

THE NOVA SCOTIA SANATORIUM
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Health Rays



HEALTH RAYS

STAFF

MANAGING EDITOR DONALD M. BROWN
ASSOCIATE EDITOR EILEEN M. HILTZ
BUSINESS MANAGER JOHN AKIN

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TABLE OF CONTENTS

	Page
TAKE STOCK OF YOUR HEALTH	1
THE PRICE OF PUBLIC APATHY	1
A NEW DIETARY DEPARTMENT, Miss Eileen Quinlan	2, 3
OUR CHANGING TIMES, Eileen M. Hiltz	3
NATURE'S WARNING SIGNALS, Margaret M. Donnell, M.D.	4
ONLY A LIMITED AMOUNT OF AIR, Sydney J. Harris	5
STRICTLY PERSONAL, Sydney J. Harris	6
TB PROTECTION: START EARLY	6
EDITORIAL COMMENT	7
MISCELLANEOUS	9
CHAPLAIN'S CORNER, Msgr. J. H. Durney	10
THE ANVIL AND THE HAMMERS	10
GOLDEN JUBILEE FUND	11
NOTES AND NEWS	11
OLD TIMERS	12, 15
INS AND OUTS	13, 14
JUST JESTING	16
CANCER: A QUESTION AND ANSWER	17
SWALLOW THE PILLS	17

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. ✓

Take Stock Of Your Health

At the beginning of this century in the United States the average expectancy of life at birth hovered around the 50-year mark — today it has risen to about 70. A longer life than our father's and grandfather's can now be anticipated, but it brings with it a responsibility and a challenge. It is not enough to add years of life — we must plan ahead to add life to our advancing years.

Youth today has no monopoly on the "joy of living." It is vitally important that our elder citizens enjoy good health and remain useful citizens to our community. Responsibility for health in the later years of life rests first and foremost with each individual.

DEVELOP PLAN FOR HEALTH

Develop a plan for health at some point between youth and old age. If you follow this plan, it will turn out to be the best investment of your life because good health pays big dividends. Age 35 — the half-way point of life — is a good age to take stock of your health and lay the foundation for years and years of healthy, useful living.

1. Start to have periodic medical check-ups. After age 35 the chronic, long-term illnesses, such as heart disease, cancer, tuberculosis and diabetes, among others, are not only the leading causes of death, but they can undermine health and cause disability for long periods of time. Many of these conditions are preventable or, when found in their early stages, can be prevented from developing further.

2. Have an adequate, well-balanced diet to help promote continued well-being.

3. Have your doctor help you work out an exercise schedule.

4. Check the safety of your home. An appalling number of fatal or disabling accidents occur among older persons because of accident hazards in the home.

5. Have a hobby that will follow you through life.

6. Safeguard yourself against loneliness in the years to come through the cultivation of friends and outside interests.

7. Don't underestimate recreation — it's necessary for good mental health at all ages.

—The Link

The Price Of Public Apathy

Never underestimate the power of a re-treating enemy—in this case tuberculosis.

Drugs now exist to cure and someday completely to conquer—this disease. But as the death rate decreases, carelessness increases. The result is that today tuberculosis is unnecessarily winning many small battles because of public apathy and unconcern.

A recent study of tuberculosis patients in Baltimore, Md., for instance, has revealed unnecessary delays of from two months to as long as two years in diagnosing active tuberculosis of the lung. Of 52 patients studied, the diagnosis of tuberculosis was made quickly in 23 cases. But with 29 patients, or 56 per cent, there was an unnecessary delay in recognizing the disease.

Unfortunate as this delay in diagnosis is, the problem is by no means rare. And each postponement in diagnosis is a direct threat to others. An infectious disease, tuberculosis makes each of its victims—if the disease is untreated — a potential source of infection for every person with whom he comes in contact.

On the other hand, early diagnosis, proper drugs, and up-to-date treatment not only can cure tuberculosis patients but send them back to their homes, their families, and their jobs with no fear of infecting others.

Anyone advised to get a chest x-ray should not be prevented from doing so by cost—in many places x-rays, free or of nominal cost, are provided either by health department clinics, care and treatment board clinics, or tuberculosis associations. Always, according to your local Christmas Seal organization, anyone complaining of persistent cough, weight loss, fatigue, loss of appetite, or an unexplained fever should obtain a tuberculin test or chest x-ray.

—Contact

—————:o:—————

Give me the serenity to accept what cannot be changed.

Give me the courage to change what can be changed.

Give me the wisdom to know one from the other.

—Attributed to Reinhold Niebur

A New Dietary Department

Miss Eileen Quinlan, B.Sc., P.Dt.

Senior Dietitian, N. S. Sanatorium

The sod-turning ceremony for the new Service Building was an occasion of particular significance and interest for the dietary staff of the Sanatorium. All of us have been encouraged by the "vote of confidence" aspect of new construction at the hospital, but only those who have worked for years in and with the old Service Building can fully appreciate the changes which this momentous event will effect in our daily working conditions. The present building was erected in 1917, and for its intended role at that time was probably a model of efficiency. The dietary department was planned by Miss Violet Riley, one of the pioneers of the early profession of dietetics in Canada. Miss Riley was commissioned by the federal government in Ottawa to design food service departments in military hospitals for returning veterans of the first World War. Many of these veterans had developed tuberculosis overseas and the dietary department at the Sanatorium was planned to service the multi-building complex considered desirable at that time for the treatment of the tuberculous patient.

The original Service Building was not equipped to provide a centralized and complete meal service. The main kitchen area was designed for the initial preparation and cooking of food which was then sent to self-contained kitchens in each building to be portioned, assembled on trays and served. In addition to these satellite kitchens, there were so-called diet kitchens maintained on each floor where nursing staff served hot food and dispensed nourishments. The duplication of staff, equipment and facilities was wasteful and costly and the end-product, the food, having been handled at least three times, not always acceptable. The type of food service described above is known as decentralized service and at that time it was the only possible way of ensuring that hospital patients received hot food. It is therefore no reflection on the food service designers of that era to point out that all modern hospital planning advocates a centralized dietary department located in a direct, convenient line to patient units, so that all dietary functions can be performed in one area of the hospital and food delivered to patients

and staff as quickly as possible, with a minimum of handling.

