as with other anti-TB drugs — about two years.

"But in the two years, in the last half the patient is usually back at work. He is taking the drug in the morning and going to work" said Dr. Quinlan.

The disadvantage of one of the other drug treatments in use for some years was that it had to be taken in such huge doses, about 20 tablets a day. Rifampin was taken by capsule.

A lot of patients were resistant to, or just can't take other drugs.

Chronicle-Herald, Feb., 1970



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.

This Is My Story (Station San)

Tuesday 7:00 p.m.

Communion is served quarterly in the East and West Infirmaries.

ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)

Sunday: 7:00 a.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.

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. Your donation will help **Health Rays** to survive.

The standing of this fund as of March 24, 1970:

Previously acknowledged:	\$1,909.22
Patrons:	
Wm. John Pellerine	
William J. Bisbee	
Miscellaneous	
Total	68.56
Grand Total	\$1,977.78

Highway sign: "Watch out for school children — especially if they're driving cars."

No matter how busy a man is, he's never too busy to stop and talk about how busy he is.

OLD TIMERS

Anne Marie has been faithfully gathering items from here and there and we will begin with six that she has submitted:

Mrs. Marjorie (Basil) Elliott, New Ross, former nurse in charge of the Out-patient Department, was in for her regular check up. We were happy to learn that she has had a very good winter health wise and certainly she looked very well.

Mrs. Margaret Hurley, Amherst, here in 1966, was in for a check up recently. She is busy with her housework and looked extremely well.

Ernest Taylor, Port Bickerton, Guysborough County, here in 1944, is keeping well. He runs a grocery store in his hometown.

Dr. Philippe LeBlanc, Littlebrook, here in 1944, dropped in on his way to a refresher course in Halifax. He has kept busy with his practice and also has a profitable mink farm.

Mrs. Emelia Maillet of Saulnierville Station, who was a patient here in 1965-66, came in for a regular check up in mid-March. While here she was a house guest of Stan and Arsena Robichaud.

Thank you, Anne Marie. Now, someone else who was here for a check up was Mrs. Evelyn Clark, Enfield. Mrs. Clark was here for about 10 days for assessment, she is keeping very well and her friends enjoyed seeing her again.

Several people have told me that Miss Bessie Lockhart, Wolfville, was visiting friends at the Sanatorium in February. Miss Lockhart, following a dedicated service in the Missionary Field, served for a time as our valued Baptist Lay Visitor.

Two items which arrived a bit too late for the last issue: Doug Rossong, Halifax, here in 1947, came in for a check-up last month. He drives a taxi in Halifax and is getting along well.

Beulah had a letter from Mora (MacCuspic) Hooper of Sydney River. She keeps busy with her housework and looking after their young son Joey. Mora was a patient-worker in the Physiotherapy Dept. in 1951.

We have received a clipping showing Miss Lillian Romkey, with Welfare Minister Gordon Tidman, attending a seminar on child welfare, Cornwallis Inn, in March. The caption indicates that Miss Romkey is retiring as Supervisor of Adoptions after 25 years with the department. She was a patient at the San. for a short period in 1936 and for a longer

period in 1952. She has been a dedicated worker in the field of child welfare and the program has been the better for her service.

We hear that Eileen Hiltz is on her way to Jamaica for two weeks. Perhaps we will hear something of her trip at a later date.

In renewing her subscription Mrs. Constance Taylor, Windsor, Ontario, writes, "I find **Health Rays** very interesting and enjoy it very much. My husband is quite ill with emphysema, and I work in the Sanatorium here."

Dr. Holden received a very interesting letter from Miss Ruth Morrison, Vancouver, commenting favourably on our Jubilee Issue of November 1969. In that issue there was a write-up on her father, Alexander (Sandy) Morrison, a San patient in 1904, had been a professor of physics at Chicago University. Miss Morrison, a registered nurse, mentioned that she worked as a Public Health Nurse in Cumberland County at a time when it was a struggle to have patients admitted for treatment because of the demand for Sanatorium beds. She mentioned that a former patient, now also living in Vancouver had enjoyed reading the November issue: Mrs. Sydney Turk, formerly Helen Wright. Miss Morrison promises to plan a visit to the San the next time she visits this province.

