NOVA SCOTIA SANATORIUM
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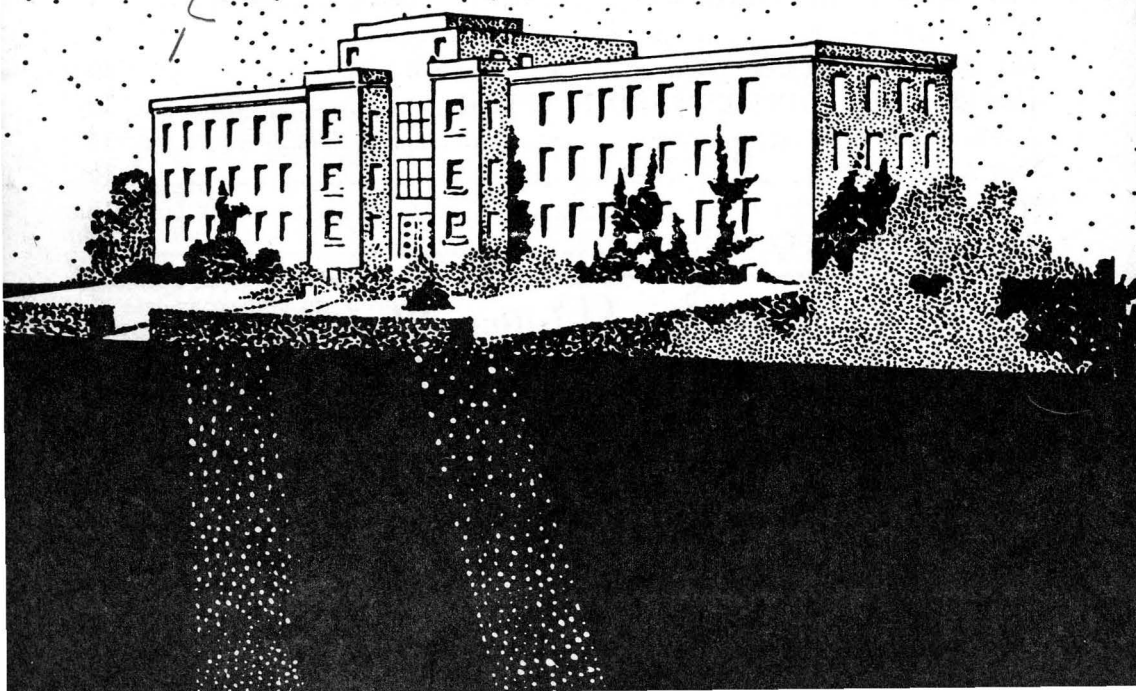
Health Rays



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.

When I Get Time

When I get time—
I know what I shall do;
I'll cut the leaves of all my books
And read them through and through.

When I get time—
I'll write some letters then
That I have owed for weeks and weeks
To many, many men.

When I get time—
I'll pay those calls I owe,
And with those bills, those countless bills,
I will not be so slow.

When I get time—
I'll regulate my life
In such a way that I may get
Acquainted with my wife.

When I get time—
Oh glorious dream of bliss!
A month, a year, ten years from now—
But I can't finish this—
I've no more time.

—Thomas L. Masson

The Busy Man

If you want to get a favor done
By some obliging friend,
And want a promise, safe and sure,
On which you may depend,
Don't go to him who always has
Much leisure time to plan,
But if you want your favor done,
Just ask the busy man.
The man with leisure never has
A moment he can spare,
He's always putting off until
His friends are in despair.
But he whose every waking hour
Is crowded full of work,
Forgets the art of wasting time—
He cannot stop to shirk.
So when you want a favor done
And want it right away
Go to the man who constantly
Works many hours a day.
He'll find a moment sure, somewhere
That has no other use,
And fix you while the idle man
Is framing an excuse.

A Hundred Years From Now

Marguerite H. Comeau, West. Inf. III

A hundred years from now;
Will a new sanatorium stand on this hill,
Or will the old one be here still,
A hundred years from now?
Will there still be surgery
For patients with stubborn TB,
Or will drugs kill the bacilli,
A hundred years from now?

Will doctors' answers definite be,
A hundred years from now;
Or will they say, "Now let me see,"
A hundred years from now?
Will nurses with needles prick
And listen to our heart beats' tick;
Will thermometers show we are sick
A hundred years from now?

Will patients ask for an x-ray
A hundred years from now;
And learn it is three months away
A hundred years from now?
Will there still be blood tests,
Cultures, pills, and then bed rest;
Will we always do our best,
A hundred years from now?

Will the wind our windows shake
A hundred years from now;
Will radiators tremble and quake
A hundred years from now?
Will thermostats new and bright
Keep the temperature just right;
Will we all be out of sight
A hundred years from now?

Will patients never complain
A hundred years from now;
Will there be no aches or pain
A hundred years from now?
Will we hear chime bells ring
As we joyously do sing,
While we travel on the wing
A hundred years from now?

Dear letter, go upon your way!
Over mountain, plain or sea,
God bless all who spend your flight;
To where I wish you to be.
And bless all those beneath the roof;
Where I would bid you rest;
And bless even more the one to whom;
This letter is addressed.

—The Iowa Stethoscope

Why Does My Head Ache

As you read this article, there are probably tens of thousands, perhaps hundreds of thousands of Canadians suffering that most common and most accepted of the ills that the flesh is heir to — the headache.

Who worries about headache? Who knows anyone who has never had a headache? What's a little headache, anyway? Well — let's take a look and try to find out the answer to some questions on the subject of headache.

In fiction, if not in fact, the good old excuse for a woman who doesn't want to go out, entertain or stay long at a party is the reliable headache. It can strike at any time and there are no visible symptoms. Who can prove you haven't got one — if you say you have one?

Health officials have indicated that headache may be important because it can be the first warning sign of a serious condition which probably could be controlled if detected early. It is known, for instance, that headache can indicate glaucoma, fever, high blood pressure, anemia, central nervous system injury or infection, epilepsy and tumors of the brain and head. They can indicate intoxication by such poisons as carbon monoxide gas or sensitivity to certain solvents or to the elements in certain liquors, to antihistamines or to noise.

BUT — important as headache is as a symptom, it is caused by life-threatening diseases in perhaps only one percent of its sufferers. It is estimated that nine out of 10 headaches are the garden variety, which pass after a day or less.

MYTH AND TRUTH

1. Headache hurts the brain. Not so. While marvelously sensitive in other ways the human brain (inside its sensitive covering) is an unfeeling mass of grey tissue. You can probe it, cut it, freeze or smash it without it hurting. But other structures of the head are extremely sensitive to pain, including the scalp, blood vessels and certain of the brain coverings.

2. Bad eyesight can cause headaches. Perhaps, but much more rarely than it is popularly supposed. However, good spectacles, if necessary, and good reading light add to your eye comfort.

3. Constipation and "autointoxication" are responsible for headaches. Not really, not to any significant extent. But — poor eating and sleeping habits and lack of exercise, which leads to constipation, can trigger headaches.

