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Health Rays



HEALTH RAYS

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NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

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

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

What Is It About Cigarettes?

How Cigarette Smoking Affects the Cleansing System of the Breathing Passages

CHARLES F. TATE, Jr., M.D.

The mounting scientific evidence linking cigarette smoking to serious disease is challenging people to reconsider their smoking habits. Most doctors, scientists, public health officials, and voluntary health agencies have called attention to the uncomfortably close relationship between cigarette smoking and a marked increase in crippling and killing lung diseases.

Now a federal law requires that each pack of cigarettes sold must be labeled as a possible health hazard.

All of this action was not taken against cigarettes as a moral issue, nor as a waste of money. In fact, many of the doctors and scientists who uncovered the evidence were smokers themselves, and most of them have quit—or at least have cut far down.

What is it about cigarette smoking that may lead to these dread diseases in some people? We don't know all the answers but one thing can be demonstrated clearly: Tobacco smoke can cripple the housekeeping system of the breathing passages, setting the stage for chronic irritation, infection, and irreversible lung damage.

Perhaps we can understand this better, if we see how this lung housekeeping system works in a healthy person.

The respiratory tree can be compared to a small, hollow tree turned upside down in the chest. The tree trunk is the windpipe. The tree branches are the bronchial tubes which continue to subdivide into smaller branches, until the leaf stem or bronchiole level, is reached. Dangling from these tiny stems (from 1/50 to 1/100 of an inch in diameter, are the alveoli or air sacs where oxygen is absorbed and waste carbon dioxide eliminated.

This entire respiratory tract, from the nose to the smallest bronchiole, has a marvelously efficient cleansing system to keep it free of inhaled irritants and foreign material. To begin with, it is covered by a thin coating of mucus which is kept moving upward toward the throat by the wave-like sweeping action of an enormous number of brush-like structures called cilia. These beat rhythmically toward the throat, where the mucus may be swallowed or spit out. The glands in the respiratory system of a normal person produce two or three ounces of clean mucus daily,

which their cilia have no trouble in sweeping up and out.

One purpose of the mucus is to keep the bronchial tubes from drying out, and another, more important, is protection against irritating dust, germs, and other matter we may all breathe into our lungs. This matter sticks to the moving mucus and is then swept up the air passages, on out of the tracheo-bronchial tree.

This cleansing mechanism ordinarily works rapidly enough to prevent reproduction of most bacteria, and irritating foreign matter is rejected before it can do much harm. However, when something happens to slow, hinder, or obstruct this normal sweeping out, the stage is set for possible infection and serious respiratory trouble.

That's what we know that cigarette smoking does—sets the stage for trouble by slowing down and at times completely paralyzing the ciliary sweeping action.

And by its irritating effect, smoking also stimulates an increase of mucus. As a result mucus accumulates and thickens and we have what could be called a traffic jam in the airways.

Over the course of time, months or years, air becomes trapped behind the sticky mucus, the small air sacs become ballooned and overstretched and the entire lung becomes larger, and less efficient as a breathing machine. Breathing becomes difficult and painful. At this stage, the damage to the lung cannot be repaired, but it can be prevented from becoming greater by stopping smoking.

In other words, emphysema, which is the medical term for the disease described above, is a preventable, but so far, unfortunately, not a curable disease.

The other respiratory ailments linked to smoking, chronic bronchitis, which can usually be cleared up when the habit is given up, and lung cancer which frequently has a tragic end, are thought to come from the accumulation of irritants in the thickened mucus — all the result of the damaged housekeeping system of the respiratory tree.

Much of the evidence for the ill effects of smoking is based on the observation of

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To Smoke Or Not To Smoke

E. A. ALLEN, M.B., F.R.C.P.(C), F.C.C.P.
Victoria, B. C.

That that is the question, particularly in the field of chest disease, is unquestioned. We like to think that doubts about tobacco are new and peculiar to our times. Indeed, many competent studies linking cigarette smoking and lung cancer have given fresh urgency to this question. But, man's instinctive distrust of this extraordinary habit, both on esthetic and health grounds, is old and has been colorfully documented by many writers since it was first brought to the west by Sir John Hawkins, Drake, Raleigh and the other intrepid explorers of 16th century Elizabethan England. It was said that Raleigh calmly puffed his pipe before the scaffold and it is tempting to imagine what Madison Avenue might have made of this persuasive scene—"Raleigh Cools help to calm that queezy scaffold feeling."

Whether because of, or despite, its illustrious patronage, the smoking habit spread like wildfire and at the end of Elizabeth's reign there were, despite heavy taxes, some 7000 tobacco shops in London.

This sparked King James as early as 1604 to publish his "Counterblast to Tobacco" in which he sympathized with wives who were forced "to live in a perpetual stinking torment." He concluded that it was "a custom loathesome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and, in the black stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless."

Thus when various scientific, governmental bodies began in concert during the last decade, to denounce smoking, notably cigarette smoking, as a danger to health and a causative, exciting, or aggravating factor in many common chronic disorders, they were merely echoing what many "cranks" had been saying over a period of 300 years.

What diseases have been implicated in this association? Lung cancer has occupied the limelight and perhaps justifiably since the death rate is almost 10 times what it was 30 years ago. Furthermore, lung cancer is increasing more rapidly than any other cancer in the body. This increased incidence has run parallel to the consumption of cigarettes. At present more than 41,000 persons die of lung cancer annually in the United States. This and many other incriminating pieces of

evidence has led the American Cancer Society to conclude that "beyond reasonable doubt cigarette smoking is the major cause of the unprecedented increase in lung cancer and that avoidance or discontinuance of this habit substantially reduces the risk of this highly fatal disease."

But, we should not let the story of the link between lung cancer and cigarette smoking blind us to the less spectacular but nevertheless substantial build-up of evidence associating cigarettes and such diseases as chronic bronchitis and emphysema. There has been a phenomenal increase in these two disorders in Europe, England and in North America in recent decades. In some areas, perhaps particularly where severe air pollution is added to the smoking hazard, the incidence has increased remarkably. For example, in California the reported incidence increased 300 per cent between 1950 and 1958. In terms of prevalence it is probably the commonest chronic pulmonary disorder and non-disabling emphysema is estimated to be present in perhaps five to eight per cent of adult males.

