

NOVA SCOTIA SANATORIUM
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Health Rays

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HEALTH RAYS

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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.

Gifts From God

I Love God:

He makes good days when I'm sad,
So that I can't feel sad for the wonder of
it;

The clean sharp feel of His blues and
greens,

Trees on the top of a hill,

His hands on earth.

I Love God:

He makes my children naughty,

Mischievous, quarrelsome . . .

Then He makes them laugh and puts
Pure Joy in them,

And He comes through their bodies and
eyes.

So beautiful, so funny angel-like,

I want to cry out at their fresh, sweet
loveliness.

I Love Him:

He made perfections like leaves.

He startles me with orioles

And put funny little plants in the woods
for me

To wonder at.

He makes wild, vast storms, rising up
shrieking,

To tear down his stately makings . . .

Oaks and rivers . . .

And man

Just to tell us we cannot do without Him;

He is Lord.

I Love God:

He attends me as He attends the intricacies
if a tiny conch sell on a flat expanse
of beach.

So very small . . .

He must have loved it to make it so.

I like to believe He had as much joy making
me.

He gave me so many God-huge feelings

I cannot use them up,

But I feel He meant me to . . .

He made me love a man whose soul
shines in his eyes

And in his face when he sleeps.

I love Him for that.

He gave me laughter to give,

And exhilarant happiness to sow,

And told me its worth

By giving me frights and fears and sickness

To make me strong.

He holds my hand

And I know love.

Former Governor Thomas E. Dewey of New York likes to quote this prayer, sent to him by William E. Robinson, who, in turn, received it from its author, a Mother Superior who wishes to be anonymous.

Lord, Thou knowest better than I know myself that I am growing older, and will some day be old.

Keep me from getting talkative, and particularly from the fatal habit of thinking I must say something on every subject and on every occasion.

Release me from craving to try to straighten out everybody's affairs.

Keep my mind free from the recital of endless details — give me wings to get to point.

I ask for grace enough to listen to the tales of others' pains. Help me to endure them with patience.

But seal my lips on my own aches and pains — they are increasing and my love of rehearsing them is becoming sweeter as the years go by.

Teach me the glorious lesson that occasionally it is possible that I may be mistaken.

Keep me reasonably sweet; I do not want to be a saint — some of them are so hard to live with — but a sour old woman is one of the crowning works of the devil.

Make me thoughtful, but not moody; helpful, but not bossy. With my vast store of wisdom, it seems a pity not to use it all — but Thou knowest, Lord, that I want a few friends at the end.

LEARNED HAND:

What, then, is the spirit of liberty? I cannot define it; I can only tell you my own faith. The spirit of liberty is the spirit which is not too sure that it is right. The spirit of liberty is the spirit which seeks to understand the minds of other men and women. The spirit of liberty is the spirit which weighs their interests alongside its own without bias. The spirit of liberty remembers that not even a sparrow falls to earth unneeded. The spirit of liberty is the spirit of Him who, nearly 2000 years ago, taught mankind that lesson it has never learned, but has never quite forgotten: that there may be a kingdom where the least shall be heard and considered side by side with the greatest.

Habitual Drinking And Tuberculosis

PAO-SHU CHEN, M.D.

In a country where drinking of alcoholic beverages is more than socially and culturally acceptable and in which Prohibition had to be repealed, one is treading on pretty thin ice when the subject of drinking is broached, especially by one who was born and brought up in an entirely different social and cultural milieu where alcoholism was never a serious public health problem. Nevertheless, the facts remain that alcoholism in this country does pose a serious public health problem and that the problems of a TB patient are compounded by his drinking. It is within the narrower context of the latter that this article is written.

Alcohol has a number of physiological and psychological effects upon our body economy. a few are transiently beneficial and some are harmful if too long indulged in. It is primarily a depressant and by inhibiting the higher centers in the nervous system, one becomes less inhibited and more euphoric and appears gayer in festive occasions, hence the need for it to liven them up. There is no harm to indulge in it once in a while to give some variety to the humdrum of daily existence. However, the line of distinction between social drinking and habitual drinking could be pretty thin, so could be the line between habitual drinking and alcoholism. Since it has been estimated that there are over one and a half million people in this country who are social problems by reason of excessive drinking, our hospital gets its share of alcoholics and habitual drinkers. Let us examine some of the effects of habitual drinking on a patient having or having had active pulmonary tuberculosis.

1) Effects on Nutrition. Good nutrition still plays an important part in the treatment of tuberculosis. Good nutrition means getting the right kinds of food in proper amounts. This was true before the days of

anti-tuberculosis chemotherapy. It is still true today, when we rely so heavily upon the anti-tuberculosis drugs for treatment. The reason is simple and is based upon the fact that anti-tuberculosis drugs (when effective) prevent the multiplication of TB germs, and play no direct part in promoting the healing process, which is more dependent upon the nutritional status as well as some other factors. Alcohol provides energy, the same kind of energy provided by food, expressed in terms of calories. But unlike other kinds of food, it does not provide essential food elements (such as minerals, vitamins, essential proteins, etc.) When the energy requirements are partially met by the ingestion of alcohol, there is a corresponding reduction of food intake with all its implications. When this is continued over months or years its effect upon a disease like tuberculosis could be disastrous.

2) Effects upon the stomach. Strong alcoholic drinks of 40% or more are quite irritating to the gastric mucosa which is the inner lining of the stomach. It causes congestive hyperemia and inflammation, which, when long continued, may result in chronic gastritis in about a third of the cases. It also stimulates acid secretion and is therefore inadvisable in peptic ulcer patients.

It is almost common knowledge among TB patients that among the anti-tuberculosis drugs, PAS and to a lesser extent Neopasalate are particularly hard on the stomach. We minimize the ill effects on some patients by prescribing Maalax or Gelusil, which provides the gastric mucosa and also serves to relieve excess acid in the stomach. To take excessive alcohol while under treatment would be tantamount to adding insult to injury.

3) Effects on liver. The liver is perhaps the most impressive organ in the body in terms of its size and the multiplicity of functions. It plays a major role in the nutrition of the body. It is a factory for the manufacture of bile and many other chemicals. It has many protective activities by converting harmful substances to innocuous compounds. It is a warehouse for such substances as iron and copper, and is rich in vitamins A, D, and B. Liver is also the primary site for oxidation of alcohol, through which energy is liberated. This oxidation is a slow process, and when a large

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amount of alcohol is consumed within a short period, the load may become too great for the liver to handle and intoxication results. Excessive alcohol reduces food intake and thus to a deficiency of some elements, such as lipotropic substances that act on fat metabolism and that decrease liver fat. As a result, the liver gets fatty and undergoes degeneration and necrosis. (Low protein diet somehow adversely affect the liver even to a greater extent than deficiency of some lipotropic substances.) In this country about half of the cases of Laennec's cirrhosis, which is one type of degenerative disease of the liver, are associated with alcohol. (A patient was recently admitted with fluid in this pleural cavity but was also found to have fluid in his belly and other findings, being the result of cirrhosis and years of drinking hard.) It is evident that one needs to keep the liver on friendly terms by not abusing it, particularly because a TB patient may have to rely upon a couple of the lesser anti-tuberculosis drugs which are toxic to the liver.