4. A severe headache is a dangerous headache. By no means a sound idea, because a mild headache might well be a danger signal and a severe headache just another headache. Also, a steady headache is no more and no less likely to be serious than an occasional one.

5. Chronic sinus trouble is a common cause of headache. No, say the medical experts. But — acute sinus trouble often is accompanied by headache.

WHAT'S A HEADACHE?

Here are some of the processes — or pathways — which cause headache:

* Swelling (dilation) of arteries of the head. This is the "blush" of the arteries inside or outside the skull. Just as your ankle hurts when it is swollen, so the pain-sensitive blood vessels hurt (ache) when they swell inside or outside of the head. Headaches of migraine, fever, carbon monodixe poisoning and other toxic states, hangovers and hunger are some which relate to pain in the cranial arteries.

* Pulling (traction) on pain-sensitive structures within the head. A brain tumor, abscess, or hemorrhage does not cause pain because of direct pressure on brain tissue, but because it pulls on the arteries or other pain-sensitive structures.

* Inflammation or irritation of pain-sensitive structures. Like an infected finger, an inflamed brain artery produces pain; an inflamed brain covering is accompanied by severe headache.

* Prolonged contraction of neck muscles. Holding your head stiffly with tense neck muscles may be an instinctive reaction to anger or worry or simply a poor posture habit. Also, a head already aching from swollen arteries or inflammation may be held stiffly and thus add to the general discomfort and pain.

* Spreading pain. Pain may spread into a general headache from local pain in the

eye, ear, nose, sinuses, or infected teeth.

* Emotional disorders. Emotional (Psychogenic) headaches are not uncommon. One authority has said that "headaches are the lightning pain of stormy emotional clouds." They have also been called the "mask of depression".

MIGRAINE — THE MEANEST OF THEM ALL

There are a number of types of headaches, at least in the layman's mind. They include headaches of hunger, weather, allergy, fever, etc. But the big one — the headache which is king size — is migraine It may not be the most common, but it's the meanest, the most painful, the feared member of the headache group.

Migraine sufferers have been described by some health authorities as personality types. They have good, or even rigid control of themselves and things around them. Often, as children, they were trained to behave themselves at all times. When something happens to frustrate or upset them now they become angry inside Instead of yelling or screaming or otherwise "letting off steam", they develop migraine.

Heredity is also considered a factor in migraine headaches, with greater incidence where both parents have migraine headaches. Much research has been done on the subject and some effective drugs used by physicians offer relief to sufferers.

How does migraine strike? What are the phases? Here is a breakdown of the migraine:

It is the splitting kind that hits just one side of the head. It's more than just a headache. It often brings nausea, vomiting, light flashes, cold sweat, sensitivity to light, numbness and tingling with it.

It can last for an hour or for days. When it hits several times a day for up to 10 weeks at a time, it is called "cluster headache".

Migraine occurs in three stages. In the first stage, arteries in the brain squeeze tight; the lowered blood flow can cause blurred vision with light flashes or streaks, drowsiness, tingling or numbness.

In the second stage, the arteries open up and overstretch their walls as they widen, pressing on nerve centres and causing the release of a pain substance called serotonin — adding up to a throbbing headache.

In the third stage, the headache changes to a dull continuous ache, either part of the original migraine attack or complicated by muscle-contraction or tension headache.

TENSION HEADACHES — THE MOST COMMON TYPE

Tension headaches are a pain-from-the-neck. They may be caused by some frustration or difficulty in facing up to a difficult decision or situation. Stress can cause muscles in the neck and scalp to contract strongly. You can actually see this with electromyographs — machines that electrically measure muscle action. Your doctor can find these muscle-tight spots with his fingers.

Sustained bad posture, with excessive muscle contraction in the neck, scalp and face may cause a headache. Tension headaches are also called muscle-contraction headaches. The characteristic feeling of a tension headache is a squeezing sensation around the head, or part of the head, like that produced by a too-tight headband.

SOME THOUGHTS IN CONCLUSION

Certainly the headache is likely to be with us for a long time yet. This may be wonderful news for the manufacturers of headache remedies, but terrible news for the average person who suffers. There are a few simple rules for those of us who are faced with the fact that, from time to time, we'll develop headaches which may pass soon or linger a while.

A headache may respond to a simple treatment — a couple of tablets, a good brisk walk, a cup of coffee, a nap, plain relaxation — or perhaps a combination of two or more of these.

On the other hand, there are chronic headaches, severe headaches, those associated with fever or caused by a blow on the head. If you suffer one of these types, your doctor is the man who should know about it. Consult him and let him judge whether it's "just a headache."

The doctor may use relaxants and tranquillizers for tension headaches. The kind that accompany infections may require antibiotics. The headache of high blood pressure (hypertension) is treated with

(Continued on Page 9)

The Tool

Death and Taxes don't loom as inevitable problems to a six year old.

But the end of recess does, and getting one's ears scrubbed, and —in many cases today — receiving a tuberculin test.

Not all school enterers get a tuberculin test. Nor do all seventh graders. But all of them should. Along with certain other individuals or groups who, in one way or another, are in special proximity to the problem of tuberculosis.

What really is this valuable test that for so long has been so important a part of tuberculosis control?

What accounts for its on-again, off-again popularity?

How did it start and what is its status now?

Tuberculin is a substance, extracted from killed bacilli, that has impressive diagnostic properties. A small amount, injected into the skin, triggers a skin reaction some 48 hours later if the body has ever been invaded by TB germs.

Tuberculin has been with us for a long time. It was discovered back in 1890 by one of the true greats of medicine, Robert Koch. Only eight years earlier, he had isolated the tubercle bacillus itself.

But Koch misjudged his product. He was seeking a cure and a preventive, and, being human, he thought he had them.

Koch did notice, however, that reactions to tuberculin differed from person to person.

When this early form of tuberculin was injected into someone thought to have tuberculosis, the result often was fever, fatigue, and a generalized sick feeling. On the other hand, when a seemingly well person received tuberculin, there sometimes was no reaction at all.

Thus was made the life-saving discovery that tuberculin—although it did not cure or prevent the disease—was an extraordinary diagnostic tool. On the basis of the reactions it aroused, tuberculin could be used to distinguish between persons who had TB germs and those individuals who were germ-free.

After its first acceptance, the main use of tuberculin was in clinical practice to help determine whether an apparently ill person might have TB. It was not used, as today, in mass surveys, to find cases. The reason was simple. TB was much more prevalent then, and most people had a positive reaction to the test.

Through the years, many refinements were made in the test. One of them succeeded in localizing the reaction to tuberculin. Instead of a person feeling sick all over, a positive reaction raised only a small red spot on the skin, right at the place where the tuberculin was injejcted.

Another important development was the tuberculin testing of cattle. Many herds were tested, and cattle showing a positive reaction, indicating infection by tuberculosis, were destroyed to prevent the spread of infection. In the beginning, some cattle were erroneously slaughtered, but through the years, the application of the tuberculin test for cattle has helped to bring about an-almost-tuberculosis-free cattle population within the U.S.