Advances in food service technology in the fifties and sixties permitted some centralization of dietary service with the purchase of "Meals-on-Wheels" tray carts. These carts will keep hot food and cold food for a considerable period of time and allow all food to be served in the dietary department, eliminating the need for the tray carriers and bulk food carts of former days. The closing of the Men's Pavilions in 1964 solved one of the most serious problems of transportation because these pavilions were not connected to the Service Building by tunnel and bulk food had to be delivered to them by panel truck. The satellite kitchens were still required in the East and West Infirmaries for tray service and clean-up because of the lack of those facilities in the Service Building. It was not until the West Infirmary was closed in 1972 and patient and staff dining combined in one cafeteria that tray assembly and service could be located in reasonable proximity to the main kitchen and we had centralized food service as much as was possible within the limits of our present facilities. Trays must still be transported from the Service Building to the three floors of the East Infirmary, a considerable distance involving two elevators which are difficult to level and a tunnel with uneven flooring. Only the most gentle handling by dietary and housekeeping staff prevents trays from arriving on patient units with all liquids spilled. The inconvenience of being so far removed from these units reaches its most frustrating peak with the time required to get one second order of a menu item to third floor of the East Infirmary. Many times an orderly or tray girl will complete that run only to be sent back immediately with another order. Staff and patients have both been very tolerant of an inconvenient delivery system.

As for the old Service Building itself, the years have taken their toll and the fact that it is still standing is some kind of miracle. Three sides of the building are composed mainly of twelve foot windows, making it very hot in summer and cold and drafty in winter. Heavy spring rains and winter snow have played havoc

with roofs and ceilings, bringing plaster crashing down despite heroic efforts on the part of the maintenance staff, and pots and pans of various sizes to catch the worst of the drips. Floors are so uneven that it is impossible to level any piece of equipment. It is small wonder, then, that we are looking forward with considerable anticipation to the completion of the new building, which will locate the dietary department directly on a level with the first floor of the East Infirmary. The reader who has stayed with me and remembered my earlier comments regarding the ideal food service department will have no difficulty in recognizing the fact that for the first time in the history of the Sanatorium we will be able to provide an efficiently centralized service. Tray carts will simply have to move a few feet to first floor and go immediately into the elevator to second and third floor. There will be no delay for second orders, nourishments and "held" trays. The distance between patient units and the new air-conditioned cafeteria will be so short that we expect to have an increase in the number of patients who can partake of meals on an ambulatory basis and attend our various social activities. The new building should prove to be an effective morale booster for all Sanatorium staff, but especially, I think, for the dietary staff who have worked for years in an outdated facility, and if there are still those who may long nostalgically for the good old days, the author will not be among them.

—:o:—

OUR CHANGING TIMES

Every so often, especially as one adds on the years, one finds oneself murmuring a certain well-known phrase: "O tempora, O mores!", words spoken by the Roman orator Cicero in the century before the birth of Christ. Translated somewhat loosely it says: "O times, O changes!". Most recently the phrase came to my mind during the sod-turning for the new Sanatorium building, and was prompted by the sight of the placards paraded before those assembled for the ceremony. The placards protested the paucity of bathroom facilities on a floor of the Infirmary.

Before going farther, let me state that the purpose of this small piece is solely and singly to present a look backward to forty years ago, and to show how inevitably times, customs, yes and people, have changed in that short span. This is not a treatise in ethics, nor in any way

to be regarded as a criticism of or judgment on the action. Parading with placards has become a way of life in our time, attention-getting and effective when other forms fail. The girls felt they have a grievance, and they proclaimed it on placards. Good luck to them!

The placards ("Two toilets for 20 people", "One tub for 20 rubs") carried my thoughts back forty years, to October 1933, when I entered the Sanatorium as a patient. I was given a bed on a porch of the "New" Infirmary, which was then truly new, having been opened just one year and eight months. As I remember it, I was impressed with my accommodations; frankly, I thought it all quite splendid, and I think my fellow porchmates did, too. If the bathroom facilities were few for our numbers, I do not recall that we felt deprived nor put-upon. At times we did have to stand back and wait our turn to clean our teeth, but we weren't going any place anyway, so what! In fact, it was a great opportunity to catch up on the gossip of the day, visiting and mingling being rather restricted then. Bath days and hours were assigned to each of us, which eliminated traffic jams at the tubs.

Perhaps I was conditioned to bathroom competition, having just spent three years at Acadia University, living in the then most modern residence for women, where the ratio of tubs and toilets to people paralleled that of the San. Infirmary. I know that when I recently toured Acadia's newest residence, Chase Court, that old phrase: "O times, O changes!" fairly rang in my ears.

On this subject of changing times, customs and people, another quotation from another famous man of words — this time a man of our century—comes to mind. So we'll let George Bernard Shaw have the last word (He always did!): "The reasonable man adapts himself to the world; the unreasonable man persists in trying to adapt the world to him. Therefore all progress depends on the unreasonable man".

—Eileen M. Hiltz

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Nature's Warning Signals

UNHEEDED "RED LIGHT" MAY BRING DISASTER

(Margaret M. Donnell, M.D.)

Doubtless many of you have seen electric traffic signs at busy city corners — Green — all clear, go ahead; Yellow — warning, proceed carefully; Red — danger, stop. In matters of health there are stop-and-go signs, too. When a person feels full of pep and energy, just "bubbling over" with enthusiasm for life and its numerous activities, the signal is at "green" and he is free to go ahead and do his work and enjoy his play. (Always remembering, of course, that if he wishes to keep the signal "green" he must not — to mix metaphors — "burn the candle at both ends.") In this brief article, an attempt is being made to present some of nature's "yellow" and "red" signals.