Beyond these few of the major bodily effects, addiction to alcohol has a graver significance by pointing up the personality of the alcoholic, whose behavior pattern and attitude toward life are not conducive to recovery from such a long-standing disease as tuberculosis, as well as prone to cause its relapse. The odds are stacked against an alcoholic, let alone an alcoholic complicated by TB or a TB patient whose problems are compounded by alcoholism. Let us spend a few moments trying to understand why this is so.

Alcoholics are emotionally immature basically. People grow in three dimensions instead of the easily understood two. We measure physical growth by height and weight, mental growth by I. Q., schooling and work experience. Emotional growth is less tangible and more difficult to assess. It is indicated by some positive traits as well as the relative freedom from dominance of infantile traits. (An emotionally so-called reality principle, which refers to the ability of a person to postpone an immediate pleasure such as drinking alcohol for the achievement of some distant goal or future gratification such as recovery from active tuberculosis. One of the chief difficulties of an emotionally immature person is that he can never seem to postpone gratification.) There is a child in every adult. The difference between an emotionally mature and immature person

is a quantitative one regarding these traits. One of the numerous signs of emotional immaturity is a tendency to cling to a passive-receptive-dependent position of infancy and childhood. It is natural for a child to be dependent upon his parents, especially the mother. A common expression is holding onto mother's apron strings. But this holding on could be too intense and too much prolonged in a psychological sense. In other words, some people never seem to have weaned from their mothers. When their mothers are no longer available, they try to find a mother substitute upon whom they could lean for emotional support. Failing to get such support, an alcoholic finds a satisfactory substitute by turning to liquor, which exerts an anesthetic effect and lulls the craving for affection and protection. Like a magic carpet, alcohol also carries him back to the passive-receptive-dependent position of infancy and childhood, when he was protected, cared for and free from responsibilities.

Alcohol offers an escape from emotional pain (personality pain). There are two types of pain, physical and emotional. physical pains are easier to treat. Emotional pains are most difficult to be aware of, let alone to have them pinpointed. Some people have inter-personal difficulties, and an alcoholic seems to have more than the usual amount, although he may appear to be easy going and friendly. He unconsciously keeps himself encased in a shell of self-protection behind which there usually appears after prolonged exploration a series of unsatisfied desires for support, security and love. More than that, he usually has difficulty living with and facing up to himself. That is even harder to swallow, because he has to live with himself twenty-four hours of the day. He is generally sensitive, egocentric and does not like what he sees of himself, by which is meant his own appraisal of himself (his personality in all its aspects). One could run away from home, an unpleasant situation or even one's wife by divorce. But attempts to run away from oneself could never be complete. The nearest approach to such as escape is by resorting to alcohol (or other kinds of drug addiction). It deadens some of the pain of anxiety and makes the task of socializing somewhat easier. It dulls the senses and makes life more tolerable by forgetting his own image. It also reacts upon the mind, enabling it to fantasy more pleasantly. To summarize, an alcoholic

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HABITUAL DRINKING —

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uses alcohol as an escape from the harsh realities of life, including himself.

There is a prevailing impression, perhaps fostered to some extent by the movies and TV, that it takes a tough guy to drink one liquor after another without apparent ill effects. Perhaps so, in a physical sense. But it takes a tougher man to drop a habit when occasions call for it, such as, for instance, when the diagnosis of active pulmonary tuberculosis is made. Reams of paper have been written on the subject of alcoholism and millions spent on its country. Having been once its victim, the number of people who are capable of getting out of its clutches is woefully limited. Long before I wrote this article, I was dubious of its impact upon habitual drinkers, whether it would affect any changes in behaviour and attitude of any alcoholic. For alcoholism in a mental obsession coupled with physical compulsion. (One patient gave an excuse to leave the hospital at five in the morning and brought back a bottle two hours later.) There may also be some chemical changes in the body to account for the craving. These factors make it extremely difficult for an alcoholic to give up drinking. Besides, while an alcoholic may on occasion consciously loathe the mess and degradation he is in, it is just possible there is the unconscious wish to cling to and preserve a disease (for alcoholism is a disease) that has a meaning and serves a purpose. Not having been one who has gone through its clutches of torture, and therefore not possessing a 'feel' of the disease, I doubt whether I am in a position to write on the subject at all. But a recent clinic patient gave me the necessary prod. In going over her history, I found that she had been a habitual drinker on admission in 1959 and was labeled as an alcoholic. She was an in-patient for some ten months. Asked about her drinking, she said she quit drinking while she was here in the hospital. Enforced abstinence could do and did the trick, provided one is sufficiently motivated for health. The important element is motivation. I just wonder why this could not be attempted by others in a similar situation. There are now available numerous drugs to lessen the torture of withdrawal symptoms. Since alcoholism is a disease which

a TB patient can ill afford, why not face up to the truth and take this opportunity of hospitalization to give abstinence a trial?

— The Link — via San-O-Zark

Self-Discipline

It can be assumed that every patient has come to the Sanatorium for the purpose of recovering from his tuberculosis. Here he puts his faith in the doctors who direct and administer his treatment and in the institution to which he has come. This is as it should be, but it is not enough . . . he must also put his faith in himself. Much of the treatment of TB is nothing more than complete rest and complete relaxation. The doctor can prescribe rest and lay down rules to govern it, but a prescription is of no value unless it is taken and rules are nothing unless they are followed. To take the cure conscientiously and to follow the rules strictly requires self-discipline: Self-discipline, as the word implies, can be administered only by oneself. In the long run, therefore, each individual's chances to recover depend very much upon his own determination and own will power. The patient who takes ungranted privileges decreases his own chances of recovery and also the chances of his roommate whom he disturbs by so doing. It may be difficult to take the cure faithfully, but it pays!

A first-grader was awarded a medal for reading, aloud, a grand total of 405 primary books during the year. Then his mother was called to the commencement platform — and awarded a medal for listening.

— Ollie James in Cincinnati Enquirer

* * * *

CAUGHT IN PASSING

Father to son: "Another thing, young man, they didn't have teenagers when I was your age."

—Billy Vaughan, Bell Syndicate

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Why Must I Stay In The Sanatorium?

H. D. Jenner, M.D.

Why must I stay in the sanatorium? Why can I not stay in the bed at home and take my medicine where I am with my family and am content? I feel as well as I ever did; how can there be anything seriously wrong? My family needs me badly and if you will let me go home I promise not to do any more than I am doing here. My case is a very special one with exceptional circumstances; why can't I stay at home?