Koch's tuberculin preparation was called Old Tuberculin. It is still used to some extent, and is prepared in much the same way as Koch made it.

In the 1930's, however, an improved form of tuberculin, called PPD, standing for Purified Protein Derivative, was produced. This was the result of work done by Dr. Florence Seibert, who was associated with Dr. Esmond Long—at that time working under a research grant from the National Tuberculosis Association.

The discovery of PPD was a great step forward, in that it permitted the manufacture of a purified, more potent and stable form of tuberculin.

But the history of the tuberculin test reveals frequent teetering back and forth between success and apparent failure.

A case in point was the raging x-ray controversy of the 1930's that challenged the reliability of the test, in the opinion of many experts.

It was discovered that x-ray examinations kept turning up people with actual lesions of the lung, which at the time were considered obvious evidence of tuberculosis.

But these same individuals had negative tuberculin tests

As a result, many people lost faith in the test.

The tuberculin test surged back into respectability in the 1940's when two fungus diseases — histoplasmosis and coccidioidomycosils — were discovered as the cause of numerous lung lesions.

The negative tuberculin tests had indeed been right; many of the patients with lung lesions had not had tuberculosis at all.

N.T.A.

Pleurisy

By Dr. W. Duane Jones, Medical Director
State Sanatorium, Arkansas

Many people complain of having pleurisy. Pleurisy refers to an inflammation of the pleura, sometimes referred to as pleuritis. The "itis" ending meaning inflammation as in tonsillitis or appendicitis.

The pleura is a thin membrane covering the lung and reflected over the structures in the middle of the chest and over the inside of the chest wall and diaphragm.

That portion covering the lung is called the visceral pleura. The term visceral is related to the word viscera from the Latin meaning organ, and in this case the organ is the lung. The portion of the pleura covering the chest wall is called the parietal pleura, parietal being derived from a Latin word meaning wall of an organ or cavity. In this case, parietal refers to the chest wall and to the portion of the pleura which lines the chest cavity. Normally the visceral and parietal pleurae do not adhere to each other and the lung can move in the chest as we breathe without friction between them. There is a potential free space between the pleurae called the pleural space. The pleurae and pleural spaces on the right and the left sides are completely separated by the structures in the middle of the chest.

It was into the pleural space that air was placed when we used to collapse the lung with pneumothorax. It is in this space that fluid can collect.

When one has pleurisy he has an inflammation of the pleura and this inflammation or injury to one of the structures the pleura covers. Generally then, pleurisy is just a part of some other illness such as tuberculosis or pneumonia or cancer. There are many, many things that can cause pleurisy.

The major symptom of pleurisy is sharp pain which is made worse by deep breathing. This pain can be quite severe, so that the patient complains that he can't get his breath. The pain stops him from taking a deep breath.

Sometimes a clear fluid is vented into the pleural space by the inflamed pleura, and this is called pleurisy with effusion. If this fluid appears to be pus it is called empyema.

The important thing to do if you have a pleurisy-like pain is to see your physican. First he will determine whether your pain is due to pleurisy or due to some other cause. There are a number of illnesses that can cause pain similar to that of pleurisy. If the physician finds that you do have pleurisy, then he must try to find out what the underlying cause is. The pleurisy is just a symptom of some illness.

The most common cause of pluerisy with a clear effusion is tubersulosis.

A person found to have pleurisy with effusion due to tuberculosis must be treated for tuberculosis much as is an individual with minimal tuberculosis. The pleurisy is just a sign of the underlying infection. This individual needs to to followed after treatment just as any tuberculosis patient.

Remember, pleurisy is an indication of some illness. You must see your physician for a diagnosis of the illness, and then follow his advice regarding treatment.

Sanatorium Outlook

Notes And News

Dr. Holden and Dr. Quinlan attended the annual meeting of the Royal College of Physicians and Surgeons, at the Chateau Laurier, Ottawa, January 20-23.

* * * * *

A note was received from Mrs. Harriett Robertson, when renewing her subscription to **Health Rays**. Mrs. Robertson will be remembered by many ex-patients as the out-patients nurse, in the Medical Section. She is still at 2789 Jamieson St., Ottawa, enjoys reading about happenings at the Sanatorium, and shares her magazine with Alma Anna Temple, ex-nursing assistant.

* * * * *

An important happening at the home of Don and Vera Brown was the arrival, in January, of their chosen daughter Carolyn Michelle, a sister for Donna. A picture of the two young ladies was passed around for the approval of fellow workers.

Question Box

By J. J. Quinlan, M.D.

Q. What is a Schede operation, also a modified Schede? Does it derive its name from a surgeon?

A. A Schede operation was designed around the turn of the century by the German surgeon, Max Schede, for the treatment of chronic empyema. In its classical form, it is a very mutilating procedure as it involves removal of ribs, periosteum, intercostal muscles, and the greatly thickened pleura, to completely uncover the empyema cavity. A flap of muscle and skin is then sewn down into the cavity, with the hope that it will heal and cause obliteration of the space.

Frequently the results were very disappointing, in that a long period of invalidism with numerous dressings was involved, and there was a very serious deformity produced.

The classical operation is no longer used, but at times it is necessary for the surgeon to treat a small residual pocket of pus in the pleural cavity by a modified Schede procedure. The same principles originally outlined by Schede are followed but because the empyema pocket is a small one, the reduced amount of rib and neuromuscular resection produces no significant deformity.

Q. What is the significance of the finding of "one clump of acid-fast bacilli" — is this a positive test?

A. If the patient in whom one clump of acid-fast bacilli is found and is known to have pulmonary tuberculosis, one can assume that he continues to have a positive sputum. If, on the other hand, tuberculosis has not been proven, these may or may not be tubercle bacilli. There are numerous organisms which have the same staining characteristics as tubercle bacilli and which usually can be differentiated from the tubercle bacillus on culture and, in particular, by the Niacin test.

Q. If one's veins are collapsed after repeated intravenous injections, will their conditions improve after a rest from treatment? When they are said to be collapsed, is there still a certain amount of blood circulating through them?

A. Usually, after repeated injections, the veins are not only collapsed but actually are obliterated. With repeated or continuous intravenous infusions, a vein will frequently develop inflammation of its wall with the formation of clots. As this condition resolves, it usually brings about scarring and complete blockage of the vein. Such a condition will not improve, but usually other veins in the vicinity will become larger. If these in turn have to be used for prolonged intravenous therapy, they will undergo the same undesirable transformation and, in time, it will become very difficult to find a suitable vein for injection.

Q. Please comment on the use of metallic staples. Do you now use them along with sutures, or do they replace sutures? Without metallic staples, a person looking at my x-ray would not know that I had had surgery — is this correct??