The archbishop had preached a rousing sermon on the beauties of married life.

Two buxom Irish ladies left the church feeling uplifted and contented.

"'Tis a fine sermon. His Reverence gave us this morning," observed one.

"That it was," agreed the other, "and I wish I knew as little about the matter as he does."

* * * * *

Secretary to boss: "I've taken all the criticism of my work I'm going to take. How do you spell 'quit'?"

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At Wit's End

Like most housewives, I have never learned how to speak Repairmanese . . . the language of plumbers, mechanics, electricians and washer servicemen.

At the old house, I had a handyman who not only spoke fluent Repairmanese, he did so with a Mississippi accent and two teeth in his entire head. It was like carrying on a conversation with Professor Corey with novacaine in his lip. Our conversation went something like this.

"What seems to be wrong with the washer, Mr. Cluck?"

"The rump bump is snad. Can't fix the snock without trickin the snear."

"That bad, huh?"

"Snough ti with a raunch ring sloop."

"Is that why it won't spin?"

"No, the krincop broke the mita valves stuffed to the weil ham made it groin."

"Could you possibly translate all that for me, Mr. Cluck?"

He stood up, faced me and in a voice like Rex Harrison answered, "Thirty-four dollars and seventy-two cents."

Throughout the years, however, I have been able to master a little broken Repairmaneses . . . not enough to speak it but at least understand. For example:

"The smIax cable has shorted the gallopian tube, lady, and burnt out the fusack box." (Translation: The set goes into the shop until heaven's knows when).

"Look at the last digitalis figure on the rim of the duckline. That determines the age of the thermostatic tubing." (Translation: They are only making parts for your toilet behind the iron curtain).

"The overflow hose at the hydrmalic joint congested the tubular laxenspiel." (Translation: You got a pair of training pants stuck in your washer pump).

I really feel I am in another country when I take the car to the service station. The other week my door was frozen shut and would not open. As I bought gas, I mentioned this to the attendant. He walked around, tried the door, then stood back and in pure Repairmanese said, "Hey Charlie, the zenbal latch is under 32. Get a 4-ounce number 3 and fill it with tempid hydra. That should break down the ice compound and release the zoink spring on the frap button."

You know what Charlie did: He got a paper cup of warm water and they poured it over the door handle. "You're in business again, Mrs. Bombeck," he said.

Bombeck in Repairmanese, incidentally, means "Pigeon."

—St. John's Evening Telegram
(Submitted by Doug Hallomore)

Long Service Awards

On November 24, 1969, three Sanatorium staff members were among twenty-six civil servants presented with their 25-year service awards. The ceremony took place at Government House, Halifax, and the presentations were made by The Honorable Victor DeB. Oland, Lieutenant Governor of Nova Scotia. Those receiving the awards were Dr. John J. Quinlan, Mrs. Doris McDow, and Burwell "Burt" Outhouse.

The photos have been provided through the kindness of Mrs. B. Slauenwhite, Supervisor of Office Services, Civil Service Commission; and Mr. Len Canfield, Information Services, Department of Trade and Industry.

The photo on Page 8 shows Dr. Quinlan, well known as physician in charge of East III, as well as chief surgeon.

Page 9, top photo, shows Mrs. Doris McDow, who is on the dining room staff of the Dietary Department.

Shown in the lower photo is Burwell "Burt" Outhouse, who is an orderly in the Housekeeping Department.

Shown in Dr. Quinlan's photo is also Mr. Alex Buchanan who is frequently at the Sanatorium to make awards on behalf of the Civil Service Association when staff members are retiring on superannuation. Mr. Buchanan was on the receiving end of the awards on that occasion, having completed twenty-five years of service.

Our mission is to help not to hurt men.

* * * * *

To start with nothing but character is not poverty.

* * * * *

Running after women never hurt anybody — it's catching them that does the damage.

THIS FULL PAGE SPONSORED BY

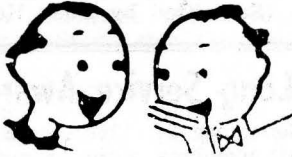
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Just Jesting



It was the morning after Hallowe'en. The father pointed to the outdoor privy which lay overturned at the foot of the hill and said, "Son, it seems to me that I heard your voice with the others last night. Tell the truth now, weren't you there?"