If these questions were easy to answer they would hardly be worth this attempt to answer them. They are not easy questions, and they are quite important. One must also take into consideration the fact that with the use of modern drugs in the last three years especially, fewer and fewer patients are going through that prolonged agony of fear and uncertainty which used to be the common lot of the tuberculosis patient. The great majority now lose their symptoms reasonably early and, in some cases at least, tend to forget about them almost completely. There is the other fact that a higher and higher proportion of patients are now coming to the sanatorium in an early stage where either symptoms are very light, or non-existent. We who work with the sanatorium fully realize what we are asking when we tell them to come to the sanatorium on the evidence of our clinical judgment alone, when they feel themselves perfectly well.

Now why is it that in spite of this great improvement in the general situation, we still advise practically all patients suffering from the tuberculosis in an active state to spend their major term of treatment in the sanatorium? The question has been given a great deal of thought by the best experts in the field, particularly in the last year or two.

Tuberculosis is a chronic disease, that is, it takes a long time. As a matter of fact, it is doubtful if we ever are able to really cure any case of tuberculosis in the sense that the disease has been completely eradicated from the patient's body. This

is a sobering thought that once a person gets tuberculosis the germs remain in this person's body for the duration of his or her life. Treatment, therefore, comes in a very different category from that of some other diseases where the cause can be completely removed and the patient discharged as cured. We have to settle for something less than a real cure, but what I am continually trying to impress upon the patients is that no one should settle for anything less than the best possible approach to a cure. We are concerned mainly with two aspects. First, we want the tuberculosis to be as well healed as it can possibly be so that the patient has a wide margin of safety from relapse. Second, we want our patients to return as nearly as possible to completely normal health so that they can take up again the type of work they really want to do.

The problem is somewhat different for those who have reached their older years than for those who are still facing the really productive years of their life. In the older group one may be satisfied simply to render them non-infectious so that they can live out their lives in their own homes. In the younger group, however, one is concerned with preparing them for a full and active life.

Now the treatment of this disease, tuberculosis, comes under several headings. First there is rest and this should be just as complete as we can possibly make it. It includes freedom from physical exertion and it also includes relaxation of mind which is so hard for some patients to attain. Many patients have told me that they could rest better at home than they can in the sanatorium. This is a very tempting thought but my own observation has brought me to the conclusion that it is very seldom true, particularly for the length of time with which we have to deal. First of all, most patients don't know what we mean when we say rest until they have gone through a period of sanatorium training. Secondly, practically all patients are still expected to remain on a reasonably careful rest routine after they are discharged from sanatorium treatment. I have seen quite a number of patients make an apparently honest attempt to take real rest at home, and I believe that

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WHY MUST I STAY IN —

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among those that I have observed there have been more failures than successes.

Next we come to the use of drugs. Nothing seems more simple than to take a few pills at home or possibly to visit one's doctor twice a week to get an injection. Why then are we so opposed to patients taking this treatment at home? Again there is much more than meets the eye in the really successful use of our new miracle drugs in tuberculosis. It is quite true that any case will show remarkable improvement with our drugs used in almost any reasonable fashion. I must point out, however, that there are many pitfalls in the use of these drugs. Not all of the patients can use them with safety. Close observation is entirely necessary in my opinion, particularly in the first part of the treatment. It is a very serious thing for the tubercle bacilli to develop what is called resistance to one of our major drugs. We feel that in the great majority of cases this can be avoided if we are able to follow our patients closely, more closely than is possible on an out-patient basis.

Next comes the question of surgery which has played such a dramatic part in the improved outlook of the tuberculosis patient in the past few years. Good results with surgery are not haphazard but are dependent very largely upon the best possible preparation of the patient for the operation and the careful decision as to when the operation should be done. The patient is much less likely to get the full benefit of modern surgical treatment on an out-patient basis than when taking regular full-time treatment in a sanatorium.

There is another aspect of the problem which does not quickly meet the eye. Very frequently I find patients come into the sanatorium in a very negative frame of mind. They don't want to have tuberculosis. They don't want to come to the sanatorium, and they don't want to admit to themselves that all this re-organization of their life is necessary. Frequently, in the beginning they conceal from their ward physician many of their symptoms. Time and time again I have seen these patients relax on the wards, make friends with their fellow patients and look ahead hopefully to the new kind of life they are going to lead. It must be very difficult for the home treated case to obtain this necessary reorientation which comes with

sanatorium life spent with other people facing similar problems. Apart altogether from this strictly treatment side of case management, the time spent in a sanatorium need no be wasted. Although the great majority of our patients go back to their former employment, they always have to remember that physical energy should be carefully guarded and many of our patients take this opportunity of increasing their educational level so that they will be able to make their way in the world with jobs that are less physically exhausting.

If there was a shortage of sanatorium beds and patients had to wait six weeks or months before they could be admitted for treatment, then one would naturally have to seek the best compromise available. At the present time we are happy to say that every patient can be accommodated without any delay at all. With a disease of the severity of tuberculosis and with the high danger of relapse if not promptly treated, also with the great danger to one's associates if one remains infectious or relapses, it does seem to be the ordinary course of common sense to seek the very best treatment which is available. I have no hesitation at all in saying that sanatorium care offers a very great deal to the patient which he cannot obtain as an outpatient. Measured against a lifetime of good health, the time required for thorough treatment of tuberculosis is certainly very short, particularly with modern treatment. I would strongly urge the patient faced with the problem of tuberculosis not to yield to the temptation of home treatment. You must come to the sanatorium because that is where your particular case can be best managed so as to put you back to the best possible health in the quickest possible time with the least possible danger. Don't settle for the second best, come to the sanatorium and stay until we send you home.

—Reprinted from Itam

"I feel so bad, doc," said the patient, "that sometimes I think of making an end of it all."

"Now, now," soothed the doctor. "You just leave that to me."

* * * *

A pig bought on credit grunts all year.

—Spanish proverb

Editorial Comment

In a recent newspaper was a brief article saying that the executive board of the World Health Organization asked that all people attending its meetings refrain from smoking. "No organization devoted to the promotion of health can be neutral in this matter," the board said. Also recently, there was a report on T. V. that a hospital in Fredericton has banned smoking in patients' rooms, and certain smoking areas will be designated.

The number of deaths reported from chronic obstructive pulmonary disease is increasing at an alarming rate — as high as 600% in the past twelve years. A great volume of evidence points to smoking as the greatest single causal factor in the alarming increase in obstructive pulmonary disease. Articles, such as the following excerpt, describe the processes by which the damage is steadily being done:

The smoke of just one cigarette paralyzes the delicate hairlike organs of the bronchial tubes whose function is to keep foreign matter in the air from reaching the lungs. These organs are the cilia, tiny but active projections of the cells that line the walls of the airways leading to the lungs. Whenever a foreign particle comes in contact with the healthy cilia, they move en masse, "like wheat moving in the wind," carrying the invading particle upward toward the mouth and nose and away from the lungs. A single cigarette paralyzes the cilia temporarily. In habitual smokers the cilia have disappeared completely.