A. Stainless steel staples are used in many fields of surgery. In the chest, we find them of particular value in the closure of the bronchus following lung resection and, at times, in the management of large blood vessels. Not only have they made resection technically easier, but they have virtually eliminated the most serious complication of pulmonary resection, the development of a bronchopleural fistula.

As noted in the question, these steel staples are visible in the chest x-ray, and when the radiologist sees them he knows that there has been some surgical interference in the chest. However, there are other changes which may occur after lung surgery and, even if staples have not been used, the appearance of the chest film will often suggest that some opeartion has been carried out.

Q. When a person has radiation fibrosis and has some loss of pulmonary function as a result, is the process likely to be progressive?

A. Radiation fibrosis is a change produced in the lungs following large doses of radiation for cancer and, most frequently, for cancer of the breast. While the condition may be pogressive, usually it remains stationary and, at times, may actually become less marked as time goes by.

Q. Do tuberculous lesions in children

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Editorial Comment

The last week of the month finds me searching through the journals from other tuberculosis treatment centres, looking for appropriate articles, and wondering if we have used them previously. It is especially difficult to keep track of the jokes and fillers — many of which look quite familiar after a few years. And yet, stories that are old to us are new to each successive generation. Just as articles on tuberculosis and other respiratory diseases may be new to those who have more recently been admitted to the treatment centres.

We have some contributions, in the way of articles, this month. Miss Marguerite Comeau, a teacher at the Clare District High School has written "A Hundred Years From Now." Eugene Hamm, recently discharged, has sent us a poem, "This Land," which he wrote while visiting Halls' Harbour — which continues to be a popular place for our patients and their visitors to visit.

Our thanks to Elizabeth Reid, Rehab. Supervisor, for sending us some notes from Point Edward Hospital.

Many of you will know that Mrs. Winnifred Protheroe, previously Rehab. Supervisor at Point Edward Hospital, and now, a nursing instructor at the Sanatorium, has a good deal of literary and journalistic ability. We will endeavour to use her talents when she has a bit more free time.

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Many of our readers will remember Dr. Sidney Gilchrist, medical missionary, who devoted many of his 69 years to Angola and the Congo. Two of his series of letters were printed, in past, in our July 1969 issue. Dr. Gilchrist, his wife Frances, and their daughter Betty, who was also a missionary, were killed in a highway accident in Alberta, on June 13, 1970. As a tribute to Dr. Gilchrist we would commend to your attention a new book, Salute to Sid, by Dr. Frank E. Archibald, Lancelot Press, Windsor.

* * * * *

I wonder how many of you noticed an ad in one of the recent papers inviting tenders for the purchase of the Motor Vessel "Christmas Seal." Tenders will be received by the Newfoundland Tuberculosis and Respiratory Disease Association until February 27. The vessel is described as 104 feet in length, tonnage 148.8, built in Fairhaven, Mass., 1943; two 180 h.p. engines installed in 1967. This seems to be the close of an interesting and rather unique era in tuberculosis case-finding in Newfoundland. Many times we have heard accounts, and have enjoyed slides, depicting the coastal journeys of the "Christmas Seal," at which times the entire populations of the various outports would come aboard the vessel for x-rays. Much of the success gained in bringing tuberculosis under control in Newfoundland is attributable to the work of the "Christmas Seal," its crew and technicians.

* * * * *

At the Sanatorium we have long been fortunate in experiencing the ecumenical spirit of our chaplains. Most of us feel that the situation is just about as it should be. All of which leads up to the question, are you interested in the proposed union of the Anglican Church of Canada, the Christian Church (Disciples of Christ), and the United Church of Canada? The first draft of a Plan of Union has recently been issued by the General Commission on Church Union, and makes interesting study.

* * * * *

A letter has just been circulated asking us to publicize an organization called Little People of Canada, P.O. Box 1096, Adelaide Street P.O., Toronto 1, "which is set up to be of service to members if our community who happen to be very short in stature . . . for moral support and advice on how to cope in a world primarily designed for much taller people." It is stated that The Hon. John Munro, Minister of Health and Welfare has written a letter encouraging their association.

Friends

I think that God will never send
A gift as precious as a friend.
A friend who always understands
And fills each need as it demands;
Whose loyalty will stand the test
When skies are bright or overcast;
Who sees the faults that merit blame
But keeps on loving just the same;
Who does far more than creeds could do
To make us good, to make us true.
Earth's gifts a sweet enjoyment lend
But only God can give a friend.

—Anonymous

BETWEEN THE BOOK ENDS

Good Books Are To Mind What Bones Of Skeleton Are To Body

By Arthur Brisbane

If you haven't read Shakespeare and the BIBLE you cannot know the English language, and language is the tool with which your mind works in thinking and expressing thought.

If you haven't read and carefully digested at least one sound book on astronomy, you know only by hearsay the universe in which you live, the planet on which you fly through space.

If you haven't read a good book on geology you do not know the earth under your feet. You may be compared with the white rabbit behind the glass window of an animal dealer. The rabbit knows he is there, that's all.

If you haven't read a book on evolution and are ignorant of the forms through which life has passed on this earth during the millions of years before your kind appeared, you possess another interesting kind of ignorance.

If you haven't read a good book on philosophy you do not know the history of human history.

Unless you know how men have struggled through the ages to solve the problem of eternal time, infinite space and the problem of man's origin and descent, you have no right to speculate on your own account. An oyster on a rock at the ocean's edge cannot usefully speculate on the size and character of the ocean.

If you haven't read at least a few of the great poets, Homer, Euripides. Dante, Shakespeare, Milton, Goethe, Schiller, Shelley, you do not know what is in the human brain or know its power.

If you don't know the lives of other men you cannot judge your life or lives near you. It is necessary to read biographies, carefully selected.

You cannot know life unless you have read in addition to books on fact, science and biography, some of the great works of fiction.

Standard works of fiction remove the lids from the tops of a thousand brains and enable you to look under the lid.

You should read also works of imagination outside of history, fiction or science. Not to read some of the great classics is like living in a cellar when you might just as well move up to the open air.

If you haven't read the history of the earth and its nations, how can you judge the present in which you are, or plan for the future, in which your effort, thought, and work should be represented?

Good books are to the mind what the bones of the skeleton are to the body. They hold it up, enable it to go forward.

A well-fed mind is nourished by the minds of others — dead and gone. In a good book you have the whole of human life.

— Sanatorium Outlook

QUESTION BOX—

(Continued from Page 6)

tend to heal more rapidly than in adults?

A. By far the greater proportion of primary infections of tuberculosis undergo healing without the patient ever being aware that such infection has occurred. Subsequent examinations will show no evidence of tuberculosis except the positive tuberculin test. However, in the small minority of children who have an active primary infection and, in particular, where there has been considerable enlargement of the lymph glands at the root of the lung, treatment can present many more problems than in the adult with tuberculosis.

These glands can cause pressure on the bronchial tubes and may actually erode them, and the disease in them is particularly resistant to standard chemotherapy. It is our policy nowadays to combine chemotherapy with the corticosteroid drugs in those cases of primary infection tuberculosis where there is a significant enlargement of the glands at the root of the lung.