An increasing number of studies are linking smoking and certain cardiovascular disorders, notably coronary artery disease and peripheral vascular disease.

Many studies in healthy young adults have documented the immediate harm to the breathing process done by smoking.

Many other harmful conditions have been linked, by preliminary studies, with cigarette smoking. Yet, need we wait for further evidence of harm; have we not got enough at present to spur a determined campaign against this quaint addiction?

All of the disorders listed above as related to smoking are incurable once established; therefore, prevention should be

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There's a breathless hush in the Close
tonight—

Ten to make and the match to win—
A bumping pitch and a blinding light,
An hour to play and the last man in.
And it's not for the sake of a ribboned
coat,

Or the selfish hope of a season's fame,
But his Captain's hand on his shoulder
smote

"Play up! play up! and play the game."

The sand of the desert is sodden red,—
Red with the wreck of a square that
broke;—

The Gatling's jammed and the colonel
dead,

And the regiment blind with dust and
smoke.

The river of death has brimmed his banks,
And England's far, and Honor a name,
But the voice of a schoolboy rallies the
ranks,

"Play up! play up! and play the game!"

This is the word that year by year
While in her place the School is set
Every one of her sons must hear,
And none that hears it dare forget.
This they all with a joyful mind
Bear through life like a torch in flame,
And falling fling to the host behind—
'Play up! Play up! and play the game'

—Henry Newbolt

Playing The Game

John H. Gross, M.D.

We have all heard the expression "Playing the Game," but how many of us have ever stopped to think about what this really means; or what the origin of the expression is; or whether it applies only in sports; or whether it can also apply to other occasions; but most important of all, should we, each one of us, apply it to our daily lives as well? Actually, this expression is part of a poem written by Sir Henry Newbolt and describes a critical phase during a battle while they were losing. He recalls that at school the coach tried to impress the individual players with the importance of each man playing his part, not for individual gain, but for the sake of the whole team and the school. The expression was used to cheer the players on and actually reads: "Play Up, Play the Game."

Why do I write about this subject? Act-

ually, in these days of turbulence in world, national, and state affairs, we realize that there is an increasing tendency to procrastinate, to make deals, and, yes, even to "chisel a bit." It appears to me that these highly undesirable traits are creeping more and more into our own environment here at the hospital.

We can all be proud of the fact nowhere in the world is there better treatment available than right here. Our treatments compare well with those at any other hospital, but it is distressing to note that we have relapses in those who leave against medical advice without adequate treatment or have been given disciplinary discharges for violation of hospital rules. This truly concerns us greatly and causes us much worry and distress, and it is for these reasons that I thought a little stimulation towards more self-examination, reflection, and thoughtful prayer would be good for all of us and might even help us to practice greater self-discipline.

All of you patients are in this hospital for one purpose only. You all want to and need to get well so that you can rejoin your loved ones. Rules and regulations are necessary, not in order to be able to punish offenders, but, as in any game, to keep the hospital running smoothly for the benefit of ALL. There must be an orderly way for any process to function so that ALL may benefit and so that ALL may win.

It is only the selfish who do not abide by the rules. The selfish seek personal gain or glory. The selfish are willing to sacrifice the benefits that are here for all, so that they alone may benefit by either the gratification of their own flesh, or by having pleasures that they are not yet ready for, and in so taking these deny their loved ones, other patients, and the staff, the wonderful satisfaction of an earlier recovery and an earlier medical discharge. So let us all abide by the rules, encouraging one another to do right, help one another with our problems and difficulties. Let us "ALL PLAY THE GAME."

—The Link

Someone has pointed out that fame is a two-edged sword. Babe Ruth, for instance, had a record of 714 home runs that posterity will never forget. But few of us know that the Babe struck out 1,330 times, a record unapproached by any other player in the history of baseball.

A Strange Smell

**WIDE OPEN SPACES STIFLE
YOU WITH DEADLY FRESH AIR**

(Art Buchwald)

Smog, which was once the big attraction of Los Angeles, can now be found all over the country—from Butte to New York—and people are getting so used to polluted air that it's difficult for them to breathe anything else.

I have been out lecturing and Flagstaff, Arizona was one of my stops. Flagstaff is about 7000 feet above sea level. As soon as I got off the plane I smelled something peculiar.

"What's that smell?" I asked the man who met me at the plane.

"I don't smell anything," he replied.

"There's a definite odor that I'm unfamiliar with," I said.

"Oh, you must be talking about the fresh air. A lot of people come out here who have never smelled fresh air before."

"What's it supposed to do?" I asked suspiciously.

"Nothing. You just breathe it like any other kind of air. It's supposed to be good for your lungs."

"I've heard that story before," I said. "How come if it's air my eyes aren't watering?"

"Your eyes don't water with fresh air. That's the advantage of it. Saves you a lot in paper tissues."

I looked around and everything appeared crystal clear. It was a strange sensation and made me feel uncomfortable.

My host, sensing this, tried to be reassuring. "Please don't worry about it. Tests have proven that you can breathe fresh air day and night without it doing any harm to the body."

"YOU'RE JUST saying that because you don't want me to leave," I said. "Nobody who has lived in a major city can stand fresh air for a very long time. He has no tolerance for it."

"Well, if the fresh air bothers you, why don't you put a handkerchief over your nose and breathe through your mouth?"

"O.K., I'll try it. But if I'd known I was coming to a place that had nothing but fresh air I would have brought a surgical mask."

We drove in silence. About 15 minutes later he asked, "How do you feel now?"

"Okay, I guess, but I sure miss sneezing."

"We don't sneeze too much here," the man admitted. "Do they sneeze a lot where you come from?"

"All the time. There are some days when that's all you do."

"Do you enjoy it?"

"Not necessarily, but if you don't sneeze you'll die. Let me ask you something. How come there's no air pollution around here?"

"Flagsaff can't seem to attract industry. I guess we're really behind times. The only smoke we get is when the Indians start signaling each other. But the wind seems to blow it away."

The fresh air was making me feel dizzy. "Isn't there a diesel bus around here that I could breathe into for a couple hours?"