Smoking cigarettes causes the walls of the bronchial tubes to become thickened and leathery. This thickening, the result of proliferation and other changes in the cells of the walls, are pre-cancerous in many smokers. But no heavy or even moderate smoker escapes scot-free. If he doesn't get cancer he gets emphysema, chronic bronchitis, or heart disease. As for light smokers, things get into their lungs that normally would not, if the cilia were functioning.

There are words of encouragement for smokers who will quit while there is yet time: clinical evidence is that the condition of the lining of the airways shows improvement within six months of quitting cigarettes. It is believed that anyone who quits smoking for ten years has the same chances as a lifelong non-smoker of avoiding lung cancer."

The above advice was given by Dr. Wilbur Y. Hallett, past president of the Los Angeles chapter of the TB and RD Association, and is typical of many of the concise warnings issued by experts in the field of prevention and treatment of chronic and acute obstructive pulmonary diseases.

There is little doubt that smoking is injurious to those who have the habit. Also, as a habit it is practically ruinous, from a financial standpoint, for what patient can afford a carton per week at present-day costs? To your associates who do not smoke it is an obnoxious habit. Smokers tend to be thoughtless where others are concerned. They sometimes light up a cigarette as soon as they sit down to a meal, and leave the thing smoldering in an ashtray. They smoke in poorly ventilated rooms, cars and buses. Very often we hear patients say that they would really like to give up the habit. Many patients, and many relatives of patients, express surprise that smoking is permitted where lung disease is present. It can, of course, be argued both ways. Telling an adult that he may not smoke is probably "infringing on his right to self-determination", or something like that. Something similar can be said for the rights of those who wish to breathe clean air.

Social Notes

Stephen Everett Mullen retired from the Nova Scotia Sanatorium staff June 15, 1971. A farewell tea was held in his honor in the staff dining room on February 25, 1972. Dr. Holden and Mr. Mosher spoke briefly and made presentations.

It was in June, 1941, that Steve first came to the Sanatorium as a patient. He worked in the Post Office and was also Subscription Manager for the HEALTH RAYS.

Steve is making his home with his sister Mrs. William Rogers, 62 Prospect St., Yarmouth, Yarmouth County, N. S.

He will be greatly missed by his many friends at the Sanatorium. We all wish Steve the best and hope that he will have many years to enjoy his retirement.

Heard about the man who went into the secondhand store to buy one for his watch? — World and Press, Germany.

Patients Recreation Committee Formed At San

Doug Bennett, Patient, East Infirmary

Recently a Patient Recreation Committee was formed at the N. S. Sanatorium. The duties of this Committee are to try and form recreation activities so that the patient who has high enough exercise privileges may attend various functions which take place in the Patients' Lounge.

Representing this Committee are the following: The West Infirmary is represented by Archie MacDonald, the East Infirmary is represented by Doug Bennett and Leo Izzard 2nd East; 1st East Florence Belben and Judy Archibald. Also on this committee is Mrs. Anne Blair who at this time is on 3rd. East recovering from recent surgery, but we do hope that by the first of next week she will be able to be back with us. Mrs. Faye Leach, another valuable member of this committee, was released on the 28th day of February after a very lengthy stay here at the San.

So far this committee has been very successful in organizing card parties, based on a six week period, one taking place each Monday evening starting at 7:30 p.m. For the past two weeks there has been great interest shown by the patients who are able to attend and play and, too, the older patients who may not play but do attend to watch the card playing or have a chat with another patient who is there for the evening to enjoy themselves, whichever way they wish.

Prizes for these parties are provided by the San. and so far two prizes have been donated by patients here at the San. One prize being donated for lucky prize and another for the eldest lady present. At these parties, the prizes are given for the following: men's high, men's low, ladies' high, ladies' low and lucky. At the end of the six-week period a grand prize will be awarded to the person having the highest score for the six week period, along with the regular five weekly prizes.

On Thursday, March 4, a Cribbage League will get under way for both male and female patients who wish to take part. At the end of a certain period of time a play-off will be held and a trophy presented to the winning team. So far the members of this committee are trying to get some kind of a programme arranged where it will also benefit the bed patients who are unable to attend these other functions; as some patients are here at the San for

only a short period, while others must stay for a very lengthy period.

This committee meets twice a month with the various Dept Heads to iron out any problems which may arise, while the committee itself tries to meet at least once a week to discuss the week's activities, whatever they may be. But one main reason of this committee is to help to assist the new patients just coming in and try to make them as comfortable as possible and to assure them that because they are in a Sanatorium they are not forgotten.

As the winter months are gradually starting to fly by the duties of this committee will expand. As the weather starts to get warmer, and the patients do start to get outside, an effort will be made by the committee, whoever may be on it at this time, to try and get some outdoor activities going that the patient may take part in.

This committee would like to express its thanks to the following Depts. for their cooperation shown them since this committee was formed. To Mr. P. S. Mosher, Adm., at the San., Dr. H. Holden. Medical Director and all the doctors who make up the medical staff, Miss Dobson, Mrs. Daken, Nursing Directors, also Miss Quinlan and the dietary staff for the making and the serving of the wonderful lunches following the parties and the making of a farewell cake for any patients who are going out within the week the party is held.

Also to the R.N.'s who are in charge of the various floors, to the C.N.A.'s and student C.N.A.'s who assist in getting the older patients ready for the parties, etc. and to the porter service who do a great job in getting the wheelchair patients to these various functions.

If we have failed to mention anyone who assisted this committee in any way it was not done on purpose as we did not have much notice in getting this article ready.

At the graduation exercises of our six-year-old Jimmy from kindergarten, I asked the teacher about his progress. "He's my star pupil," she replied. "He graduated magna cum laudest."

— Contributed by Earl T. Mayo

Patients Card Parties

On Monday, February 21 and February 28, a card party of 45's was held in the Patients Lounge sponsored by the Patients Rec. Comm.

Thirty-five patients attended each evening and an enjoyable time was had by all.

Prize winners on February 21, were Men's High — R. Chandler; Men's Low — Mr. Mosher; Ladies High — P. Matthews; Ladies Low — F. Leach; Lucky Prize — R. Barry; Prize winners on February 28 were Men's High — R. Barry; Men's Low — C. Whynott; Ladies High — Ina Williams; Ladies Low — Florence Belben; Lucky — Mr. Veinot; Special prize for oldest lady present to Mrs. L. Morrison.

A lovely lunch was served and a special "going away" cake was presented to Mrs. Faye Leach and Mrs. Phyllis Matthews who are being discharged soon.

St. Valentine's Day Party

On Monday, February 14, 1972, a Valentine Party was held in the Patients' Lounge. This was sponsored by the Men's Group of the United Church of St. Stephen and St. Paul, Kentville.

Cards, crokinole, Chinese checkers and checkers were very much enjoyed by the patients and all who were present.