In passing, it may be mentioned that the primary infection may occur at any age, and there is no reason why a person may not be well along in years before he receives his first infection by the tubercle bacillus.

At Wit's End

The scientists at the Institute of Human Development at Berkley just came out with what they termed a "surprising statement." After long - range studies they have concluded that housewives have higher I. Q.'s than working women.

Who's surprised?

—Radio and television advertisers have operated under the theory that housewives are ding dongs and will believe anything you tell them? (Anything from a live - in coffee expert with a sloppy Swedish accent to a dizzy blonde who runs around in her track suit to prove her deodorant is effective).

Who's surprised? The gag institute who for years have been hustling those tired old jokes on, "My wife is not making a left-hand turn,, Officer. She's drying her nails."

Or maybe it's the women's lib groups who have based their movement on the stupidity of the housewife who is being exploited, made subservient and is an underpaid "baby machine and mistress."

Or perhaps it is the industries, law making bodies, colleges, hospitals, law enforcement groups, housing boards and communications media who never trusted a housewife to know where to put the key in her car, let alone have a voice in their affairs.

You're a little late, friends. The housewife has been a superior animal for years now. She may be bored, depressed, neurotic and unfulfilled, but she was never dumb.

Our image is our fault. We let ourselves be segregated at cocktail parties so no one would know we read a book or a news paper. When census takers asked us what we did, we snuggled our heads in our chests and mumbled, "I'm just a housewife". We apologized to our children for going back to school. Or worse, we filled our lives with busy work (Hebrew Dressmaking and Making Your Own Confetti for Fun and Profit) instead of doing what we were really capable of doing. We resigned ourselves to the fact that anyone can raise children and keep house instead of asserting some are good at it and some women are lousy. We never organized so that no one really knew what we felt, what we wanted or what we really are.

In another way, it has been interesting playing the role of the dumb housewife. Many mornings I have watched the "professionals" gulp down coffee, stomp through virgin snow, clean off the car, call the garage to jump the battery, fight traffic for 30 miles, put in a 12-hour day and fight their way home again while I sit over a cup of coffee and muse, "What a shame I'm not smarter."

— Erma Bombeck, Evening Telegram
St. John's, Nfld.
(Submitted by Doug Hallamore)

In Appreciation

Mrs. Chris Tanner recently wrote to Vi Joudrey expressing her appreciation to her friends at the Sanatorium who contributed toward the gift of money and goods at the time of her husband's death. Part of the money went to purchase a used refrigerator and the remainder went for groceries, clothing and some Christmas treats for the children.

Quoting part of the letter: "I didn't know that I had so many friends, Vi. I can't write what I feel, I hope you understand, and tell everyone at the San. how much everything was appreciated. When you see Dr. Rostocka, tell her I said thanks; also to all the girls on West III.

The children and I had a nice Christmas but a sad one. Thanks to all of you down there they had lots of gifts and lots to eat. I only hope that I can stay well to be with them. I hope that you are all well on West III. Thanks again for everything."

Chris
Maitland, Hants, N. S.

WHY DOES MY HEADACHE?—

(Continued from Page 3)

medicines to reduce blood pressure. He may have a new drug for "king" migraine.

Whatever the cause of headache, the doctor will be able to help. It may be that, in final analyisis, his best treatment will be sound advice on how you should relax.

Editor's Note: We are indebted to "Georgia's Health", published monthly by the Georgia Department of Public Health for some of the material in this article.

— Canada's Health and Welfare

Chaplain's Corner

WHY?

Msgr. J. N. Theriault
St. Joseph's Church
Kentville, N. S.

"Why, Mummy?" . . . The word "Why" is probably one of the first on the child's lips. And it never leaves . . . even at a ripe old age, when a loved one has been taken away . . . Yes, "Why, Lord . . . tell me why?" . . .

When our Christian Faith was unquestioned, in the "good old days," everything seemed to fall into a pattern of Divine planning. Men seemed to agree then that everything, whether good or bad, happy or sad, came from God's hands. It was "God's will" . . . and that was that. An innocent child would die a victim of diphtheria, and a good christian mother in tears would say: "I know it was God's will." And so everything seemed to fall into place.

But when men became more sophisticated they began to talk of "Fate." ... and fatalism — and people would say: "It was his hour" . . . or "That man was marked to die." Now I feel quite certain that when my own dad was drowned at sea in the first year of World War I, our family thought of it as a dreadful accident — no one made any solemn pronouncement, like "His hour had come" . . . or "That was God's will" — but they probably asked the same time-worn question: "Why?" Was that really his "hour"?

The other day, a group of happy young people were ski-dooing on one of the Dartmouth lakes — when suddenly one ski-doo went through the ice and a girl was drowned. Was that her "hour"? What if she had freely refused to ride on that ski-doo? Are we now saying that we are forced to make pre-determined decisions, in order that we may be at the right spot to be crushed by a train, or to be on that plane which was "doomed" to crash . . . etc. etc. Would this not be turning us into puppets on strings, manipulated by the hands of an unseen God?

And what about our belief in "cause and effect"? Do we now place the cart before the horse? Are we trying to say that, since a man is destined to catch a cold on Saturday, he must be provided with a draught on Friday? I much prefer the old way, and say that if I sit in a draught I may catch a cold. And if I do not take proper care of my health I may end with ulcers, or tuberculosis, or a cardiac ailment. That is all!

If I am well, in the pink of health, and I see my friend ill in hospital shall I not be asking: "Why" . . . Why am I blessed with good health, while my friend is ill? While he is also asking: "Why ... Why am I always ill? Have I been so bad?"

In the Gospel, there is the story of a blind young man who was healed by the Lord, and some of the disciples were asking: "Why was that man born blind?" And then some one suggested: "Maybe it's because of some hidden sin of his parents." But the Lord Jesus spoke up: "No, neither he nor his parents sinned— he was born blind so that the works of God might be displayed in him." . . .

So then, if we are looking for a reason for pain, or for hungry children, or for war and bloodshed, and if we feel that all these things have been caused by evil — we may be right, and I believe we are — but let's make no mistake! We share in that evil, every one of us. It is the universal evil in men's hearts which is calling for some form of retribution in pain and in death. When the Lord Jesus beheld the ghastly spectre of the Cross and of Calvary, he recoiled — "Father, no, no, please . . . let this pass from me! You know I do not deserve this" . . But then he remembered that he had come to carry the full share of man's evil, and he turned to his Father: "Father, not my will, but yours be done" — And so I say that when a man beholds his own cross without feeling the need to ask "Why" — he may appear less human, yet how much more a man!

Notice seen on a church bulletin board:

WANTED: A young preacher—
with the experience of a parrot,
the sagacity of an owl,
the strength of an eagle,
the grace of a swan,
the gentleness of a dove,
the friendliness of a sparrow,
up with the lark,
at work with the hawk,
and when we get him caged we expect
him to live on the feed of a canary.