"Not at this time of day. I might be able to find a truck for you."

We found a truck driver and after slipping him a \$5 bill he let me put my head near his exhaust pipe for a half hour. I was immediately revived and able to give my speech.

Nobody was as happy to leave Flagstaff as I was. My next stop was Los Angeles and when I got off the plane I took one big deep breath of the smog-filled air, my eyes started to water, I began to sneeze and I felt like a new man again.

—The Washington Post
Item

Air Pollution

When writer, broadcaster, radio personality Gordon Sinclair recently interviewed hockey great, former MP Red Kelly, now living in Los Angeles, on CBC's program **Front Page Challenge**, his opening lines were "How is the smog down there?" He considered the subject of prime importance.

Los Angeles has gained new notoriety through its Air Pollution and what has happened there is happening in all major North American cities. And in Canada, too.

Thousands of words are being written and spoken about Air Pollution. More will

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AIR POLLUTION —

(Continued from page 4)

have to come before the problem can be licked.

Camera fans know the only time to take a clear picture of the Vancouver area from either Burnaby or Little Mountain is on a Sunday when industries are shut down. No Air Pollution. Anyone driving to and from West Vancouver, through Stanley Park, knows another type of Air Pollution, clouds of exhaust fumes, in their bumper-to-bumper travels night and morning. Or those living in the vicinity of a pulp mill, hardly notice the scent around them. It has become so much a part of their daily lives. But their visitors do.

Air Pollution is a subject in which the B.C. Tuberculosis-Christmas Seal Society is taking a deep interest, because statistics show the increase in chronic obstructive lung conditions can be directly related to the growing pollution of our cities.

Steps toward research and fighting the problem are being made year by year, but still not to the extent our air is being polluted.

—Extract from "Where do we stand on Air Pollution,"

Your Health, Sept.-Oct., 1967

* * * * *

There are two kinds of polluted air: London-type; Los Angeles-type.

In London, coal is the basic fuel. Sulphur dioxide escaping from the burning coal, mixes with air and produces sulphur trioxide which, when moisturized, is transformed into sulphuric acid. When fog is present, carbon particles mix in London chimneys with sulphur dioxide. This combination pollutes the air.

Los Angeles smog is caused by the almost continual sunlight. Nitric oxide, released into the atmosphere, combines with oxygen to produce nitrogen dioxide. Under the glare of the Los Angeles sun the nitrogen dioxide molecules break down, releasing large amounts of poisonous ozone. In auto-infested Los Angeles, the ozone combines with the unburned gasoline in auto fumes to form other dangerous contaminants.

The private physician can treat his patient for a lung ailment but he cannot, by himself, clear up the air pollution which may be responsible. However, each individual physician can learn what the problems are and point these out to his community.

—Extract from "Relation Between Air Pollution and Disease," Itam, September 1968

TO SMOKE OR NOT —

(Continued from page 2)

the key to such a campaign—not merely prevention but prevention at the earliest possible age, that is, before the smoking habit is acquired.

Investigations into teenage smoking habits have underlined the important role which parental example plays. However the good example of parents may avail nothing if, as a society, we allow a constant stream of slick, hidden and not-so-hidden persuaders to equate smoking with manliness sportsmanship and success with the opposite sex. We need an effective curb on the activities of the tobacco industry, and their advertisers and it is noteworthy that the governments of Great Britain and the United States are already taking steps in this direction.

In truth, we need a forceful campaign to alter social custom, combat government indifference and, as one authority has expressed it, "to change the image of the smoker from that of the care-free social success to that of the unfortunate addict."

Once hooked, the task becomes extremely difficult; and, yet I know that many of my colleagues have quit smoking and we are told by Federal Health Minister MacEachen, quoting from a study by Canadian Facts Limited between November, 1965, and January, 1966, that more than one million Canadians have given up smoking, the majority for reasons related to health, either because of symptoms, or on the advice of their doctors. But, this same report stated that at least 300 young Canadians acquire the habit every day, and it is to these, not to those already suffering the effects of smoking, that our attentions should be directed.

Other needs are for: (1) Anti-smoking clinics, which, although enjoying only a limited success with such means as Lobeline tablets, hypnotherapy, and intensive education, are providing significant help to smokers. (2) Legislation to ban smoking in indoor public places, such as movies, public transport, stores (such a law is already under consideration by the British government). (3) An increase on taxes on cigarettes making smoking harmful

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Question Box



Q. Is it true that cold weather thickens the blood and warm weather thins it?

A. Air temperature has no effect whatsoever on the blood. It might be noted however, that the blood of natives who live in high altitudes have a definitely increased amount of hemoglobin. This is a body's way of accommodating

to the lowered atmospheric pressure and the consequent decrease in the amount of oxygen, in the air.

Q. It has been said that if a patient has either his left or right lung infected, he should lie in his infected side to prevent the disease from spreading to the uninfected lung. Is this true or it just a matter of the patient's comfort?

A. It is assumed that the question refers to pulmonary tuberculosis. The notion that it is important to lie on the side of the disease is a relic from the days when drugs were not available and the treatment of tuberculosis was basically rest. Lying on the involved side helped to partially immobilize it and thus decrease the movement of the involved lung. With our modern methods of treating tuberculosis it matters little on which side the patient lies.

Q. If the lung has been partially collapsed because of obstruction of a bronchial tube, will it ever re-expand?

A. Much will depend on the cause of the obstruction. If it is due to clogging of the bronchus with secretion or foreign body or to swelling of the lining of the bronchus due to inflammation, the obstruction can be relieved and the lung will return to normal. However, if the block is due to scarring and destruction of the bronchial wall or to tumour formation, the collapse is usually irreversible.

Q. Why do patients who have been cured break down again? Is it too much exertion, frequent colds, or a weakness?

A. It may be stated that patients with tuberculosis who have been cured do not break down. When relapse occurs it is an indication that even after what appeared to be adequate and prolonged treatment, potentially active disease remained in the

By J. J. Quinlan, M.D.

lung. It is this disease, at times stimulated by frequent respiratory infection or overexertion but sometimes for no apparent reason, which breaks down. It is for this reason that we advise removal by surgery of any significant tuberculous disease remaining after prolonged drug treatment.