The commonest "yellow" signals are called the "constitutional symptoms" and the greatest of these is the loss of energy. When small Mary does not feel like playing with her friends; when young John does not have enough pep to "take in" a dance; when mother is so tired after the day's work that she takes her partner out of a business double in the evening bridge game; or when poor father comes home from the office too weary to enjoy reading the sports page, or engaging in a red-hot political argument with the neighbor across the back fence;—well—this spells CAUTION. Tuberculosis is not by any means the only cause of loss of such pep and enthusiasm. But when such loss of energy comes on slowly, and slowly but surely progresses, it is not wise just to pass it off as being due to "overwork" or to a "need for the good old spring tonic."

The second of these yellow signals is loss of appetite. Some people are always fussy eaters — the kind who say "I don't like vegetables; I loath milk; fruit is 'too acid' for my indigestion." In these people it is rather difficult to judge appetite but even in them if their distaste for food should suddenly or (even more important) gradually become worse than usual, one should see the yellow light gleaming. And how much more should one pay attention when somebody who has always boasted that he has an "appetite like a horse" begins to be "picky" and sends his plate away full instead of clean and shiny like Jack Spratt's platter!

Loss of weight is the third of the triad of "constitutional" yellow signals. When "Fatty" Jones begins to slim down, not as a result of intelligent dieting and exercise, but without his own desire; and without any obvious reason for doing so, it is time to ask "why?" Even "Skinny" Smith can get thinner, and if so, he too should begin to wonder.

Not all the yellow signals are constitutional, however. Some of the so-called "localizing" symptoms may for a long time be rather vague and indefinite and are therefore apt to be passed off as unimportant. That "cigarette cough" for example. It is very seldom that Mr. Brown, who has been smoking for years, questions why, for the last three months, his smoking has been giving him a nasty little dry cough; and who would think that the wee bit of phlegm which, for the past five weeks, Mrs. Green has been clearing out of her throat each morning should make her wonder about the possibility of tuberculosis? And why should Susie Black pay any attention to that little nagging pain across her back, especially when she tries to roll over in bed? — It is probably only due to a sagging mattress and springs? (So she says, and in some cases she may be right, but in others she may be reasonably wrong). And why shouldn't Harold White be content to prescribe for himself a box of "X's Little Kidney Pills" to relieve that bothersome night frequency he has had for the past two months? He says its no use wasting money consulting a doctor about as trivial a thing as that!

While any of these symptoms should be regarded as a "yellow light" a combination of several of them should be considered a "red light" and appropriate action should be taken. In addition there are specific red lights, the occurrence of which should call for immediate attention.

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The most obvious of these "red lights" is haemoptysis — i.e., the coughing up of blood or even blood-streaked sputum. Tuberculosis is not the only cause of this, but it is one of the commonest, and fortunately it is usually so startling that immediate advice is sought.

Another "red light" is chest pain, especially of the pleural type — the kind that cuts one like a knife when one tries to breathe. If, after a few days, this pain ceases and yet the individual feels miserable and feverish and — well — just sick, probably fluid is forming; and if so, he has passed out of the realm of warnings into the realm of real disease, for the great majority of what are called "simple wet pleurisies" are nowadays known as tuberculosis, and should be treated as such.

In this brief discussion, no claim is made that all of nature's warning signals (especially with reference to tuberculosis) have been dealt with fully or even mentioned necessarily mean tuberculosis. But the aim of this paper has been realized if it has served to impress the Marys and Johns, the Skinns and Mr. Browns and Mrs. Greens, and all the others, with the possible significance of the warning signals that Traffic Officer Nature sometimes presents. If they so recognize this significance surely they will stop in time, and seek as expert medical advice as is available; this will mean that tuberculosis (or other illness) will be discovered in the earliest stages and proper treatment instituted. If this is done, "yellow" and "red" will, in the shortest time, be changed to "green." — Valley Echo.

:O:

Only A Limited Amount Of Air

By SIDNEY J. HARRIS

(From his book, "For the Time Being")

Some months ago, while doing research on the general subject of pollution, I learned how dumb I had been all my life about something as common and familiar — and essential — as air.

In my ignorance I had always thought that "fresh air" was infinitely available to us. I had imagined that the dirty air around us somehow escaped into the stratosphere, and that new air kept coming in — much as it does when we open a window after a party.

This, of course, is not true, and you would imagine that a grown man with a

decent education would know this as a matter of course. What is true is that we live in a kind of spaceship called the earth, and only a limited amount of air is forever available to us.

The "walls" of our spaceship are called the troposphere, which extends about seven miles up. This is all the air that is available to us. We must use it over and over again for infinity, just as if we were in a sealed room for the lifetime of the earth.

No "fresh" air comes in, and no polluted air escapes. Moreover, no dirt or poisons are ever "destroyed" — they remain in the air, in different forms, or settle on the earth as particulates. And the more we burn, the more we replace good air with bad.

Once contaminated, this thin layer of air surrounding earth cannot be cleansed again. We can clean materials, we can even clean water, but we cannot clean the air. There is nowhere else for the dirt and poisons to go — we cannot open a "wind-cw" in the troposphere and "clear out" the stale and noxious atmosphere we are creating.

Perhaps every child in sixth grade and above knows this; but I doubt that one adult in a hundred is aware of this basic physical fact. Most of us imagine, as I did, that winds sweep away the gases and debris in the air, taking them far out into the solar system and replacing them with "new" air.

The United States alone is discharging some 130,000,000 tons of pollutants a year into the atmosphere, from factories, heating systems, incinerators, automobiles and airplanes, power plants and public buildings. What is frightening is not so much the death and illness, corrosion and decay, they are responsible for — as the fact that this is an irreversible process. The air will never be cleaner than it is now.