The Patients Lounge was decorated in the theme of hearts, cupids, Valentines and red and white balloons, in keeping with St. Valentine's Day. The staff of the Rehab. Department were in charge of the decorating under the supervision of Mrs. Mary MacKinnon.

Delicious refreshments, provided by the Men's Group, were served by the dietary staff.

Prizes were distributed by Blake Curry, President of the Men's Group, Bob Middleton and Rev. Howard Taylor. Among the prize winners were Michael Pettipas, Mrs. Ina Williams, George MacKay, Mrs. Faye Leach, Miss Florence Belben, Mrs. Judy Archibald, Ronald Chandler and Ronald Barry.

Mrs. Beatrice Zinck thanked the sponsoring group on behalf of the patients.

In addition to the fifty patients, also present were Miss Thelma Chute and Mrs. Ethel MacKinnon from the Rehab. Department, Co-ordinating Protestant Chaplain at the Nova Scotia Sanatorium, Rev. Howard Taylor and Mrs. Taylor. Members of the Men's Group were Blake

Country And Western Show

On the afternoon of Saturday, February 26, a very enjoyable show was presented in Miller Hall for the entertainment of a good turn-out of patients. The show was presented by Clell E. Joudrey of Barss Corner, and with him was Billy Whelan, their wives, as instrumental accompanists, Earl J. B. Wentzell, and guest vocalist Veronica Veinot.

This group braved a severe snow storm to entertain our patients and we are grateful to them for this. They had another show scheduled for 7:30 that evening at the Lunenburg County Hospital, Dayspring, and it must have been quite late before they finally arrived home. Mr. Wentzell, as well, is from Barss Corner, and Billy Whelan is now living at Mahone Bay.

The program was sponsored by the Musicians' Union. Don Brown represented the Rehab Department, and the entertainers were thanked by Doug Bennett on behalf of the patients.

An officer for whom I work was given a position that required him to put in long hours, sometimes seven days a week, and he almost always returned home after dark. Since he lived on a military base with strict regulations governing grass height, his wife found herself forced to mow the lawn. After several weeks of this, Mother's Day arrived, and the man gave his wife a brand-new lawn mower to mark the occasion. She took this in good humor, but by Father's Day her outlook had changed.

Her gift to her husband was the same lawn mower, all shined up—but this time it had a pair of bicycle headlights neatly installed.

—Capt. William R. Perry

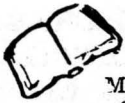
* * * *

For their commencement speaker, authorities at an Atlanta kindergarten invited an outstanding alumnus of the year before, seven-year-old Bryan Ellis. Bryan's subject: "The First Grade and What You Can Expect."

—Hugh Park in Atlanta Journal

Curry, Bob Middleton, Ned Chase, Frankie Burns, Fred Graham and Donald Wade.

Dr. Helen Holden came to spend the social hour visiting with those present.



Msgr. J. H. Durney
from The Veteran

Chaplain's Corner

The Face In The Picture

OBEDIENCE IN ILLNESS

A thought that is needed by some shut-ins more than others and by all at one time or another is the necessity and merit of perfect obedience to the orders of a doctor or a nurse who is in charge. Some patients are inclined to disobedience because of self-will and pride; some through a false impression that they are being coddled and babied; some through carelessness and thoughtlessness; some through the foolish notion that they know better than the physician what is good for them.

Naturally and supernaturally, obedience in illness is the will of God. One must realize that it is unreasonable to pit one's own limited knowledge against that of experts in a given field. Even in the case of those who are experts themselves, the old principle still applies: "No one is a judge in his own case." Professional men, doctors, surgeons, clergymen, who perhaps have had a wide experience with the sick, are often the hardest to handle when they are ill themselves. In their disobedience they are acting contrary to the very principles they have always insisted on in others.

Supernaturally, everyone knows that in obedience to the command of every lawful superior, much merit can be gained. In illness one's lawful superior is the physician, who becomes God's representative in ordering that which is necessary for the restoration of health. By obedience one is simply fulfilling the commands of God by which all men are bound to use reasonable means for the preservation and restoration of health.

Let those who are ill, then, be consoled when the commands of a doctor or nurse become irksome and hard to fulfill. Such orders are manifestations of God's Will; and conformity to God's Will is not only the secret of true happiness but a simple formula for making saints.

* * * * *

All which happens through the whole world happens through hope. No husbandman would sow a grain of corn if he did not hope it would spring up and bring forth the ear; how much we are helped on by hope in the eternal.

(Martin Luther)

Not a fine work or art; the keen critic would have pronounced it a daub. It did not cost much money, and the frame was of plain, uncarved wood. But the picture told a story, and told it well.

For the background a rough stone wall; above it a leaden sky; in the foreground a pale, weary-looking girl. In her arms she held a sick boy. And just in front of them the Christ stood; the patient, ever-loving Christ. His hand, not yet pierced, rested upon the head of the sick boy; His eyes caught the upturned eyes of the lad, and in the faded eyes of the boy, the light was beginning to come back.

The picture hung in a hospital. On a bed right opposite the picture, tossing in fever, was a boy of the slums. Born of drunken parents, the boy was born to a heritage of woe. He knew nothing of what the word "father" meant; he knew the "old man" well enough to keep out of his way; he carried marks of his cruel beatings on his face, and when the fever came, the policeman found him alone in the straw on the damp floor of his cellar.

They brought him to the hospital, and hands soft and delicate ministered to him.

He grew better; the doctor said he would pull through.

One morning when the nurse came, and pulled up the blind to let the light fall upon his face, she said, "Shall I read to you?"

"No," said the boy, and his eyes sought the picture. "No, tell me about that picture; who is He?"

"He is the Christ," she said; and then with a prayer in her heart she told the story of His life to the boy, and as she closed she said, "Do you believe in Him?"

"I believe in you," said the boy, and the next morning he said to the nurse, "Tell me more about Him."

How glad the nurse was to tell him! Her life had been one of trial, but now she was anchored in a haven of rest, and Christ's voice had brought a calm to her troubled life.

As she told the old, old story, the boy said, "You know Him, don't you?"

"Yes," she said, "thank God I do."

"And He loves boys?"

"He loves everybody."

"Rough boys like me?"

"Everybody."

And so, day by day, she talked of the Christ of the picture, and at last she said again, "Do you believe in Him?"

And he said, "I believe," and two faces bathed in tears were lifted to the picture.

The boy went from the hospital carrying next to his heart a small Bible, in his heart the Christ.

As the years rolled on, the nurse thought often of the boy, but she was shut away from the world, and her hours were long hours, so she heard nothing of him. Finally, when grey-haired and bent with age, she became ill and, at her request, they placed her in the bed opposite the picture of the Christ and the child.

Many came to see her: old people whom she had nursed back to health; children who loved her because her love had stood between them and their fears; white capped nurses crowded around her, for her life had blessed them.