Q. Can one contract tuberculosis in the smaller bronchial tubes without having it in the lungs?

A. Tuberculosis always begins in the lung substance and the bronchial tubes are infected secondarily. However, it is possible to have tuberculous bronchitis producing symptoms and positive sputum but the actual lung disease so minimal that it cannot be seen on the chest x-ray.

TO SMOKE OR NOT

(Continued from page 5)

both to lungs and pocket. (4) Identification of harmful components in cigarettes, their effective elimination by filters and possibly the invention of harmless, yet satisfying substitutes. (5) Community programmes offering early detection of harmful effects of smoking.

Ultimately, of course, the decision whether or not to smoke will be a personal one. Nevertheless, society owes it to all who desire not to smoke that this path be as easy as possible. Since it is a dirty, malodorous habit and in a very real sense impinges on the comfort of non-smokers, the latter deserve either protection from the selfish disregard of those who smoke, or alternatively, protection from temptation, whichever the case may be.

—The Valley Echo

WHAT IS IT ABOUT —

(Continued from page 1)

large groups of otherwise comparable people, smokers and non-smokers, to see how they differ in life expectancy and the diseases they get. This evidence is now so clear as to justify an all-out condemnation of cigarette smoking because it may ready your respiratory tree for disease and untimely death.

—NTA Bulletin

Editorial Comment

Our most note worthy event since our last issue of Health Rays was the Sanatorium picnic for patients and staff which was held at the Research Station picnic grounds on the afternoon and evening of Wednesday, June 23. The outing was a big success in every way and those who were involved in organizing the different aspects of it are to be congratulated. As it turned out, the choice of the day was a fortunate one for it was warm in the sunshine and comfortably cool in the shade. We understand that 75 patients were able to attend, out of a total of 122 on that date. The dietary department figures show that 240 persons were served.

The arrangements for feeding the multitude showed that a great deal of planning and work went into this. The food was delicious — barbecued chicken, buttered rolls, coleslaw, hot or cold beverages, fresh strawberries or ice cream, bananas and squares.

Your writer was to be in charge of entertainment. Sorry about that! We had some good leads on individuals and groups who might provide musical entertainment but for a variety of reasons they were not able to show up. Our entertainment, then, consisted of croquet and the pitching of horseshoes. There was, however, a softball game in session and the patients and staff enjoyed watching that — especially since most of the players were members of the fairer sex.

* * * * *

During the past few weeks a barbecue pit has been constructed to the south of what used to be pavilion I and it is planned that there will be a number of cook-outs for patients, as well as for staff who normally have supper in the dining room. The schedule at this time is for a barbecue on July 8 and 22, at which time the two dining-rooms will not be open and all who are able will be encouraged to attend the outdoor cook-outs.

* * * * *

A number of changes are taking place at the Sanatorium—some good and some probably not so good. The ladies from West III were moved on the July 4th weekend, some to West II and some to Floor I of the Annex.

Another proposed move that is of special interest to us is the move of the Rehabilitation Department from its present location in Pavilion II to parts of the first and second floor of the Nurses Residence. It is proposed that this move be accom-

plished during the week of August 9 but at this time it is difficult for us to believe that such a change is so near at hand.

Others who are to move to the Nurses Residence are the Administrator and the Business Office staff, the Payroll and Personnel Office and, from their present location in Pavilions VI and VII, the Department of Lands and Forests, the Public Health Nurses, and the office of the Inspector of Schools. There will also be offices for the Victorian Order of Nurses—and possibly others as time goes by.

The present plan is to demolish the buildings which are being vacated. I fear, however, that the Nurses Residence, too, has a limited life expectancy, having been condemned as unsafe when there were fewer people occupying it than there will be in the near future.

Recently everywhere you turn you are hearing something about pollution of the environment. It has prompted me to send in this small poem which seems to fit today's society so well.

In Koln, a town of monks and bones,
And pavements fanged with murderous
stones,
And rags, and hags, and hideous wenches;
I counted two and seventy stenches,
All well defined, and several stinks!
Ye Nymphs that reign o'er sewers and
sinks,

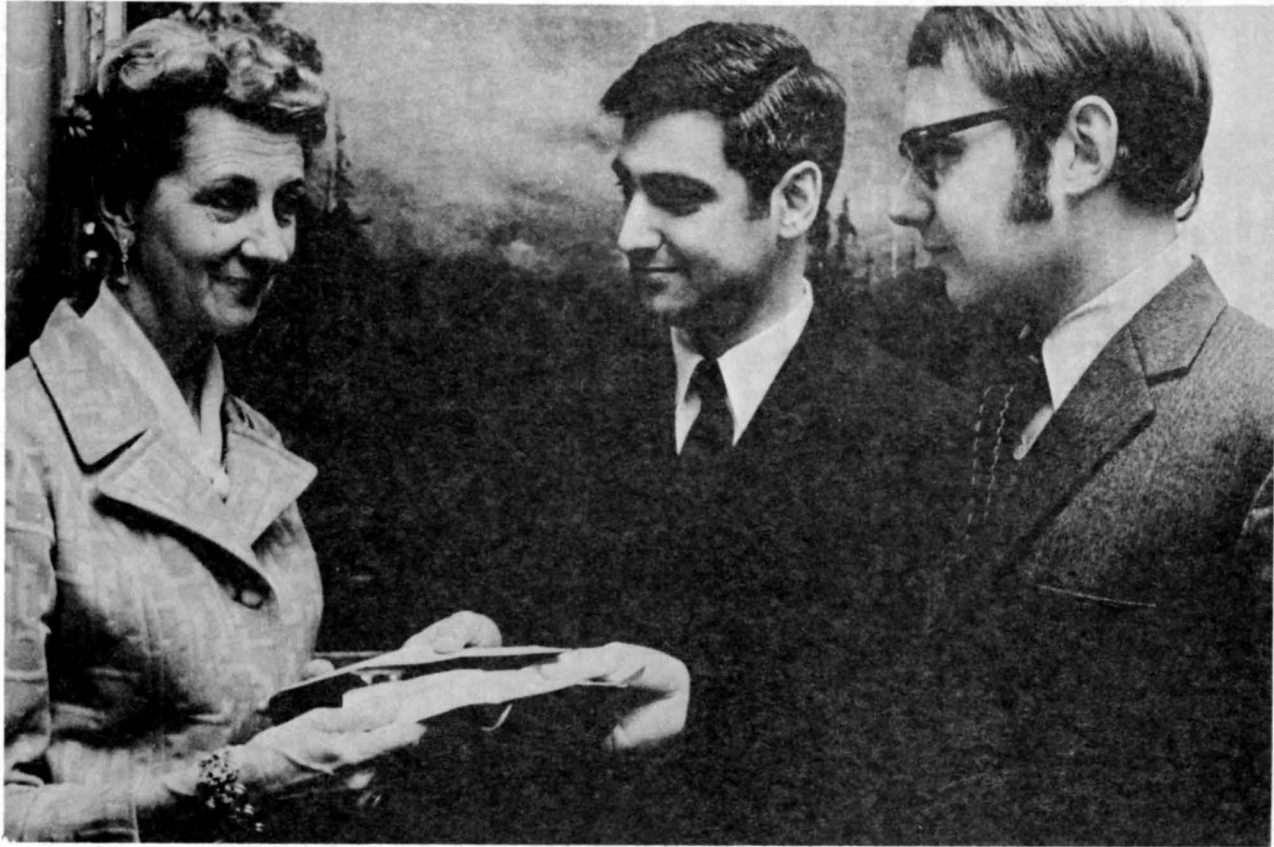
The river Rhine, it is well known,
Doth wash your city of Cologne;
But tell me Nymphs, what power devine
Shall henceforth wash the river Rhine?