And this is why prevention — immediate drastic and far-reaching — is our only hope for the future. We cannot undo what we have done. We cannot restore the atmosphere to the purity it had before the Industrial Revolution. But we can, and must, halt the contamination before our spaceship suffocates from its own foul discharges.

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STRICTLY PERSONAL

By SYDNEY J. HARRIS

Not long ago I was told about an advertising copy writer who was fired from his job for dozing at his desk during working hours. I couldn't sympathize with his plight — for had he really been adept in the art of salesmanship, he surely could have persuaded his boss that he was not dozing but was in a "creative trance."

He could have pointed to Coleridge, for example, who would fall asleep while working at his desk; on awakening he would find that he had composed two or three hundred lines of excellent verse.

Coleridge was in such a trance, indeed, while writing his immortal "Kubla Khan" — which remained unfinished only because the poet's snooze was rudely interrupted by "a person on business from Porlock."

Such varied men of genius as Descartes, Leibnitz, Milton and Rossini used to stimulate their creative juices by lying down under piles of blankets to meditate.

Schopenhauer once remarked that "my will is asleep when I do my most effective thinking, which is usually in a semi-trance." And Carlyle, in praising slumber, said, "The unconscious is the maker of creative power, the conscious that of mere skill."

Sir Walter Scott, that prolific novelist, would often retire at night, having vainly sought an idea for hours — and the idea would promptly greet him next morning upon arising. Likewise, Pascal used to lay paper and pencil at his bedside; on many nights he would awaken and start scribbling his famous "Pensees."

Tartini, the Italian musician, composed his "Devil's Sonata" while sleeping; and some of Schubert's sweetest melodies came to him in dreams. Voltaire one night dreamed an entire canto of his "Henriade," in an entirely different (and improved) version from the one he had written the preceding day. Condorcet, the brilliant French mathematician, had the same fruitful experience with mathematical formulae.

Diogenese Laertes, the Greek historian, mentions a Stoic philosopher who composed and corrected philosophical treatises while sleep-walking, and Zwinger, the Swiss physician, cites several . . .

But why go on? That copy writer deserved to be fired — not for dozing at his

desk, but for failing to impress upon his superiors the ancient, noble and highly creative precedents he was following. How could he sell toothpaste or detergents if he couldn't sell his own working habits? Don't call to answer, because I'm falling asleep. . . .

TB Protection: Start Early

Tuberculosis, the supposedly "vanishing" disease that refuses to get lost, still attacks more than 50,000 Americans every year.

There was a time when children were prime targets of the TB germ. Fortunately times have changed, and today the disease attacks children less frequently than other age groups. Just the same, local epidemics can and do develop—witness the recent outbreak in a Detroit nursery school.

TB in children can develop rapidly and become very serious in a short time. On the other hand, it is possible for the germ to lodge in the body—that is, to "infect" the individual—without causing sickness. In the case of children it has been found that prophylactic drugs given to ward off disease have a good chance of success where there is infection but not illness.

Doctors recommend that every child receive a tuberculin test by the time he is a year old. If this test proves negative—that is, if it shows no infection—it should be repeated every six months up to the age of three. After that, TB tests should be included as part of the annual medical checkup, and are especially important at the time of entering school.

A positive tuberculin test should be followed immediately by a chest X-ray which helps determine whether there is active disease. Those who have recently come in contact with the infected child—parents, other adults, and children—should be tuberculin tested as soon as possible in the hope of finding out who gave him the infection. In this way TB tests can serve as important tools to prevent the spread of the disease.

Teachers and other school employees, school bus drivers, baby sitters, children's nurses, and anyone else who comes in frequent contact with children should be tuberculin tested regularly. Ask your Tuberculosis Association or Committee for the leaflet, "Preventing TB in Children."

—Information Service, Arkansas
Tuberculosis Association.

Editorial Comment

Certainly the big news of the hour, and of the season, is the new building that is to be situated at the front of the East Infirmary. All will agree that it gives us renewed hope that the Sanatorium continues to have a future. In commenting upon this, the Minister of Public Health, the Hon. Scott MacNutt, said that this could be interpreted as indicating at least a "middle-range" future — as opposed to a "short-range" plan. This is in keeping with previous policy statements which have indicated that the Sanatorium remains a "viable institution" — a statement which one might say encourages "cautious optimism". A great deal has been done to improve the "viability" of the Sanatorium—much of it at considerable sacrifice on the part of individuals directly concerned. Most would say that the over-all result has been well worth-while. One inevitable result has been a certain amount of crowding as everthing becomes concentrated in the East Infirmary. And in order to accommodate as many as possible, some of the facilities have had to be shared by more persons than previously. For example, the gentlemen who had occupied West I have less space on East 1, and a T. V. room which does not compare with the one in which they used to enjoy a program or a game of cards. Also, you may have read in the Chronicle-Herald that there are now more patients on East 1 for essentially the same bathroom facilities. It would, indeed, be cause for rejoicing if we could be assured that there will also be a new building to accommodate patients, but I haven't heard any rumours to this effect!

Regarding the new building that is now underway (so far it's underground): The official sod-turning ceremony for the commencement of construction took place on Tuesday, January 22, at 1245 hours, or shortly thereafter. Present were a good number of Sanatorium staff and patients, a number of old friends of the Sanatorium, and representatives of the several levels of government. The Hon. D. Scott MacNutt turned the sod and, within a very few minutes, the heavy-construction machines were excavating the front lawn. It seemed something of a desecration for the earth-turning machines to be taking up the front walk, obliterating the well-kept flower beds, lawn and shrubs, but so much must make way for the over-all good.

'Twas ever thus. There was but little frost in the ground and in less than two weeks the excavation was to the desired depth and the forms laid for the footing. On February 5 everything appeared in readiness for pouring concrete, but things have been temporarily slowed by our blizzard-type storm which intensified during that day. It did seem unusual to see the men and machines working in such dry and sandy conditions in mid winter. Conditions may not be so pleasant for a time, but work will undoubtedly proceed at a fair rate, for we understand that it is expected that the new building will be ready for occupancy in the autumn of this year.