The grey light of a new-born day stole through the window, and all was still in that quiet ward. Around the bed stood the nurses, for she was dying. A young clergyman was called in from the next ward. He looked upon the face on the pillow, then his eyes sought the picture and, as he fell upon his knees, he said, "Thank God."

"Who are you?" she said.

The eyes of the dying nurse sought his. Her face was beautified with a glory not of earth, as she listened when he spoke: "I am the boy to whom you told the story of the picture. My work is with the poor. We shall meet again."

"Lift me," she said.

"Ah," he whispered, "you lifted me."

His strong right arm lifted her up. Together their eyes sought the picture. The first ray of the rising sun fell upon the face of the Christ, and when he gently lowered the still face to the pillow, he knew that she saw Him, "face to face."

—From The Jewish Hope

GOD'S LOVE

There is no boundary to God's love—
It knows no east or west,
Or north or south, or black or white.
He loves the worst and best.
In His own image we were made.
He loves us, every one.
And to redeem us from our sins,
He gave His only Son.



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.

In Retrospect

If I could live again and start anew,
There are many things that I would do;
And some I would undo that I did wrong.
So many times I missed the better road,
So many times I murmured at the load
I should have shouldered gladly, with a
song.

If I could have again the years gone by;
Could live once more, I think that I would
try

To make the many fruitless hours worth-
while.

So many kindly deeds I might have
done...

So many battles lost I might have won,
Had I but met them stoutly, with a smile.
The suns of yesterday have shone and
gone

The hourglass sands flow swiftly on and
on. . .

Time does not pause on its relentless way!
The past is not for me to use again,
But I shall try with all my might and
main,

To make Tomorrow better than Today!

—Keever Komments

OLD TIMERS

Here we are, starting in March and feeling that the winter is practically behind us (having just shovelled away the big snowfall of Saturday, February 26!) Soon our Old Timers will be on the move once more, and we will have more news to report than at present.

Starting this column, here are some notes from Anne-Marie:

Mrs. Thelma (Pierce) DesChamps writes from Peterborough, saying that she is enjoying good health, does her own housework, loves gardening, and finds time to work two days a week as a school secretary. Thelma was a patient in 1941 and lived in Kingston, N. S., at that time. They now have two boys and two girls. Thelma sees Jean Mawdsley often, for she also lives in Peterborough. Jean was formerly from Amherst and was a patient here in 1944. She, too, has kept well, and visits Nova Scotia occasionally.

Lucy Creaser of Riverport leads a very busy life. She has two children, a boy aged 9 and a girl aged 5. Besides her home life she is also active in church and community work. She was a patient here in 1947.

While in Wolfville recently I saw Ella Spidle of Port Williams, who was here as a school student in 1965. Ella works as a stenographer at Acadia University, and plans to be married next summer.

And now from Mrs. Violet Silver comes this note: Mrs. Robert Johnston, Hartford, Conn., formerly Viola Hartling of Jeddore, retired last summer and hopes to visit Nova Scotia this summer. Here in 1929-30, she has two children.

Among our recent visitors was Hubert Atkinson, Cape Island, who was here for a check-up on March 1. Hubert is looking very well indeed.

I can't remember if we mentioned before that a charming young lady, Judy Bennett, here in 1970-71, from Hampton, has been working since last fall with the Dept. of Lands and Forests here in our Administrative Building (former Nurses' Residence). Judy has now taken a posi-

tion with radio station CKEN, Kentville, effective the last week in February.

There follows a very nice tribute to the Nova Scotia Sanatorium which we have just received from Mrs. Marjorie Smiley, who was here two years ago. We hope that she will not mind.

I always look forward to receiving **Health Rays**. It is a link with my days spent at the Sanatorium.

I for one, am deeply concerned about the future of the Sanatorium. To me, it could not be replaced. I'm speaking now as a former patient, having spent thirteen months here.

Looking back I remember my misgivings about having to go there; I hated leaving my home, family and friends. I was filled with a feeling of sadness and possibly I felt a bit of resentment—"Why did I have to go there?" Nevertheless, in a short time the homey atmosphere, competent staff, good meals, and so many other things combined to make life at the Sanatorium not too bad at all.

Actually, I possibly didn't get over being lonely but I look back on those days now as a rewarding experience. At the Sanatorium I met people from all walks of life; there wasn't any discrimination. We were like one big family.

The people who participated in making one's stay there were many; they gave generously of their time and energy, making one feel it was their privilege.

I required surgery while at the Sanatorium; it is never a pleasant time but I remember so vividly how wonderful my doctor and all the nurses were at this time.

Looking back on my stay there I have only praise for everyone who helped to make my recovery possible.

So, in closing, I'm hoping our Nova Scotia Sanatorium will remain with us.

Incidentally, if you do have to go as a patient, please remember you have to do your part in order to recover.

It is much easier to smile than frown.

—Marjorie Smiley,
Port Dufferin

Thank you very much for those good words, Mrs. Smiley. We, too, hope that the Sanatorium will be here for as long as it is needed — and it seems that the need will be here for some time to come.

THIS FULL PAGE SPONSORED BY

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MANSON'S DRUGS LTD.

Policeman to lady driver holding up traffic: "Use your noodle, lady."

Lady: "I've pushed and pulled everything in this car. WHERE is the noodle?"

Ins And Outs**NOVA SCOTIA SANATORIUM****ADMISSIONS:****JANUARY 16 TO FEBRUARY 15, 1972**

ROBERTSON WRIGHT, RR1, Canning, Kings Co.; CLYDE OSWALD BOUTILLIER, Seabright, Halifax Co.; MRS. ELEANOR RUTH DONNELLY, Mount Hanley, Annapolis Co.; WILLIAM FAY FOSTER, White Rock, Kings Co.; CARL JEREMIAH PARRISH, Lakeville, Kings Co.; MRS. MARY VIOLET WARD, RR 1, Kentville; NORMAN ELDRIDGE BENJAMIN, Berwick, Kings Co.; WALTER GEORGE BORDEN, 7 George St., Kentville; FREDERICK GORDON SANFORD, Weston, Kings Co.; LEWIS IRA GATES, Port Williams, Kings Co.; MRS. LEAFY MAE GRANT, Arlington, Annapolis Co.; FREEMAN JOSEPH BRIAND, 6072 Cunard St., Halifax; MRS. CONSTANCE BENT, Young's Cove, Annapolis Co.; HONG SHAN CHAN, 1270 Hollis St., Halifax; JAMES JOSEPH MacKINNON, 106 Pinecrest Drive, Dartmouth; MRS. ELIZABETH MARIE FLYNN, Meteghan River, Digby Co.; HARLAN BORDEN BENT, North Williamston, Annapolis Co.; DOUGLAS JAMES BECKMAN, Walton, Hants Co.; JOSEPH DEMETRIUS AMIRAULT, Weymouth, Digby Co.; MRS. MARION WINONA BARBARA WHIDDEN, 11 Summer St., Wolfville; MICHAEL ISAAC SACK, Shubenacadie, Hants Co.; MAURICE WALTER WILKINS, Nictaux, Annapolis Co.; FREDERICK LEWIS STEADMAN, Mount Uniacke, Hants Co.; PETER ANTHONY COPAGE, Micmac Reserve, Hants Co.; MRS. NELLIE AUDREY VERMEULEN, Canaan, Kings Co.; MRS. LEONA BEATRICE HUSSEY, Berwick, Kings Co.; GEORGE THOMAS STEELE, 2425 Davidson St., Halifax; GEORGE FRANKLYN HARVEY, Black Rock, Kings Co.; LEMUEL REGINALD LEROY