—Samuel Taylor Coleridge

This poem was written in 1828 by Coleridge about the city of Cologne in Germany, but doesn't it fit well a few places we know today?

The poem was first published in *Friendship's Offering* in 1834 and as *Necessity is the mother of Invention*, and extremes beget each other, the facts recorded above may explain how this ancient town (which, alas, as sometimes happens with venison which has been kept too long) came to be the birthplace of the most fragrant of spiritous fluids, the *Eau de Cologne*."

No man can keep a chip on his shoulder all the time if you let him take a bow now and then.



Shown above is Mrs. Eileen Hiltz making the first presentation of the Dr. J. Earle Hiltz Medical Award, established this year in honour of her husband, the late Dr. J. Earle Hiltz, Medical Superintendent of the Nova Scotia Sanatorium until his death in March 1969. Receiving the award are: Ronald Chiasson, Sydney, and Eric Guzna, Yarmouth. — Photo by Wamboldt - Waterfield.



Top photo shows a group of patients at the Sanatorium Picnic.

Lower photo shows Mrs. Black, Charge Nurse of the Children's Annex; Cindy Clayton, immediately in front; Alma Haight; Floyd Furlong and his mother, Mrs. Dorothy Furlong. Both photos by Dr. Quinlan.



Chaplain's Corner

REV. A. E. GRIFFIN

Pastor—Kentville United Baptist Church

Galatians 5:22

"But the fruit of the Spirit is love, . . ."

She was a sophisticated woman, dressed in the height of fashion; but her spirits were drooping. She sat next to a man in the parlor of a speeding train. She was expressing some of her philosophy without realizing that he was a minister. She had suffered, it was obvious—two divorces and a third marriage already going to pieces.

"Love—What is love?" And without waiting for an answer, she gave her own definition. "Love is a sickly sentiment that puts a romantic wrapping on a shoddy counterfeit. It remains only for a few days until it is discovered to be a sham. If only—" and her voice trailed off for a moment into silence. Then she continued speaking slowly, broodingly, as if to herself, "If only someone would discover a pill that people could swallow night and morning that would take out all the nasty temper, the venom of envy, and green-eyed jealousy, the harsh unkindness, the stinking selfishness and resentment—well, their love would be real and beautiful. Life would be worth living!" Suddenly, almost viciously, she turned on the man next to her.

"Why hasn't someone done that before now? They have discovered medicine that takes out the fever and kills the germs of disease. Why can't somebody discover something that will make real love possible?"

The train came to a stop and she walked down the aisle with her question hanging in the air. She leaves us wondering whether she has ever heard that the fruit of the spirit is love. She probably has heard the words but she has never come face to face with the tremendous truth underneath the best good news ever told to men.

"The supreme happiness of life is the conviction that we are loved," declared Victor Hugo. The conviction that one is needed, is significant to another life, is part of a beloved companionship in which are shared some of the deepest experiences of life, is the first requirement of healthy, productive living.

What is love? This pathetic question of the cynical divorcee needs to be answered. One of our difficulties in understanding the meaning of real love, which is the bread for which the human soul is starv-

ing, is that the English word "love" means so many different things. Perhaps the best way to understand the word is to be acquainted with the Greek words "Epos" and $\lambda\upsilon\alpha\tau\tau\eta$ and to know the difference between them. Epos says: You are mine; I possess you; give me what I want. $\lambda\upsilon\alpha\tau\tau\eta$ says: You are mine; both of us are God's; I will help you to become your true self as both of us walk together in the freedom of the Spirit.

This implies the ability to suffer with those who misuse their freedom but without attempting to force them to do even that which is right. It is to love in the same way God loves.

It would be true to say that this kind of love is "Christian love," for it is characteristic of those who possess a vital Christian faith through which they live in the Spirit of Jesus Christ. Christian love may be defined as "growing interest in, appreciation of, and responsibility for every person as a member of one family of God." Christian love is man's response to God's $\lambda\upsilon\alpha\tau\tau\eta$ which comes to all creatures independent of worth or merit who will accept it, breaking down the barriers between man and God and making possible man's loving response. Those who belong to this family relationship in the kingdom of God possess $\lambda\upsilon\alpha\tau\tau\eta$ not only toward members of their immediate family and friends, but toward all men.

I think that man wants $\lambda\upsilon\alpha\tau\tau\eta$ love, he longs for it, but he is so often unable to experience it. He wants to be kind. He wants to be, but so often he cannot; for he is bound in slavery to the sin of misplaced love.