We hear that the West Infirmary will soon start to come down — which would appear to be quite a project. Previous residents of the Third Floor used to remark that there was considerable movement when winds reached gale force, but it has weathered the storms thus far.

Elsewhere in this issue we hope to have some information concerning the new building and what it will contain. We are also hoping to have something by Miss Quinlan in the way of a historical sketch of the dietary facilities in the present service building. We will add reports from time to time on the progress of the new structure. Meanwhile, visitors are looking dubiously at the "hole in the ground" and wondering if they are expected to attempt a crossing to get to the front door. Don't try it — it's locked anyway!

—:o:—

When you are in the right, you can afford to keep your temper; when you are in the wrong, you can't afford to lose it.

* * * *

White are the far-off plains, and white
The fading forests grow;
The wind dies out along the height,
And denser still the snow,
A gathering weight on roof and tree,
Falls down scarcely audibly.
The road before me smooths and fills
Apace and all about
The fences dwindle, and the hills
Are blotted slowly out;
The naked trees loom spectrally
Into the dim white sky.

From "Snow" by
Archibald Lampman

Don't Assume — Be Sure

Don't assume that because you know of no cases of tuberculosis in your family your trouble cannot be due to tuberculosis. It can be.

Don't assume that because you are fat and husky-looking your chronic cough and tired feeling cannot be due to tuberculosis. They can be.

Don't assume that if you spit a little blood that it comes from your nose or throat. Find out.

Don't assume that you can fight your disease intelligently unless you know the cause of your symptoms. You can not.

Don't assume that the careless tuberculosis patient is not to be feared. He is.

Don't assume you can recover better in another climate or hospital. You can not.

Distant fields appear greener, but a thorough examination is necessary when there is any cause for doubt. This must be followed by proper treatment, preferably established and proved in a hospital with adequate facilities. Early and proper treatment are the rule for early and complete recovery from tuberculosis.

Don't assume—be sure.

—Sanatorium Outlook

A MATTER OF RANK

"I have a pain in my abdomen," said the recruit to the Army doctor.

"Young man," replied the medico, "Officers have abdomens, sergeants have stomachs, you have a bellyache."

* * *

A motorist brought his car into the shop for an inspection.

"Is there anything the matter with it?" asked the service man.

"Well, there's only one part of it that doesn't make a noise," said the motorist, "and that's the horn."

* * *

SURPRISE! SURPRISE!

The little boy was so used to seeing his mother in slim jims that when she dressed up in her Sunday best to go to church, he spluttered to his dad: "Look, Mom's a girl!"

* * *

The trouble with bucket seats is that not everybody has the same size bucket.

* * *

Two flies were overheard talking. "How are things with you, Mrs. Buzzby?" asked one. "Not so good," replied the other. "Junior was so cranky I had to walk the ceiling with him all night."

* * *

The reasonable man adapts himself to the world; the unreasonable one persists in trying to adapt the world to himself. Therefore all progress depends on the unreasonable man.

—George Bernard Shaw

GRANDMA'S POINT OF VIEW?

A clergyman, at dinner, had listened to a talkative young man who had much to say about Darwin and his "Origin of the Species".

"I can't see, argued the whippersnapper, "what difference it would make to me if my grandfather was an ape."

"No," commented the clergyman, "I can't see that it would. But it must have made a great difference to your grandmother."

* * *

Seven-year-old Albert performed so well in the local concert, he was required to give an encore.

"Well, Albert, how did you get on?" his father asked later that night.

"Why, I thought I did all right," replied the youngster, "but they made me do it again."

* * *

BACK TO HOME ON THE RANGE

Two buffaloes came down out of the hills to catch their first glimpses of civilization.

A couple of women tourists happened by, and one of them said: "Did you ever see any mangier, more flea-bitten creatures in your life than those two?"

Turning to his companion, one of the buffaloes said sadly: "I have just heard a discouraging word."

* * *

What's the difference between a pick-pocket and church bells? ?

One steals from the people; the other peals from the steeple.

The Early Birds

The MENTAL EFFICIENCY of most persons follows a course of rise and fall, and it goes like this: —

Mornings: 105 per cent at 8 o'clock and 102 per cent at 10 o'clock.

Afternoons: 101 per cent at 1 o'clock and 96 per cent at 4 o'clock.

Evenings: 98 per cent at 8 o'clock and 97 per cent at 10 o'clock.

Surgeons have long taken advantage of this diurnal variation. Most planned operations are performed during the morning hours. The explanation is that heads are clearer and hands steadier at the start of day. Also, it is thought that the patient's vitality is higher in the morning.

Many early-bird geniuses, as their biographers tell us, pushed their talents in the morning hours, the early morning hours.

Getting under way mornings is a real task for most people. Yet there is "gold in them thar" early hours in the city as well as on the farm. It has been claimed that getting up early three mornings in a row will gain a day of time.

Thomas Jefferson said, "I have made it a rule never to let the sun rise before me." But television and the late, late shows were not of his time.

—(Sunshine Magazine)

:o:

Remember When?

(From American Lung Association)

Remember when cigarette cartons were the perfect Christmas gift?

Remember when there was nothing but cigarette jingles on the radio? And TV screenfuls of young lovers romping through the great outdoors in a cloud of cigarette smoke?

Remember when people thought non-smokers were squares and goody-goodies?

Remember when almost everyone on TV and in the movies smoked? Remember Ed Murrow and Humphrey Bogart?

Remember when a pack of cigarettes cost a quarter?

Remember when there were more adult Americans who smoked than didn't?

Remember the free cigarettes the airlines used to pass out to please their passengers?

Remember when a doctor might offer

patients a cigarette to help calm their nerves?

Remember when everyone suffered in silence if someone lit up in a no-smoking area?

Remember when people bought cigarettes for their rich, strong flavor instead of low tar and nicotine levels?

Remember when kids weren't upset because their parents smoked?