—Spunk

Clutching

Hold fast to that which you love and treasure. But do not clutch it with grim tenacity. A little child is likely to crush the fragile flower you offer him, in his desire to possess it fully. Only experience teaches him the difference between gripping a spade and delicately arranging a bouquet.

Clutching with a determination never to let go often defeats its purpose. Epictetus, the Stoic philosopher, noticed that small boys will reach into a narrow jar of candy filling their little fists so full they cannot be withdrawn. . . "Let go a few of them," he says, "and then you can draw out the rest." Gold seekers have strapped their accumulated nuggets to their bodies, set sail for home, were shipwrecked, and pulled to the bottom of the sea because they would not, or could not, let go of their heavy treasure.

There is the mother who loves her child so possessively that she cannot let go when he reaches maturity and resents the intrusion of the one who loves him as a sweetheart. The mother's blind clutching can ruin her own life, or that of the one she loves, and inflict unhappiness on many others.

Death snatches away a husband or a child. The loss is grievous, shaking, mutilating. Love, so frustrated, can lead those who will not open their hands in gracious resignation to bitter resentment, and poison the sweetness of life for many.

We all love robust health. But you cannot retain your good health, or recapture it by force of will alone. Cling to your health with every reasonable effort, with all the aid science can give you; but know that stubbornness to admit unpleasant facts is not good medicine. Resentment does not stiffen your recuperative powers. Kicking blindly against fate is not courage. Shedding tears for yourself only dilutes the firmness of character you need to master your difficulty, whatever it may be. Relax. Open your hand for the adjustments and compensations that nature, science, and art offer you.

"He that loseth his life shall find it." A play on words, of course, but rich in thought. What you fondly cherish at this moment to be "life"—strength to work, a pet ambition, luxury, gaiety, or whatever — may seem very precious. Clutching it at all costs may bring you only

(Continued on Page 16)

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.

Character Is Contagious

Consciously or unconsciously, every person influences to a degree his environment. The respect in which he holds himself, the things he stands for, what he will not do as well as what he does, all affect the character of his community.

Adelina Patti, the famous singer, once was criticized for singing in a second-class music hall in London. "Any music hall in which I sing," she answered proudly, "is no longer second class.

The quiet respect you maintain for your standards of behavior not only stiffens the backbones of people with like standards, it encourages others to raise their standards. It helps them to be as decent as they would like to be—if they dared. Honor, integrity, self-respect are the elements of good character. Good character, as well as bad character, is catching!

—The Iowa Stethoscope

OLD TIMERS

We are pleased to have some news from Marguerite:

Dagny (Andersen) Svenlin, who cured at the Sanatorium in the early and mid 'Thirties, and returned to her native Sweden some years later, sent a very interesting letter with her Christmas greeting. During the past year she and her husband had a number of visitors from the United States and Canada, one of whom was Mary Grace, also a patient in the 'Thirties. In September Dagny took a ten-hour bus trip to Gothenbourg to visit her friend, Miss Bengtson, who was on a visit to her old home. Miss Bengtson was matron of the Wolfville Hospital for a number of years, and it was through her that Dagny came to Canada. Miss Bengston is now retired, and makes her home in Victoria, B. C.

Joan (Daurie) McCarthy sent greetings from Engand. Joan who was a San patient in the 'Fifties, has seen a great deal of the British Isles and Continental Europe since going to England as a bride a few years ago.

Mrs. Karl Che, the former Miss Mao of Formosa, who took post graduate training at the Sanatorium a few years ago, now lives in Los Angeles, California. She and her husband are deeply and happily involved in church activities. Their daughter, Lisa, is one-and-a-hallf years old.

Bobby Melanson, of Belleville, Yarmouth County, who had surgery at the Sanatorium in the 'Fifties, wrote that he was planning to fly to Boston to spend Christmas with an aunt. Bobby is well, but finds it rather lonely living alone since his mother passed away.

Anne (Bower) Hogg of Baccaro has her ups and downs, physically, but was well enough to take a vacation trip last summer. At the time of writing she was happily making preparations for Christmas.

Bertha (Nickerson) Allen of Shelburne enjoyed trips to P.E.I., New Brunswick, and the United States last fall. Bertha and Ella Nickerson spent a pleasant week together last summer.

Shirley Williams is still the very busy secretary at Roseway Hospital, Shelburne, and Catherine (Mitchell) Tucker, formerly of Bridgteown and now of Framingham, Mass., is doing office work on a temporary basis. She is presently employed at the Raytheon Company Plant, where parts for moon shots are made, and finds the work very interesting.

Hazel Duran of Weaver's Settlement is holding her own, as is also Anne LeBlanc of Grosses Coques. Alberta Learmouth (nee Vidito) of Halifax and her husband have four race horses which keep them busy, and which they love.

Isabel McLellan, a former Rehab teacher, and her sister were planning to spend Christmas in New York.

Just before Christmas I met May Chymist of Lockeport in the Dominion Store in Liverpool. May is as cheerful as ever, and we had a nice little chat.

One day recently I had occasion to hire a taxi, and the driver was old timer Earl Gerhardt. Earl is in good health and has been driving a taxi in Liverpool for years.

Next we have a few notes from Anne Marie:

June Netwon, formerly of Windsor, N. S., who was here in 1953, now teaches school in the Northwest Territories and is keeping well. Her sister, Mildred, who was here in 1945 is married and lives in Germany.

Ruth Campbell, formerly of Curry's Corner, here in 1952, now works in Ottawa and enjoys good health.

While in Truro, Grace Adams ran into Johnny MacLellan, who teaches manual training at Brookfield, N. S. Johnny was here in 1946 and was popular as "Canteen boy" before being discharged.

I heard on the radio just recently that Philip Woolaver of Digby, a lawyer, was appointed Q.C. Mr. Woolaver was a patient here in 1959.

When Mrs. Marjorie Elliott of New Ross was visiting in New Glasgow over the holidays, she met Mrs. Hilda (Barber) MacPherson at a card party. Hilda was here in 1941 and is busy with her housework and church activities. She travels quite a bit too, and went to Europe last year. Mrs. Elliott met another oldtimer there, Mrs. Mildred MacLean, who was here in 1964. Mildred is busy looking after her family and keeps well.

Qualities of soul which we love best are the product of trials.

No Drug "Miracles" For Common Cold

Although they've been called "miracle" drugs and "wonder drugs" and although they've saved millions of lives, the antibiotics can perform no miracles in dealing with the common cold.

This sad scientific fact was confirmed recently by a specialist in preventive medicine following a 10-year study of respiratory infections in a group of Clevelands suburban families.

According to Dr. John H. Dingle, in a report in Medical Times, "only three per cent of all respiratory infection could have been specifically treated with reasonably certain expectations of a cure by any antibiotic." The three per cent, he said, were "strep" infections or other diseases of the respiratory system that differ from the common cold.

Penicillin and other antibiotics cannot cure a cold because these drugs, though usually lethal to offending bacteria, are ineffective against viruses. And almost all common colds are caused by viruses.