What is the matter with us? It is the same old story of man out of joint with his spiritual destiny, of the Sin of seeking to save the image of our own vision that prevents or destroys $\lambda\upsilon\alpha\tau\tau\eta$ love. The envy and hate, the resentment and jealousy, are but symptoms. It does little or no good to repent of the symptoms if we stubbornly cling to the Sin.

Here is the reason for futility in so many people's religion. They repent of their temper, but in a few hours the temper flares again, and they act just as foolishly as before they prayed. They work on their envies and jealousies, hates and resentments, by trying to push them out of mind; but the next minute they are burning within just as hot as before. Something is wrong on the inside that has to be made right. This can be done,

not by swallowing a pill or taking an injection in the veins, but the work of God's Holy Spirit within us.

Paul has said that "if any one is in Christ, he is a new creation." There are three steps to putting off the old man and putting on the new man capable of $\lambda\gamma\alpha\tau\eta$ love:

1. We are saved from the sins against love by the conviction that we are loved. This is the verdict not only of centuries of Christian experience but of modern clinical psychiatry; it is the security of a great love that sets up free from the venom of envy, jealousy, resentment and hate. Psychiatry can give the prescription. Only the love of God can fill it as completely as it must be filled, as we yield our confused, divided, and love-starved souls to the divine love of One "whose name is love, whose nature is compassion, whose presence is joy, whose word is truth, whose spirit is goodness, whose holiness is beauty, whose will is peace, whose service is perfect freedom, and in knowledge of whom standeth our eternal life."

2. We are saved from the sins against love by abandonment to the blessed fellowship.

Granted that too often the Church as we have experienced it has not been such a blessed fellowship, it has not been the body of Christ in which each of the members belonged in the priceless freedom of the Spirit. It has not been this kind of fellowship for the very reason that its members have not really abandoned themselves to Christ and to the fellowship he offers. Their commitments have been partial, they have been tentative, like a boy taking his first summer swim. Their toes are in the water, maybe their ankles, but rarely their whole lower limbs, not to speak of the entire body. They love Christ and his brothers but with reservations. They would use the church for peace of mind, or for strength, or for other more ulterior motives; but rarely do they share that wonderful sense of belonging to a great company of free spirits made one by their common devotion to Christ, whose sacrifice of himself makes $\lambda\gamma\alpha\tau\eta$ love possible. And yet this kind of utter belongingness is characteristic of those who have truly begun to be free of pride and envy. They have abandoned themselves to the love of God and the Family relationships. The real church is no formal institution, cold and lifeless, as it is to so many who claim membership. It is a blessed fellowship of the redeemed and of the concerned, from



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.

which they draw their spiritual breath, they find their ground of steady security, and through which they fulfill their responsibility.

3. Finally, in order to put off the old nature and to discover the new you must love others as you love yourself — in Christ.

How do I become capable of loving and worthy of being loved? Not by striving or anxiety, not by any amount of self-effort or self-education, though study and seeking may provide rich and helpful insights of great value—but when I learn to accept the love that is revealed by the Cross of Christ and to lose myself in wonder, love, and praise," then I am able to love genuinely.

The fruit of the Spirit is love.

INGRATITUDE

"You're an awful bore," sighed the cork.

"Well, I've taken you out of many a tight place, haven't I," returned the cork-screw.

OLD TIMERS

First some notes from Anne-Marie: Joe LeBlanc, Yarmouth, was in for a check-up in June. He still works as a reporter for the Halifax Chronicle-Herald, and does occasional reporting for the Yarmouth papers. He says that he is slowing down, works 8 hours a day instead of 15.

Mary Grace, Truro, who was here in 1934, was a guest of Joan Walker's over the Apple Blossom weekend. Miss Grace is now retired, having worked for Cunard steamships in Montreal for many years. She enjoys good health and lives with her sister.

On reading in the Le Petit Courrier, I noted that our former Clare District High School students distinguished themselves in the various graduation lists this year. Nicole Boudreau and Nelson Melanson graduated from Ste. Anne's College and the latter was Valedictorian. Louise LeBlanc won top honors when she graduated from the Yarmouth School of Nursing. Congratulations go out to all of you.

While in Belliveau Cove last weekend, I saw Edith LeBlanc of St. Bernard who looked her usual lovely self. Edith was here in 1954 and has been well ever since. Another old-timer, Maria Chiasson, also keeps well and is kept busy looking after her two young sons.

When renewing his subscription to Health Rays, Wilfred Fraser of Sherbrooke, Guysborough Co., says that he is keeping well and will be moving into his own home when his sister and other relatives come to spend the summer with him. He wished to be remembered to Pat, Steve, and his other friends at the San. He says that he has happy recollections of his life at the San.

While shopping last week, I ran into Richard and Rose Pottie of Berwick. Richard still works as a Nursing Assistant at the Berwick Hospital. They have two girls.

Jim Harding, Yarmouth, here in 1959, was in for a check-up this month. Jim keeps well and still works on the MV Bluenose.

Robert Morton of East Stewiacke, Colchester County, who was a patient in the

Annex last year was visiting at the San with his father recently. He goes to school and even plays a little baseball now and then.

A note from Msgr. J. H. Durney in June mentions two old timers who he had seen recently, John O'Leary, who is well-known to many at the Sanatorium; and Leland Macumber who, with his wife, were former patients at the Sanatorium.

Among those seen recently at the Sanatorium for check-ups were Mrs. Claudia Putnam, and Mrs. Evelyn Clark, both of whom were looking very well.

Another recent visitor was Doug Smith who, with his family, was enjoying a holiday in a cottage by a nearby lake.

HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to this Fund may be addressed to:

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

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

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

Previously acknowledged:	\$3,474.55
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Ernest Taylor	
Total	5.00
Grand Total	\$3,479.55

A very lonesome American tourist in London went into a restaurant one morning and, after scanning the menu disconsolately, said to the waitress:

"I'd like two soft-boiled eggs — and some kind words."

In due time the waitress returned, placed the eggs before him, and started away.

"What about the kind words?" inquired the lonesome one.

With a quick glance around the girl bent over and whispered in his ear:

"Don't eat them eggs!"