Remember cigarette packs—and cigarette ads — without these lines, 'Warning: The Surgeon General Has Determined That Cigarette Smoking is Hazardous To Your Health?'

Remember when people always said, 'No', if anyone asked, 'Do you mind if I smoke?'

—:o:—

Discipline

It can be assumed that every patient has come to the sanatorium for the purpose of recovering from his tuberculosis. Here he puts his faith in the doctors who direct and administer his treatment and to the institution to which he has come. This is as it should be, but it is not enough — he must also put his faith in himself.

Much of the treatment of tuberculosis is nothing more than complete rest and complete relaxation. The doctor can prescribe rest and lay down rules to govern it, but a prescription is of no value unless it is taken and rules are nothing unless they are followed. . . . To take the cure conscientiously and to follow the rules strictly requires self discipline. Self discipline, as the word implies, can be administered only by oneself.

In the long run, therefore, each individual's chances to recover depend very much upon his own will power. The patient who takes ungranted privileges decreases his own chances for recovery and also the chances of his roommate whom he disturbs by so doing.

It is difficult to take the cure faithfully — but it pays.

—Sanatorium Outlook

:o:

A MAJOR IN LANGUAGES

"I hear your son's at college."

"Yep."

"How's he doing?"

"Pretty good I guess, he's taking three courses. I've just paid out \$10 for Latin, \$10 for Greek and \$100 for Scotch."



Chaplain's Corner

MSGR. J. H. DURNEY

FROM THE VETERAN

VIRTUE OF HUMOR

In the long ago, when St. Paul told the people of Phillipi that the conversation of Christians must be in heaven, he meant that the language of every day use must be worthy of heaven. Worthy, for the words we speak on earth echo and re-echo up to the very judgment throne of God, the creator. Our conversation becomes court evidence either to our honor or to our disgrace — and disgrace is here used in the Christian sense:—loss of grace.

When God created mankind He gave him a tongue to speak. Since then, it has often happened that we might have been better had the creator tied our tongues on both ends. A tongue anchored at both ends would not be able to misuse God's gift of speech. Much of the conversation in the shop, the office, and on the street corners is certainly far from being heavenly. Because the art of conversation is dead and gone, it has become customary to buy our humor on the open market at so much per laugh. The very fact that we so fleetingly forget many of the correct jokes is an index to the emptiness of hired humor, humor that is bought and sold at so much

per telling.

Heinrich Heine once said that all mankind needs is logic and laughter. However, the Christian, whose humor is expected to have something of heaven's logic in it, can find no fun in many jokes for the simple reason they do not square with the ten commandments. In other words, they lack the logic of common sense and common decency.

Here are a few rules that might aid us in avoiding mildewed jokes and keeping a bit of logic in our laughter and, perhaps something of heaven in our humor.

It is a poor joke when 1) a child is brought to tears; 2) when somebody's heart is made to ache; 3) when a decent woman is made to blush; 4) when everybody can't join in the laugh; 5) when something sacred is made to appear common; 6) when profanity is needed to make it funny.

To laugh and talk are two gifts of God that place man above the brute level of creation. But if man is to keep his proper place, there must be sense in his talk and logic in his laughter: the sense of decency and the logic that is part and heart of the ten commandments.

The Anvil And The Hammers

Last eve I paused beside a blacksmith's door,
And heard the anvil ring the vesper chime,—

Then, looking in, I saw upon the floor
Old hammers, worn with beating years of time.

'How many anvils have you had' said I,
To wear and batter all these hammers so?'

'Just one,' said he, and then, with twinkling eye,

'The anvil wears the hammers out, you know.'

And so, I thought, the anvil of God's Word
For ages skeptics' blows have beat upon.—

Yet, though the noise of falling blows was heard,

The anvil is unharmed, the hammers gone!

—Anon

The rutted roads are all like iron; skies
Are keen and brilliant; only the oak leaves
cling

In the bare woods, or the hardy bitter-sweet;

Drivers have put their sheepskin jackets on;

And all the ponds are sealed with sheet-ed ice

That rings with stroke of skate and hockey stick,

Or in the twilight cracks with running whoop.

Bring in the logs of oak and hickory.
And make an ample blaze on the wide hearth.

Now is the time, with winter o'er the world,

For books and friends and yellow candle-light,

And timeless lingering by the setting fire,
While all the shuddering stars are keen

with cold.

From "The Winter Scene" by
Bliss Carmen

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 contributions will help Health Rays to remain healthy.

The standing of this Fund as of January 31, 1974:

Previously acknowledged:	\$4,884.91
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Lauchlin MacKinnon	
Leonard Patriquin	
Roy Rafuse	
Total:	48.50

Grand Total	<u>\$4,933.41</u>
-------------	-------------------

:o:

In Appreciation

Mr. Roy Rafuse wanted to thank the staff of the Nova Scotia Sanatorium for the care and kindness extended to his wife, Faye Rafuse, who passed away at the Sanatorium the day after Christmas. He wished to show their appreciation in a tangible way and therefore donated \$25. to our Golden Jubilee Fund. We wish to say that we appreciate the gift, and the thought behind the gift. We are deeply sorry that the outcome of your wife's illness could not have been otherwise.

:o:

When a man places his wife on a pedestal nowadays, it's probably so she can reach the ceiling with her paint roller.

—Glenn R. Bernhardt in Look

The hardest decision for a woman to make is when to start middle age.

THIS FULL PAGE SPONSORED BY

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Notes And News

Miss Mary Livingstone, CNA, a member of the Sanatorium nursing staff since September 1, 1953, retired on January 31. A farewell gift was presented by friends who gathered to wish her well. Our best wishes to you, Miss Livingstone, for many years of happy retirement.