SALSMAN, Canaan, Kings Co.; MILFORD JEREMIAH LYLE, Barrington, Shelburne Co.; EDWARD LIVELY STARRATT, Stewiacke, Colchester Co.; BEATREAL GEORGE BLANCHARD, West Arlington, Annapolis Co.; MRS. MURIEL EUNICE MacLEAN, 53 Chestnut Ave., Wolfville; MARGARET FLORENCE CAMERON, 257 Washington St., New Glasgow; KAREN KATHLEEN KENNEDY, Avonport, Kings Co.

DISCHARGES:**JANUARY 16 TO FEBRUARY 15, 1972**

INA MAE ROBICHEAU, Doucettville, Digby Co.; HAROLD CLIFFORD MASON, Upper Water St., Windsor; ALEXANDER GREGORY MacQUEEN, 39 Elm St., Yarmouth; ERNEST ALBERT MARSHALL, Clarence, Annapolis Co.; JAMES O'DONNELL QUINN, Greenwich, Kings Co.; EVERETT IRWIN WHYNOTT, Lapland, Lunenburg Co.; ALFRED THEODORE AMIRAULT, RR 2, Berwick, Kings Co.; BUDD WHITMAN GERTRIDGE, Gasperaux, Kings Co.; JOHN LEIGHTON DILLMAN, 223 Windmill Road, Dartmouth; FREDERICK COLIN DUFF, Stellarton, Pictou Co., (Expired); ROBERTSON WRIGHT, Canning, Kings Co.; MRS. ETHEL CRYSTAL FRANCES, Belleisle, Annapolis Co.; MRS. PAULINE MARY DOUCETTE, Brooklyn, Yarmouth Co.; HARRIS ROY JOUDREY, 16 Frank Lane, Bridgewater; MAURICE WALTER WILKINS, Nictaux, Annapolis Co.; WILLIAM RALPH LEWIS, Port Williams, Kings Co.; DORIS MAE PINNER, Starr's Road, Yarmouth Co.; WILLIAM FREDERICK LOMBARD, RR 2, Canning, Kings Co.; MRS. ELIZABETH MAE MacCAUL, Delap's Cove, Annapolis Co.; JOAN GERTRUDE BUTLER, Port Williams, Kings Co.; MRS. MARY VIOLET WARD, RR 1, Kentville; JAMES CALVIN ROBSON, New Glasgow; MRS. OLIVE CLARA MUNROE, Mushboom, Halifax County; CARL EDWARD ANGUS, Wolfville, Kings Co., (Expired); LAWRENCE KNIFTON WALKER, 112 Russell St., Dartmouth; BERNARD ALEXANDER HURLEY, Cornwallis, Digby Co.; GEORGE EDWIN FRANK, Lakeville, Kings Co.; MRS. ELIZABETH MARIE FLYNN, Meteghan River, Digby Co.; JAMES WARREN CAHILL, Kingston, Kings Co.; CARL JEREMIAH PARRISH, Lakeville, Kings Co.; KENNETH ALDWIN DEAN, Chaswood, Halifax Co.; MRS. ELLA JANE MOORE, Fairview, Halifax Co.; MRS. SHIRLEY

(Continued On Page 14)

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INS AND OUTS

(Continued From Page 13)

PAULINE GOODYER, 41½ Brule St., Dartmouth; MRS. CONSTANCE BENT, Young's Cove, Annapolis Co.; MRS. UMLYA SHARMA, 1625 Henry St., Halifax; MISS CATHERINE MacMILLAN, 33 Hillcrest St., Antigonish; STANLEY ALBERT WILTSHIRE, Antigonish; JOSEPH DEMETRIUS AMIRAULT, Weymouth, Digby Co.; MRS. ELEANOR RUTH DONNELLY, Mount Hanley, Annapolis Co.; CHARLES OTIS RAFUSE, Upper Vaughan, Hants Co.; MRS. CLARA ELIZABETH BANFIELD, 3747 Hill St., Halifax, (Expired).

ADMISSIONS:**FEBRUARY 1 TO FEBRUARY 29, 1972**

WILLIAM CLARENCE REA, 7 James St., Glace Bay; WARREN MOFFATT JOHNSTON, 143 MacLean St., Glace Bay; MRS. MARY PHILOMENA YOUNG, Glace Bay Highway, Reserve Mines; MRS. ANNIE RITA BEZENAR, 139 Union St., Glace Bay; MRS. CATHERINE MARIE BROWNER, 24 Kings Road, Dominion; WILLIAM CLARENCE MATHESON, 42 South St., Donkin; MRS. FLORENCE ELLEN CARR, Belmont Hotel, North Sydney; GORDON LOUIS MUNRO, 29 Commercial St., Dominion; WILLIAM THOMAS CURTIS, Ingonish Beach, Victoria Co.; NOEL JOSEPH STEVENS, Barra Head, Richmond Co.

DISCHARGES:**FEBRUARY 1 TO FEBRUARY 29, 1972**

CONROD ALLAN SCOTT, 494 Purvis St., North Sydney; DANIEL AMBROSE MacDONALD, RR 2, Iona, Victoria Co.; NOEL JOSEPH STEVENS, Barra Head; MICHAEL FRANCIS GOULD, Eskasoni; MSTR. STEPHEN JOSEPH MUISE, RR 1, River Denys, Inverness Co.; MRS. MARY PHILOMENA YOUNG, Glace Bay High-

way, Reserve Mines; MRS. MILDRED AMILIA DOYLE, Rocky Bay, Richmond Co.; WILLIAM THOMAS CURTIS, Ingonish Beach; PETER ANDREW BATTISTE, Barra Head; CHARLES EDWARD Mac NEIL, Cooney's Lane, Dominion.

HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to the 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 deductible for Income Tax Purposes. Your contributions will help Health Rays to remain healthy.

The standing of this Fund as of February 29, 1972:

Previously acknowledged: \$3,706.69

Recent contributors:

Century Patrons:

Nil

Patrons:

Miscellaneous

22.30

Grand Total

\$3,728.99

Have you noticed how shore birds and gulls face into the wind when they are at rest on the beach? Of course — it keeps their fathers in perfect position. A good philosophy is to face your troubles; don't let them ruffle your feathers.