The boy cast a startled glance at his father, but remained silent.

"Before you answer, think about the story of George Washington and the cherry tree," reminded his father.

"I'll tell the truth, Father," replied the boy, "I did help them push it over."

Having been deeply impressed by that famous story, he was just beginning to feel an inner sense of satisfaction—when his father grasped him and gave him a sound spanking.

"Wha-What went wrong, Dad?" he sobbed. "The story didn't say anything about George Washington getting spanked when he told the truth!"

"No," the father replied grimly, "But I don't recall it mentioning anything about his daddy being in the cherry tree when it was cut down!"

* * * * *

A boy was inquiring where he had come from and his father said, "Oh, I found a seed, planted it under a plant pot and in the morning I found you."

The little boy marvelled at this and decided he also would plant a seed under a plant pot and watch the result.

The next morning the little chap looked under the pot and found a slug. Our hero was somewhat taken aback but was overheard muttering to himself: "Oh, what an ugly creature you are! But I'm your father so I'll have to look after you!"

* * * * *

A sailor limped into sick bay and the doctor glanced at the infected foot and gave him a giant-sized pill. Just then he was called away to the phone. The sailor got a glass of water and after quite a struggle choked down the pill. "Now drop the pill in the pail and soak that foot," said the doctor—too late.

A woman shopping in a department store noticed that the clerk behind the complaint desk smiled at everyone who talked to her and kept her voice low and pleasant, even when irate customers spoke rudely to her. The shopper was amazed at the way the woman kept her cool.

Then she noticed the clerk's dark earrings. On one, in white lettering, was inscribed, "In" and on the other, "Out."

* * * * *

After he checked into his hotel, Thomas Galey asked the clerk, "is this building fireproof?" "No, sir," came the reply, "but it's made of mighty slow burning wood."

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the Entire Family**

It was Easter and the newly graduated minister had prepared to make a good first impression at his first service in a western community. Unfortunately, there were three days of gale-force winds and heavy snowfall and when Easter morning arrived his congregation consisted of one old rancher.

"Do you feel that we should hold a service?" the minister asked.

"Well," replied the rancher, "it seems that if I took a load of fodder through the blizzard and found that only one critter turned up I wouldn't send him away without a feed."

The reverend launched into his service, encouraged by the apparant rapt attention of the lone member of his flock. He left nothing out and felt, somewhat virtuously, that he had given his best.

Afterward, the minister could not resist asking the rancher what he thought of the service.

"Well," came the reply, "if I had enough fodder to feed the whole herd and only one critter showed up I'd feed him—but I sure as heck wouldn't dump the whole load on him!"

* * * * *

ON THE CHART

To find the average woman's age
It's easy, simply plot a line
'Twixt 42 and 65
The mean: exactly 39.

Ins And Outs



NOVA SCOTIA SANATORIUM

Admissions: February 16 to March 15

WILLIAM OSBORNE CROOKS, Lake Echo, Halifax Co.; MRS. MARIE EVANGELINE SURETTE, Belleville South, Yarmouth Co.; CLIFFORD OWEN BENEDICT, Avondale, Hants Co.; DELBERT EASON SLAUENWHITE, Italy Cross, Lunenburg Co.; MARK ABRAHAM BOUTILIER, Sheet Harbour, Halifax Co.; MRS. BARBARA JEAN FAIRBANKS, 2 Elmwood Drive, Amherst; MRS. ANNIE REID, 2578 Maynard Street, Halifax; JAMES THOMAS POTTIE, 2578 Maynard Street, Halifax; JAMES WILLIAM RILEY, Wentworth, R.R. 1, Windsor; WARREN MAXWELL BALTZER, Aylesford, Kings Co.; MRS. MARION LEONORA STRONG, Waterville, Kings Co.; MRS. DAISY JUSAN MAH, 33 Arbora Drive, Antigonish; CRYSTAL JOY SWEENEY, 374 Herring Cove Road, Halifax; MRS. CHRISTINE BROWN TANNER, R.R. 1, Maitland, Hants Co.