* * *

All of us at the Sanatorium were grieved at the sudden death of Mr. Adi S. Jagosh, head of the Physiotherapy Department, on Thursday, January 17, at age 59. He had served in this capacity for nearly ten years and was a valued member of our staff. He was known to a good many people outside of the Sanatorium as well, due to his organizing the St. John's Ambulance First Aid and home nursing training. It will be recalled that his daughter, who is now Mrs. Ruby Kersi Bhesania, worked at the San for awhile in the Lab. He is survived also by his wife Jaloo, and two sons Yazdi, at home, and Jimmy, in Halifax. Our deepest sympathy to Mrs. Jagosh and her family.

* * *

William Frederick Mappleback, 55, died Thursday, January 31, at the BFM Hospital following a brief illness. He had been on the staff of the Sanatorium since May 16, 1952, with the Dietary Department. Surviving are his wife Blanche, a son, Peter, at home, and three daughters, Thelma, Nellie, and Geneva, at home. We extend our sincere sympathy to Mrs. Mappleback and the family.

* * *

Dr. Frank Misner is a patient at the BFM Hospital, where he underwent surgery and is now convalescing. Our best wishes for a speedy and complete recovery, and an early return to the Sanatorium.

* * *

Our deepest sympathy is extended to Miss Vilda Skerry, R.N., Charge Nurse on East III, on the death of her grandfather, Charles Victor Skerry, on Tuesday, Feb. 5. Miss Skerry had lived with him from an early age, and had continued to look after him in their own home. He would have been 100 years of age on July 11. He is survived by a son, a daughter, 21 grandchildren, 48 great grandchildren, and 4 great great grandchildren.

OLD TIMERS

We will begin our column for this month with some notes contributed by Marguerite MacLeod. I don't believe that Marguerite would mind if we include the letter portion, as well, which was written January 8:

Christmas as usual brought many greetings—all very much appreciated—from ex-patients and staff. From the notes and letters enclosed with some of these greetings I have gleaned tid-bits of news that you might wish to use in Health Rays Old Timers column. Please feel free to edit as you might wish.

I am still living a full life, and very thankful for the many blessings that have come my way, especially when I realize that forty-one years ago, January 3 (the day I entered the Sanatorium as a patient) I was given two days to live! Of course, I did not know that at the time.

Thank you very much for the greetings sent to me at Christmas time. All good wishes to you, and to the Folks at the San, for 1974.

Sincerely,
Marguerite MacLeod

First came a picture post card from Joan (Daurie) McCarthy who was on a five-day visit to Rome, and having a wonderful time. Later, a Christmas card arrived from Joan and husband Peter, then back home in England for Christmas.

Catherine (Mitchell) Tucker writes from Framingham, Massachusetts, that she is working for a trial lawyer. Her son, Marty, is in grade four, and doing excellently. "He takes clarinet lessons, is a Cub Scout, loves sport. I'm a Cub Scout Den Mother," writes Catherine.

Marie (Leger) Morehouse, a former Rehab. handcraft worker, still lives in Lower Sackville. Marie, her husband, and two small sons were planning to spend Christmas with relatives in New Brunswick.

Anne (Mrs. Albert) LeBlanc is working as a nurse's aid in a nursing home for the elderly in Halifax, and enjoys the work.

Ada Collicutt Church of Martock seems to be in good health these days. She writes that son, Peter, who was born at the Sanatorium nine years ago last March, is very active, and I gather, the apple of his parents' eyes."

Dorothy (Mrs. Leslie) Muise of Yarmouth is well and happy; so also are Nora and Harold Peach of Halifax.

Evelyn (Mrs. Chester) Hiltz is still the

same bundle of energy and ambition that she was during her Roseway Hospital days back in the 'fifties. In addition to her household duties she is will working on her family tree, reads (especially history), and buys and refinishes old furniture.

Emilie Pothier, also an ex-Roseway Hospital patient, keeps well and busy in her home in Wedgeport.

A few days ago I met Nora (Doucet) Norman in a local drug store. Nora was accompanied by her two grown-up daughters who were mere tots during her curing days. Husband Murray is employed at Michelin Tire in Bridgewater.

Mr. and Mrs. John Gabura (nee Vera Veno) called in briefly on their way back to Halifax from Yarmouth one day early in January. Both are well and working—Vera at the Victoria General Hospital and John at the Nova Scotia Hospital.

Miss Suporn Wongvilairut, formerly on the San nursing staff, is still on the staff of the Civic Hospital, Halifax, and continuing her studies at Dalhousie University.

On the evening of December 15, 1973, Rev. J. Alton Alexander, a one-time student chaplain at the Sanatorium, was married to Mrs. Rosalie Macdonald in First Baptist Church, Montreal. After a short honeymoon in Florida, they took up residence in Decatur, Georgia, while Mr. Alexander is studying at Grady Memorial Hospital, Atlanta.

An ex-Roseway Hospital patient, Donald Burns, was married to Miss Elizabeth Wessell on September 29, 1973, in Trinity Anglican Church, Liverpool. Donald is Director of Family and Welfare Services for this area, and succeeded Rev. J. A. Alexander as chairman of the Queens County Association of Churches last year.

Thank you, Marguerite, for the good wishes and for the above notes for the Old Timers. You did not include a note this year from Dagny Anderson Svenlin of Sweden. We hope that all is well with her. No notes from Anne-Marie as yet. She has been replacing Joan Walker in Dr. Holden's office recently and probably hasn't had time to read her own mail.