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Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS:

MAY 16 TO JUNE 15, 1971

LORNE HENRY JORDAN, Sonora, RR 1, Sherbrooke, Guysborough Co.; MRS. MARGARET MAXINE REID, Woodworth Road, Kentville; HAROLD LESTER HODGSON, Rockland, P.O. Box 266, Lockeport; CATHERINE SARA MacMILLAN, Cole Harbour Hospital, Halifax; WILLIAM HUDDLESTON, Lower Whitehead, RR 2, Guysborough Co.; MRS. ELIZABETH LENA POTTER, Smith's Cove, Digby Co.; MRS. MARGARET UHLMAN MORSE, Nictaux, Annapolis Co.; FLOYD JOSEPH FURLONG, Indian Harbour Lake, Guysborough Co.; RONALD CLARENCE BARRY, Mahone Bay, P.O. Box 155, Lunenburg Co.; CLARENCE ALDEN PINKHAM, Coddles Harbour, Guysborough Co.; MRS. EUPHEMIA JOLLIMORE, Armdale, Halifax; MICHAEL McKINNON, 136 Willow St., Sydney; HENRY JOSEPH SAULNIER, Meteghan River, P.O. Box 46, Digby Co.; MRS. CLARA ELIZABETH BANFIELD, 3747 High St., Halifax; MRS. FREDA MILDRED WISWELL, West Lawrencetown, Halifax Co.; MRS. LILLIAN AGNES EARLE, Pleasant Lake, Yarmouth C.; JAMES AUSTIN BUFFET, Neil's Harbour, Victoria Co.; RICHARD DANIEL ROSS, 3380 Romans Ave., Halifax; JAMES CARSON BENJAMIN, General Delivery, Kingston; MRS. MARION JEANETTE HARLOW, Bear River, Digby County.

DISCHARGES:

MAY 16 TO JUNE 15, 1971

FREDERICK SCHUBERT, 60 Melody Drive, Rockingham, Halifax Co.; ED-

WARD REGINALD CRUIKSHANK, Sheet Harbour, Halifax Co.; HAROLD AUSTIN WEBSTER, Cambridge Station, Kings Co.; MICHAEL ISAAC SACK, Micmac, Shubenacadie, Hants Co.; CLYDE HIGGINS, Meagher Grant, Halifax Co.; MRS. ELIZABETH MARIE FLYNN, Meteghan River, Digby Co.; MRS. MARIE SOPHIE LAPIERRE, Grand Desert, Halifax Co.; BENNETT EMERALD VEINOTT, Barss Corner, Lunenburg Co.; RONALD WAYNE ROSS, 230 Fairview Ave., Amherst, Cumberland Co.; MARGARET RAE JARDINE, 225 East Victoria St., Amherst, Cumberland Co.; JAMES PARNELL MacCUMBER, Bramber, Hants Co.; LESTER PACKARD GRATTO, Caudel Park, RR 3, Lower Sackville, Halifax Co.; MRS. BESSIE BELL KELLY, Grand View Manor, Berwick; MRS. MARGARET UHLMAN MORSE, Nictaux, Annapolis Co.; PERCY STANFORD WENTZELL, 132 Woodworth Road, Kentville; VICTOR MORRIS, Economy, Colchester Co.; MRS. MARGARET MAXINE REID, Woodworth Road, Kentville; VICTOR GOLDEN MARSHALL, Home for the Disabled, Bridgetown, Annapolis Co.; MRS. PHYLLIS MARGARET WEATHERBEE, 29 South Albion St., Amherst, Cumberland Co.; MRS. ANNIE ALICE MOULAISON, Surette's Island, Yarmouth Co.; FREDERICK JAMES SARTY, North River, Lunenburg Co.; MRS. MARY JANE MacDOUGALL, 479 Esplanade, Sydney; GORDON MURRAY HALL, Tremont, RR 6, Kingston, Kings Co.

POINT EDWARD HOSPITAL

ADMISSIONS:

MAY 1 TO MAY 31, 1971

MRS. CATHERINE ROSELLA LIVELY, 27 Glenwood St., Sydney; JOSEPH GILES MacPHERSON, 400 MacKay's Corner, Glace Bay; JAMES JOSEPH MacKINNON, 6224 Lawrence St., Halifax; MATTHEW WHITTY, Ingonish Beach, Victoria County; MRS. CHARLOTTE BARBARA DUCO, 182 Plummer Ave., New Waterford.

DISCHARGES:

MAY 1 TO MAY 31, 1971

MRS. JEAN LORETTA MacDONALD, Brook Village Road, Inverness Co.; MRS. FLORENCE ELLEN CARR, 181 Queen St., North Sydney; MISS BLANCHE CLOTHILDE BROWNER, 24 Kings Road, Dominion, Cape Breton Co.; WILFRED

(Continued on page 14)

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PETERS' LUNCH



NURSING NEWS

MEETINGS

Miss E. J. Dobson attended the annual C.T.R.D.A. meetings in Toronto, May 31-June 3. She participated as a panel member in the topic, "Tuberculosis in the Seventies, Nursing Responsibilities."

Miss E. J. Dobson and Miss V. Skerry attended the R.N.A.N.S. annual meeting, June 14-17, as members of the executive, at the provincial and local levels. The meetings were in Truro.

Others attending the sessions were Miss G. Wilson, Mrs. T. Webster, Mrs. E. Woodman, Mrs. G. McKean, Mrs. M. Durno, Mrs. C. Pasco, Miss E. MacQuarrie, Mrs. M. Pineo and Mrs. K. Dakin. The latter three attended the Wednesday Program Day only.

NEW STAFF WELCOMED

Mrs. Florence Harvey, C.N.A.

CONGRATULATIONS

Mrs. F. Hersey, former charge nurse in the Children's Annex, has given birth to a 4 lb. 4 oz. boy. Congratulations to the proud parents!

SANATORIUM PICNIC

The picnic for patients and staff was well attended and a good time was enjoyed by all.

You cannot forget if you would those golden kisses all over the cheeks of the meadow, queerly called dandelions.

—Henry Ward Beecher

* * * * *

It is with narrow-souled people as with narrow-necked bottles: the less they have in them the more noise they make in pouring out.