Discharges: February 16 to March 15

MRS. LIZZIE MAY MacLAREN, Petite Riviere, Lun. Co. (Expired); MRS. KATHERINE ELIZABETH PRIEST, 2050 Robie Street, Halifax (Expired); JOHN MASON CROWELL, Box 374, Shelburne; JOHN DARTT HUGHES, 33 Miller Road, Truro; OWEN ALEXANDER CARTER, Mulgrave, Guys. Co. (Expired); TIMOTHY DOUGLAS GREGORY, Churchover, Shelburne Co. (Expired); MRS. MIRMALA TOPIWALA, 40 Hawthorne St., Dartmouth; MRS. ELLA MARJORIE NICKERSON, Doctor's Cove, Shelburne Co.; MARGUERITE BERYL MacLEOD, Box 381, Liverpool, Queens Co.; BENNETT EMERALD VEINOT, Union Square, Lun. Co.; MRS. JULIA JOSEPHINE WARNER, Shubenacadie, Hants Co.; MRS. MARY HELEN SYLBOY, Micmac, Hants Co.; DENNIS JOSEPH McKAY, 15 Ochterloney St., Dartmouth; MRS. ELIZABETH PAULINE MacDONALD, Bridgeville, Pictou Co.; CLARENCE ELLSWORTH HAYSTEAD, 197 Main Street, Kentville (Expired).

POINT EDWARD HOSPITAL

Admissions: February 16 to March 15

SAMUEL WHITE, 28 School St., Glace Bay; DENNIS ADRIAN GALLIVAN, 90 Whalen's Road, Glace Bay; MRS. LENA GOULD, Eskasoni; MRS. AGNES NOBLE, 42 Margaret St., North Sydney; JOHN ANTHONY STEELE, 1 Minto St., Glace Bay; MRS. MARY ELLEN MacLEAN, Eskasoni; MRS. SOPHIA MARIE PIERRO, Nyanza; MRS. MARGARET ELLEN FASCIANI, 97 Grandview St., Sydney; MARY GILLIS, R.R. 1, South West Margaree; LINUS MILLES MacINNIS, Ingonish Beach; NOEL JOHNSON, Eskasoni; NOEL THOMAS PAUL, Eskasoni; EDWIN FRANCIS LEWIS, 37 Patrick St., New Waterford; MICHAEL ERNEST CANNON, Port Hood; SISTER MARILYN ELIZABETH CURRY, St. Rita's Hospital, Sydney.

Discharges: February 16 to March 15

DONALD FRANK MacKAY, 7 Cochrane St., Glace Bay; JOHN DUNCAN MacVICAR, 1 Park St., Glace Bay; HARRY COLVEY, R.R.1, Bras d'Or; MRS. MARY ANN PAUL, 28 Gallagher St., Sydney; FORBES KENDRICK MacDONALD, P.O. Box 358, Reserve Mines; MRS. LENA GOULD, Eskasoni; GEORGE JOSEPH NEARING, Port Caledonia, Cape Breton Co.; WILLIAM JOSEPH BROWN, 49 Dorchester St., Glace Bay; PAUL EUGENE WHITE, Louisdale, Richmond Co.; JAMES LEO DONOVAN, Ingonish Harbour; MRS. AGNES NOBLE, 42 Margaret St., North Sydney; JOHN ANTHONY STEELE, 1 Minto St., Glace Bay; LINUS MILES MacINNIS, Ingonish Beach; MRS. SOPHIA MARIE PIERRO, Nyanza; SAMUEL WHITE, 28 School St., Glace Bay.

"What kind of saddle do you want?" the cowboy asked the dude. "With or without a horn?"

The dude pondered a moment before answering: "Without, I guess. Doesn't seem to be much traffic on these prairies."

* * * * *

Parents: Two people who we love at birth, tolerate in our teens, understand in adulthood, and forgive when we are old.

**THIS FULL PAGE SPONSORED BY
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PETERS' LUNCH**



NURSING TIDBITS

WEDDING BELLS

On February 28th, Miss Faye Neiley, R.N., became Mrs. Larry Flynn. We wish her much happiness.

LEAVING

Miss G. Maillet and Miss R. MacDougall—to work in Halifax.

Mr. J. LeBlanc to give full time to his business interest at Wolfville Nursing Home.