Among the 160 children and 187 adults included in the study, the investigator found that tonsillectomy had no effect on the frequency of common colds. Those who had their tonsils removed continued to have as many colds as before. But they had fewer non-viral respiratory diseases —those caused by bacteria. The subjects had an over-all average of between five and six colds a year.

Doctor Dingle reported that the peak of susceptibility occurs in the second year of life (8.82 illnesses per child per year). After that, the rate declines steadily until age six, when it makes a sharp drop. By age 14, the rate approximates that of adults.

The number of common colds each year in the United States has been estimated as high as 500 million, practically all of them invulnerable to drug cure. But the future isn't completely negative in outlook, says Doctor Dingle. "The greatest hope for specific therapy, and also prevention, seems to lie in the discovery of an antiviral drug. The need at present seems to be for a broad-spectrum drug which will prevent viruses from entering susceptible cells or multiplying therein."

—Contact—Illinois TB Assoc.

Notes From Point Edward

Mrs. Elizabeth Reid,
Rehab. Supervisor

Two of our nurses who retired within the past year, Miss Margaret Bates, evening supervisor 3:30-11:30 for the past 21 years, and Miss Ida MacVicar, staff nurse for the past 13 years, are enjoying their retirement. Ida and Margaret have done considerable travelling since leaving Point Edward. They had the pleasure of spending Christmas with another of our ex-staff nurses, Mrs. Tena (Currie) MacLellan, in Angtionish.

Both Ida and Margaret come back to visit at Point Edward when they are in our vicinity. They are warmly welcomed by both staff and patients.

Mrs. Lorraine Lewis of Medical Records, had the misfortune to fall and fracture her right arm. We miss hearing the music from Lorraine's typewriter.

Recently, the Suburban Westside Kinsman held a card party (45's) for our patients. A very enjoyable evening was spent by all who attended. Lunch was served and prizes given to the winning teams.

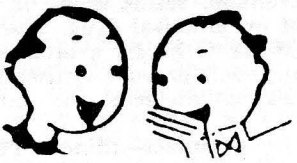
Miss Leona Reid, one of our Nursing Assistants, and Mr. Tony Milley, of the Maintenance staff, were married in June, 1970. Our best wishes and congratulations to them.

Our hospital was saddened in September, 1970, by the death of one of our nurses, Mrs. Margaret Shaw. Margaret had retired in 1970. She had been on the staff of Point Edward since 1956. Our deepest sympathy goes out to the Shaw family.

Mrs. Matilda Haynes, retired from our Housekeeping Staff in December, 1970.

Miss Lydia MacNeil, retired from our Housekeeping Staff in June, 1970, after many years of faithful service.

Just Jesting



YOUTH PREVAILED

A wealthy man engaged an English tutor for his son. "Take him up into the mountains," he said, "and break him of the habit of using slang. Don't let him talk to anyone but you."

"I will jolly well do that," replied the tutor.

Two months later, the pair returned home. The anxious father rushed up to the tutor for a report. "Did you have a successful trip?" he asked the cultured Englishman.

"Your'e dern tootin' we did," was the genteel reply.

* * * * *

Teacher was instructing the infant class in the story of Lot's flight and said: "Lot was warned to take his wife and daughter and flee out of the city, which was about to be destroyed. Lot and his wife got safely away. Now has any child a question to ask?"

Tommy raised his hand and asked: "Please, teacher, what happened to the flea?"

* * * * *

Veteran: "Anyhow, there's one advantage of having a wooden leg."

Friend: "What's that?"

Veteran: "You can hold your socks up with thumb tacks."

* * * * *

DAD'S FIRST PATIENT

It was a 12-year old boy, son of a doctor, who cast aspersions on his dad's medical skill when he invited a playmate into the house and they discovered a skelton in the closet of the consultation room.

"What's that?" asked the visiting boy.

"Oh, that," said the doctor's son, "that's dad's first patient."

—The Canadian Doctor

* * * * *

SLIM VOLUME

A publisher is putting out a book about the good things that happened in the Sixties.

Another one of those slim volumes.

—The Calgary Herald

NO REASON TO GET LOST

The school teacher was giving her class of young pupils a test on a recent natural history lesson.

"Now, Bobby," she asked, "tell me where the elephant is found."

Bobby hesitated for a moment, then his face lit up.

"The elephant, teacher," he said, "is such a large animal it is scarcely ever lost."

* * * * *

CASE FOR GOOD WOMEN

Ethel Barnett deVito

In novels the authors seem always agreed
In a case that is open and shut,
That good women always are fearfully dull
And bad ones are anything but.

I don't know what field work such authors have done,
But those I have known spurred the thought
That likely the libel on girls who are good
Was started by girls who are not!

—Valley Echo

THIS LAND

(Written at Hall's Harbour, January, 1971)

This Land I love;
Lean, cold and hard,
Bleak winter cliffs—
Green icy waters, above.

Here lies the strength,
That moulded a breed,
Of men to sail the
Mighty oceans' breadth and length.

They did no quarter ask,
Stood strong and firm
Before God and man,
With faith for their task.

Then set their sun,
Their frail barks, gone,
Still broods old Mother sea
Thru endless ages run.

Eugene L. Hamm, Ex-patient

Ins And Outs

NOVA SCOTIA SANATORIUM

ADMISSIONS:

December 16, 1970, to January 15, 1971

LEONARD STANLEY CORBIN, 81 Tupper Road, Kentville; JOHN ALEXANDER LAWRENCE, Lower Selma, R.R. 1, Maitland, Hants Co.; JOHN HENRY McKINNON, 298 College St., Truro; MRS. VERA WINNIFRED EISNER, Waterville, Kings Co.; MRS. MARGARET MAILMAN, 31 Taylor Drive, Middleton, Annapolis Co.; MICHAEL GORDON CARTER, Centreville, R.R. 2, Kings Co.; JOANNE THEODORA VANDER PLAAT, 47 Oakdene Ave., Kentville; PATRICK BERNARD McEVOY, Nova Scotia Sanatorium; EDWARD NARCISSE MOULAISON, Morris Island, P.O. Box 217, Yarmouth Co.; BENJAMIN ALBERT LeBLANC, Amirault Hill, Yarmouth Co.; PHILIP THOMAS, R.R. 1, New Glasgow; GEORGE EDWARD THOMPSON, Harrington Road, Coldbrook, Kings Co.; MRS. ELIZABETH ANN ROSS, 14 Hillcrest St., Antigonish; GEORGE ALFRED RAFTER, Walton, R.R. 1, Hants Co.; CHUT FAI TSANG, Back St., Hong Kong.