—A. Pope

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INS AND OUTS —

(Continued from page 13)

BEAUMONT WAGNER, P.O. Box 61, Louisbourg; MISS MARY GEORGINA PENNY, 28 Quarry Road, Glace Bay; FREDERICK JOHN ISADORE, Nyanza, Victoria Co.; MRS. ANNIE ELLEN MOORE, Bras d'Or Road, Florence, Cape Breton Co.; JOSEPH GILES MacPHERSON, 400 MacKay's Corner, Glace Bay; MRS. MARY ANN PAUL, 10 Kauder St., Membertou, Sydney; RICHARD CHARLES ISADORE, P.O. Box 5, Nyanza, Victoria Co.; JOHN ANDREW GOOGOO, Whycomagh, Inverness Co.; DONALD JOHN MacKINNON, Donkin, Cape Breton Co.; JAMES JOSEPH MacKINNON, 6224 Lawrence St., Halifax; MRS. ELIZABETH BERTHIER, West L'Ardoise, Richmond Co.

NOTES and NEWS

Congratulations to Ned and Eleanor (Archibald) Chase on the arrival of their son. Word was received by us on July 5 and we hear that mother, father and baby are doing well!

* * * * *

Msgr. J. H. Durney, long associated with the Sanatorium and St. Joseph's Parish, has been sending us the weekly Camp Hill Hospital publication "The Veteran," of which he is the editor. In a recent note to Anne-Marie he says "I have taken several quotes from recent issues of the Health Rays, and in all probability I shall take more in the future because I like many of the things I find there . . . remember me to all whom I know at the Sanatorium."

Father Durney is active in arranging Sunday car drives for patients, as he was at the Sanatorium, and I see that he puts considerable time into the publication of this interesting and informative little journal.

* * * * *

From the Parish Bulletin of St. Joseph's Church we note that Msgr. J. N. Theriault has been posted to St. Bernard's Parish, Digby County. He is being replaced by Fr. Ambrose Comeau who is to arrive on July 9.

In the same Bulletin we see that Fr. Harlan D'Eon is to be the new Roman Catholic Chaplain at the Sanatorium and at Kings County Hospital.

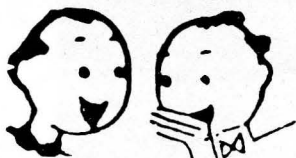


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Top photo shows a group of staff members at the Sanatorium Picnic: Mrs. Sarsfield; Mrs. Hunter; Miss Barnhill; Mrs. Doucette; Mrs. MacKinnon; Mrs. Carter; Mrs. Brown.

Lower photo shows patients waiting patiently. Both photos by Dr. Quinlan.

Just Jesting



He Was Not a Gloom

The storm was increasing in violence and some of the deck fittings had already been swept overboard when the captain decided to send up a signal of distress. But hardly had the rocket burst over the ship when a solemn-faced passenger stepped on to the bridge.

"Captain," he said, "I'd be the last man on earth to cast a damper on anyone, but it seems to me that this is no time for letting off fireworks."

* * * * *

My doctor friend and I were quietly sitting in his living room talking when in came the neighbour next door, and her little five-year-old. The boy immediately went through the living room like a whirlwind, and ended in my friend's dispensary. There was much sound of drawers being ransacked, and finally there was a crash of several bottles.

"I hope you don't mind Billy playing out there," she said inanely.

"Oh, no," Al said calmly, "he'll be quiet when he hits the poisons."

* * * * *

I have a friend who swears she was in the laundromat in Middleton and had a large bundle of clothes spinning around madly. A drunk came in and staggered over and bent over, staring in utter fascination through the machine's window at the swirling clothes. Then, blinking his eyes and shaking his head, he turned to her and said, "Thish is the worsth television set I've ever sheen!"

* * * * *

Not in the clamor of the crowded street,
Not in the shouts and plaudits of the throng,
But in ourselves are triumphs and defeat.

—Longfellow

People Sympathize

Father in grocerteria, asking clerk at the breakfast cereal counter—"Isn't there a cereal that will sap their energy?"

Wife cleaning fish in the sink—"Why can't you be like your friends? They never catch anything."

Naive kindergarten schoolteacher on bus, to strange man who ignored her smiling at him—"Oh, please excuse me. I mistook you for the father of two of my children."

One wolf cub to another — "The best way to make a fire with two sticks is to make sure one of them is a match."

Eight-year-old girl writing from camp—"We're having a lot of fun; we play games, go on hikes, weave, string beads and every night we cry ourselves to sleep."

Little girl at birthday party to officious mother organizing game—"After this one is over, can we have a good time?"

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Things to think about—

(1) Consider the postage stamp — its usefulness lies in its ability to stick to one thing until it gets there.

(2) Your neighbour's windows look a great deal better when you wash your own.

(3) A committee is a group of people who individually, can do nothing but who as a group can meet and decide that nothing can be done.

(4) No life is so strong and complete but it yearns for the smile of a friend.

(5) One way to save face is to keep the lower part of it shut.

(6) Advice to adults—teach the young people HOW to think, not WHAT to think.

(7) Some people know HOW to say nothing, but few know WHEN.

(8) The Three R's of citizenship are Rights, Respect and Responsibility.

(9) The most successful man is the man who holds onto the old just as long as it's good and grabs onto the new just as soon as it's better.

(14) Don't be afraid of opposition — remember, a kite rises against, not with, the wind.

Nova Scotia Sanatorium

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

Point Edward Hospital

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

Church Affiliation

NOVA SCOTIA SANATORIUM

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

PENTECOSTAL

Minister—Rev. Robert Cross

ANGLICAN

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

ROMAN CATHOLIC

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

BAPTIST

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

SALVATION ARMY

Capt. Charles Broughton

CHRISTIAN REFORMED

Minister—Rev H. Vander Plaatt

UNITED CHURCH

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

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

POINT EDWARD HOSPITAL

ANGLICAN

Rev. Weldon Smith

UNITED CHURCH

Rev. Robert Jones

ROMAN CATHOLIC

Parish Priest — Msgr. W. J. Gallivan

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

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



The Canteen . . .

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