WELCOME

Mrs. Mary Steele, R.N., to our Casual Staff. After one month orientation, she will be working a few nights a week on III East.

VISITOR

From Emergency Health Services, Miss C. Steele spent a day with us, and is planning on returning as guest speaker at our April In-Service meeting.

WELCOME BACK

One cloudy day last week our day was brightened with the appearance of Mrs. Catherine Boyle, R.N., back at her desk.

AWAY

Mrs. G. McKean, R.N., and Mrs. P. Prest, R.N., were in Halifax, March 9th, 10th, to attend Institute on Human Relations.

STAFF APPOINTMENTS

Mrs. Kathleen Dakin, R.N.—as Director of Nursing Services.

Mrs. Audrey Hansen, R.N., Assistant Head Nurse 111 West.

Mrs. Eleanor Woodman, R.N., Assistant, Head Nurse 11 West.

Mrs. M. Allaby, Assistant Head Nurse 11 East.

Mrs. Theresa Boone, Assistant Head Nurse 1 West.

Sympathy is extended to Mr. and Mrs. Creighton Best on the death of their young son recently.

Nurses, have you changed your address or telephone number recently? If so be sure you notify Nursing Office.

To all our staff a few hints: For a painless way to lose weight "Go Metric." Be a member of the "In-Crowd" "Think Metric."

The only time a fisherman tells the truth is when he calls another fisherman a liar.

Patient's Party

On Tuesday evening, March 17, 1970, the Patients' Dining Room was the scene of a St. Patrick's Day Bingo Party. The room had been artfully decorated in the St. Patrick's Day theme under the direction of Mrs. Mary MacKinnon and several patients.

The party which was well attended by the patients was sponsored by members of the Olympic Chapter, Imperial Order Daughters of the Empire. This group provided a very generous array of prizes which were won by many fortunate bingo players. There were even prizes for special reasons such as the oldest person present, and the persons who had been at the Sanatorium for the longest and shortest periods of time.

Mr. Jack Bowser was the very efficient and entertaining caller for the game and his performance was enjoyed by all.

The lunch had been prepared by members of the I.O.D.E. and the St. Patrick's Day theme was again evident in the attractive display of these refreshments. Members of the Dietary Department under the guidance of Miss Virginia Allen, did a capable job of serving the food.

At the close of the evening Mrs. Eleanor Chase of the Rehabilitation Department thanked the members of the I.O.D.E. and Mr. Bowser for the evening's entertainment. Mrs. J. H. Buntain, Regent of the Chapter graciously responded with some remarks on behalf of her group.

All of us who attended the party appreciate the time and effort taken by those involved in making it a very delightful way to "top off" St. Patrick's Day.

Lament

I'm out of love,
My pulse is quiet,
I've given up my slimming diet;
I'm undisturbed by jealous fears,
I'm sleeping well . . .
And bored to tears!

(Submitted by a senior member of the San Nursing Office).

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Nova Scotia Sanatorium

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J. J. QUINLAN, M.D., C.R.C.S. (C)	Surgeon
F. J. MISENER, M.D.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D.	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.B. (C)	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.), F.R.C.S. (C)	Consult. Ortho. Surg.
P. GEORGE, M.D., C.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Courtesy-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. A. WINNIFRED PROTHEROE	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector—Archdeacon L. W. Mosher
Sanatorium Chaplain—Rev. W. A. Trueman

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

BAPTIST

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

ROMAN CATHOLIC

Parish Priest—Rt. Rev. J. N. Theriault
San Chaplain—Rev. G. E. Saulnier

SALVATION ARMY

Capt. H. L. Kennedy

CHRISTIAN REFORMED

Minister—Rev. H. Vander Platt

UNITED CHURCH

Minister—Rev. K. G. Sullivan
Sanatorium Chaplain—Dr. (Rev.) Douglas Archibald

PENTECOSTAL

Minister—Rev. Robert Cross

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
Parish Priest—Msgr. W. J. Gallivan

ROMAN CATHOLIC

UNITED CHURCH

Rev. Robert Hutcheson

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Mr. William Brewer

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 . . .

IS OPERATED FOR YOUR CONVENIENCE
AND BENEFIT

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