DISCHARGES:

December 16, 1970, to January 15, 1971

MRS. MARGUERITE DIMOCK, P.O. Box 322, Wolfville, (Expired); EUGENE LEWIS HAMM, Bridgetown, R.R. 1, Annapolis Co.; MRS. CLAUDIA ALICE PUTNAM, Masstown, Colchester Co.; DONALD HUGH MacEACHERN, Queensville, Inverness Co.; LLOYD NORVAL PELTON, Nictaux, Annapolis Co.; SISTER CHRISTINE FORBES, St. Mary's Convent, Port Hawkesbury; LAUGHLIN DAN MacKINNON, P.O. Box 347, Strathlorne, Inverness Co.; JOHN DONALD MacEACHERN, Creignish, Inverness Co.; ALLISTER JOHN DUGIE, Upper South River, Antigonish Co.; GEORGE AMBROSE CLUETT (Expired), 3245 Robie St., Halifax; JOHN EDWARD DYKENS, Lower Wolfville, Kings Co.; DONALD DENNIS MacKEIGAN, Halifax County Hospital, Cole Harbour; GEORGE LAING (Expired), 2720 Gottingen St., Halifax; HAROLD STEWART JARVIS (Expired), Aylesford, Kings Co.; PERCY STANFORD WENTZELL, 132 Woodworth Road, Kentville; MRS. MARTHA PENELOPE ARCHIBALD, 118 Albion St., Amherst.

POINT EDWARD HOSPITAL

ADMISSIONS:

December 16, 1970, to January 15, 1971

JOSEPH KLEMENT BABIN, R.R. 1, Port Hood, Inverness Co.; JOHN MacKAY, 5 Egan St., Sydney Mines; DANIEL JOSEPH MacKINNON, R.R. 3, North Grant, Antigonish Co.; RODERICK JAMES MacPHERSON, 77 St. Mary's St., Antigonish; JOSEPH NELSON JOHNSTON, 6 Hankin St., Sydney Mines; WILLIAM MELVIN LeFORT, Cheticamp, Inverness Co.; EDWARD AUGUSTUS PENNY, 31 Edgewood Drive, Sydney; CLINTON WELLINGTON GEORGE, Janvrins Harbour, Richmond Co.; MICHAEL ANGUS CAMPBELL, Castle Bay, C. B.; MRS. WILLENA MARGARET SMITH, Whycocomagh, Inverness Co.; BERNARD MacNEIL, 35 Dominion Road, Reserve Mines; MRS. CECELIA CATHERINE LaVATTE, 863 Kings Road, Sydney River, C. B.; RONALD ALLISTER GRANT, 190 Brookland St., Sydney, FREDERICK JOHN ISADORE, Nyanza, Victoria Co.; MRS. FLORENCE ELLEN CARR, 181 Queen St., North Sydney; MRS. MARY ANN PAUL, 28 Gallagher St., Sydney.

DISCHARGES:

December 16, 1970, to January 15, 1971

MRS. MARY ELLEN MUISE, 47 Laurier St., Sydney; MRS. DAISY DELL SNOW, 9 Church St., Dominion, C. B.; JOSEPH ANTHONY DESHAIES, 143-11th St., New Aberdeen, C. B.; LAUCHLIN ALEXANDER BROWN, Dingwall, Victoria Co.; ANGELA MAE BOWERING, 6 MacKeen St., Glace Bay; ELMER WILLIAM BENNETT, Havre Boucher, Antigonish Co.; EDWARD AUGUSTUS PEN-

(Continued on Page 16)

NURSING NEWS

OUT OF TOWN:

Miss E. J. Dobson, R.N., B.Sc.N., was in Halifax, January 14 and 15 attending meetings at R.N.A. House.

LEAVING:

Miss Theresa Cleyle, R.N., B.N., is now working at the Victoria General Hospital, Halifax. Miss Cleyle was with us a few months in the summer and again from fall until early in January.

TRANSFERRED:

Our loss is the Victoria General Hospital's gain in the person of Mrs. Germaine Rockwell who has moved to Halifax to join her husband.

SURGERY:

Our best wishes to Mrs. Catherine Boyle, R.N., for a speedy recovery from surgery.

WELCOME:

We wish to welcome to our casual staff Mrs. Florence Amirault, C.N.A., after an absence of over ten years.

We also would like to welcome to our evening staff, Mrs. Carole Trites, R.N., on a casual basis.

SICK LIST:

The 'flu bug seems to have chalked up a high toll among our staff. We hope everyone has a healthier time in February.

Are Books Infected?

This is a question frequently raised in the minds of patients and visitors alike. Usually it is the visitor who is the alarmist. But if he were half as particular about letting just anyone pick up his children, give them candy, etc., as he appears about the procedures in the sanatorium, he would really be aiding the prevention of tuberculosis. So, good people take note:

According to a statement by the National Tuberculosis Association, it is "possible" to transmit tubercle bacilli in books. That it is "probable' is quite another matter. The bacilli, like all life, have to have air and moisture to live. In careless usage, sputum might alight in small quantities on the paper or backs of a book — but there the bacilli die quickly.

Numerous experiments have been carried out with these results:

Four patients with uncontrollable cough are asked to be extremely careless with certain books, coughing into marked pages. These pages were carefully scraped, cultures made from the scrapings, and sixteen guinea pigs innoculated with the cultures — and not one guinea pig contracted tuberculosis.

Patients are not, of course, deliberately careless with books, and do not generally cough upon them. They apply the principles of hygiene in handling books and other library materials as in other behavior, taking every possible precaution against the spread of their disease. Those sick enough not to be responsible, of course, do not read.

It follows then that few books are infected. Even if they were, they could not cause infection. Living tubercle bacilli— the "germs" of TB — must be breathed into the lungs to cause pulmonary tuberculosis. It is the direct personal contact that plays havoc in this disease.

Don't worry about handling the library books. But do worry about close intimate association with known cases of tuberculosis.

—Sanatorium Outlook

INS AND OUTS —

(Continued from Page 15)

NY, 31 Edgewood Drive, Sydney; JOHN MacKAY, (Expired), 5 Egan St., Sydney Mines; BERNARD MacNEIL, 35 Dominion Road, Reserve Mines; MICHAEL ANGUS CAMPBELL, Castle Bay, C. B.

CLUTCHING—

(Continued from Page 11)

discontentment. Relax. Let it go, if need be, and you may find a "LIFE" far richer and satisfying.

Open your hands, palms up, your fingers curled to receive whatever gifts or honor or treasures that may come within your reach. And it is almost certain that sooner or later, another faltering hand that needs assurance and help, will slip into yours.

NTA Reporter
Stethoscope

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P. ..... Medical Diretor
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.
P. GEORGE, M.D., C.R.C.P. (C) ..... 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

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

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

CHRISTIAN REFORMED
Minister—Rev H. Vander Plaat

PENTECOSTAL
Minister—Rev. Robert Cross

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

SALVATION ARMY
Capt. Charles Broughton

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

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

UNITED CHURCH
Rev. Robert Hutcheson

PRESBYTERIAN
Rev. E. H. Bean

SALVATION ARMY
Mr. William Brewer

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

The Canteen . . .

IS OPERATED FOR YOUR CONVENIENCE AND BENEFIT

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**