* * * *

Surrounded by three of his pals, a college boy was overheard in a roadside restaurant calling a hotel. When he was connected with the reservation clerk, he asked, "Have you a single room for four people?"

* * * * *

A small girl was given a beautiful charm bracelet for her birthday. She wore it to school for the first time, but nobody seemed to notice it. Finally she stood up and exclaimed "My it's so hot in here I think I'll take off my bracelet."

* * * * *

Commercial traveler: One who goes to the refrigerator during the sponsor's message.

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BROOKFIELD CREAMERY

J. M. DUGUID, JEWELLERS

Patients Terminology For 1972

Meals—What patient wishes he could go out for.

* * * *

Conference—When the doctors get together and ask each other, "Have you heard any good stories lately?"

* * * *

Occupational Therapy—Something to pass the time that the patient isn't supposed to be doing anything during.

* * * *

Midnight—Time to wake up, wash, and have pulse and temperature taken.

* * * *

Take the Cure—Lie back, relax and deal the cards.

* * * *

Nurse—Person who says, "You'll have to ask the doctor."

* * * *

Roommate—Three's a crowd when patient is visited by the "one and only."

* * * *

Temperature — That which patient should not have high.

* * * *

Sputum—That which we wish we had when the doctor wants a gastric.

* * * *

Ribs—That which patient may not have so many of after leaving the san.

* * * *

Trachea—What patient would like to squeeze on whoever it was that gave him TB.

* * * *

Visiting Hours—Period of time at the end of which patient says, "What, already?"

* * * *

Visitor—What patient wishes he was.

* * * *

Tuberculosis—The reason that patient is a.

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The driver of a small foreign car in Ocala, Fla., has a problem getting to work these mornings — ever since the city installed a new traffic signal at an intersection on his route. His car isn't heavy enough to trip the treadle which controls the signal and, faced with a constant red light, he must await the arrival of a heavier car to change the light to green.

—Pat Englehart in Akron Beacon Journal

* * * *

On a sultry day I was demonstrating vacuum cleaners in a farm home. The windows were open, and flies buzzed in like bombers. A dog chased a cat in one door and out the other; a rooster napped on the dining-room table. The housewife, undisturbed by all this, paid close attention to my sales talk. Suddenly a child's voice called from the kitchen, "Danny's pouring water all over the floor."

I thought sure I'd lose her attention this time. Then came her calm reply, "Put some soap in it, honey. I have to mop in a little while."

—Marjorie E. Baker

* * * *

If your shoes pinch, remember there are 112 hidden taxes in them.

—Walter C. Fricke in Nokomis, Ill., Free Press-Progress

* * * *

"Why does it take three of you guys to change a burnt out light bulb?" asked the foreman.

"Well," retorted one, "Jim holds the bulb, while Frank and I turn the ladder."

* * * *

My father, a postman, loved to tell us about the people on his mail route. One was a young housewife who came to her mailbox each day dressed in the shortest of shorts and the most revealing of blouses. Then one morning she appeared wearing a long quilted robe. Instead of her usual cheery "Good morning," she looked embarrassed and said, "I hope you will excuse me for not being properly dressed."

—Mrs. Frank D. Harvill, Jr.

* * * *

Labels on four fishing nets, arranged in sporting-goods window according to size: 'Minnow,' 'Trout,' 'Walleye' and 'Liar.'

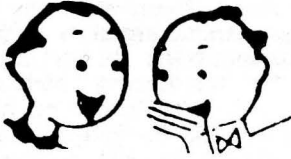
—Contributed by Jay eKtelle

* * * *

Isn't it frightening how soon later comes, after you buy now?

—Quoted by Earl Wilson, Hall Syndicate

Just Jesting



CLASS CONSCIOUS

Many children aren't quite sure whether teachers are human or not and still believe that they suddenly come to life at 8:30 and disappear at 3:15 each day.

A second-grade teacher was shopping at a supermarket near her school when she bumped into one of her pupils. When Tommy saw her, he was astonished and exclaimed, "Why Miss Ward, I didn't know you ate groceries!"

—Contributed by H. L. Browning

At dinner one July evening my nine-year-old son mentioned that he had seen his former teacher at the playground. I asked him how she was and he replied that he didn't know. "Well, didn't you even speak to her?" I asked.

"In the summer?" he exclaimed.

—Contributed by Phyllis C. Shaughnessy

ON THE THRESHOLD

As a little boy, my son collected toy soldiers and Indians. Whenever he was sick in bed, he would spend the day maneuvering them on the blankets. After he had outgrown the various childhood illnesses, the toy models were forgotten and relegated to the basement. At age 11, it happened he had a sick day in bed. Looking at me rather sheepishly, he carried his box of soldiers and Indians upstairs. Within a very short time he carried them down again. "They don't talk back anymore," he said.

—Contributed by Betty J. LeGere

Scientific Fact. The eldest member of the town-planning committee had quietly pointed out flaws in several ambitious plans set forth by the Big Thinkers in the group. "Blast it, Ben," one said finally. "Do you have to throw cold water on everything?"

"Cold water," countered Uncle Ben, "jest naturally results when a lot of hot air gets on thin ice!"

Any boy anxious to mow the lawn is too young to.

The Harpo Marxes have four adopted children. The first baby so brightened their lives that when Harpo was later asked how many more children he planned to adopt, he said, "As many as the number of windows in the front of my house. When I leave each day, I want a child at every window waving good-by to me."

— Leonard Lyons

* * * *

The phone rang in the hospital maternity ward where I work and a very excited male voice exclaimed to the nurse who answered, "This is Paul Hopkins. I'm bringing my wife in to have a baby!"

"Now slow down, sir, and give me a little information. Is she having any pain?"

"Yes, this is Paul Hopkins. My wife —"

"Is this her first baby?"

"No. this is her husband—"

— Vivian Loar

* * * *

It would be well for all of us to remember that suspicion is far more apt to be wrong than right, and unfair and unjust than fair. It is a first cousin to prejudice and persecution and an unhealthy weed that grows with them.

—Doubleday

THIS HALF PAGE SPONSORED BY THE REGISTER, BERWICK WRIGHT'S CLOTHING LTD.

We Newfoundlanders have long been aware that weather conditions in our province are less than ideal, but the fact was pointed out rather startlingly in a recent news broadcast. The announcer stated: "The Department of Transport will again be responsible for keeping the streets of Gander free of snow this summer."

— Elizabeth Barrett (St. John's, Nfld.)

* * * *

Parental supervision today means telling your 16-year-old daughter to drive carefully when she takes the family convertible away for a weekend party.

—"Almanac" in Minneapolis Tribune

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SMALL COMFORT

In Honolulu recently police issued small-car warnings after 100-mile-an-hour gusts of wind overturned two small cars and tied up traffic.

—UPI

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., F.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 Plaats

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 . . .

**IS OPERATED FOR YOUR CONVENIENCE
AND BENEFIT**

So Remember . . .

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