Delving into our own mailbag here are some messages received with renewals:

Mrs. Mildred Shields writes, "My husband and I enjoy reading Health Rays each month. Everyone was so very nice to me while a patient there in 1973. I was feeling very well but am not so well

(Continued on Page 15)

Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS:

JANUARY 1 TO JANUARY 31, 1974

CECIL AMOS LEWIS, Port Lorne, Annapolis Co.; MRS. ELLEN MAY FALKENHAM, Mushaboom, Halifax Co.; ERNEST ALBERT REDDICK, Lockhartville, Kings Co.; GORDON ATWOOD BRENNAN, Margaretsville, Annapolis Co.; BEDFORD DONALD CHASE, Port Williams, Kings Co.; LOVETT GORDON KENNEDY, Clementsport, Annapolis Co.; PATRICK JAMES SARK, Afton, Antigonish Co.; ALBERT EUGENE BENT, Belle Isle, Annapolis Co.; SISTER SADIE (SALLY) LAYES, St. Martha's Hospital, Antigonish Co.; ACKMAN ROBERT WARD, Coldbrook, Kings Co.; JOHN LEIGHTON DILLMAN, 223 Windmill Road, Dartmouth; REGINALD VINCENT COLLICUTT, Italy Cross, Lunenburg Co.; MRS. AGNES SUSAN STEVENSON, 85 Lanzie Road, Kentville; MRS. LORRAINE ANNE COX, 325 Upham Drive, Truro; MRS. MICHELINE MARIE WHITE, 21 Harmony Road, Greenwood, Kings Co.; MRS. MARY GWENDOLYN STARKE, Clementsport, Annapolis Co.; NELSON ARNOLD LEVY, Garden Lots, Lunenburg; LOUIS GEORGE MORGAN, Port Wade, Annapolis Co.; GORDON WILLIAM SWINAMER, Gypsum Mines, Hants Co.; DONALD ALLISON SILVER, Hantsport; JOHN EDWARD KING, 4 Spring Garden Road, Kingston; SANDRA ELIZABETH CAMPBELL, P.O. Box 614, Antigonish; MRS. ELIZABETH WHITE, North Williamston Road, Lawrencetown; DONALD LAWRENCE CAMERON, Trenton, Pictou Co.; ANDREW JACKSON MOOERS, Milton, Queens Co.; RICHARD FRED JOHNSTONE, RR 2, Cambridge Station, Kings Co.; MRS. RENE KATIE HEBB, Brickton, Annapolis Co.; GEORGE CAMERON KEYS, 84 Edgewood Drive, Sydney; MRS. THORSELLA BLACQUIRE, West Chezzetcook, Halifax Co.; MRS. FLOELLA POWERS, 12 Linden Ave., Lunenburg; THOMAS ROD-

ERICK McNEIL, 22 Sunnydale Drive, Westmount, C. B.; CARL WILFRED WATKINS, 123 Main Street, Yarmouth; LEE ALVIN MELVIN, Cambridge, Kings Co.; WILLIAM ROBERT GILES, Nova Terrace, Cole Harbour, Halifax Co.; LAURIE EUGENE MARTIN, Sheffield Mills, Kings Co.; JOHN EVEREST MCKENNA, 13 Faulkland St., Pictou; GILBERT FREDERICK LAKE, Cambridge, Hants Co.; LLOYD BURWASH DOBSON, 21 Chestnut Ave., Wolfville; FLOYD CLARK COGSWELL, Coldbrook, Kings Co.; MAHMOND ARGAN, 3617 Dutch Village Road, Halifax; DONALD LESLIE REID, 38 Wade St., Kentville; STEWART SYDNEY DREW, Mount Hanley, Annapolis Co.; MRS. JOAN MAXINE LAKE, 7 Skyway Drive, Wolfville; CHRISTOPHER JORDAN CALDER, Westport, Digby Co.; GLADYS ANNIE PYNE, Freeport, Digby Co.; LESTER GRAHAM HOLLETT, Port Royal, Annapolis Co.; KENNETH ALVIN THURSTON, 36 King St., Yarmouth; MRS. STELLA MAE JORDAN, Berwick; MRS. ELLA JANE MOORE, 86 Main Ave., Fairview, Halifax Co.; FLORENCE MARIE BELBEN, 85 Webster St., Kentville; LORAN DOUGLAS CHESLEY SHAW, Paradise, Annapolis Co.; NORMAN JOHN DULONG, Amiraull's Hill, Yarmouth Co.; STAFFORD AVERY SANFORD, Aylesford, Kings Co.; MRS. GEORGIE LEONA KENNEDY, 79 Burnyeat St., Truro; MRS. LAURA MARGARET LeBLANC, 21 River St., Kentville; IRA EMERSON SNYDER, New Germany, RR 4, Lunenburg Co.; MRS. DOREEN ANN FOOTE, Centreville; AUBREY SEYMOUR MESSON, 230 Cornwallis St., Kentville.

DISCHARGES:

JANUARY 1 TO JANUARY 31, 1974

HENRY LAURIE RUSSELL, 51 Schofield Road, Kentville; MRS. MARILYN HARRIETT GILLIS, Canning, Kings Co.; AUBREY ARDEN DURLING, Waldec East, Annapolis Co.; MRS. BERTHA VINDORA PENNY, RR 1, Kingston, Kings Co.; JEROME EMILE LeBLANC, Morris Island, Yarmouth Co.; ANDREW JACKSON MOORES, Milton, Queens Co.; MRS. GRETA MARIE HERMAN, Italy Cross, Lunenburg Co.; MRS. MYRNA CLARE ISAAC, RR 2, New Germany, Lunenburg Co. (Expired); REGINALD VINCENT COLLICUTT, Italy Cross, Lunenburg Co.; MRS. MARION WINONA BARBARA WHIDDEN, 11 Summer St., Wolfville;

(Continued on Page 14)

INS AND OUTS—

(Continued from Page 13)

MRS. MARION OLIVE SCHOFIELD, Kentville, RR 2; JOHN LEIGHTON DILLMAN, 223 Windmill Road, Dartmouth; MRS. LORRAINE ANN COX, 325 Upham Drive, Truro; GERALD COLIN GARRON, Barrington, Shelburne Co.; CHARLES HENRY HOPPE, Aylesford, Kings Co.; RONALD SMITH HEMEON, 27 Ellis St., Yarmouth; ALBERT EUGENE BENT, Belle Isle, Anna. Co.; HARRY VERNON HUTT, Grafton, Kings Co.; GEORGE CAMERON KEYS, 84 Edgewood Drive, Sydney, (Expired); THORSELLA BLACQUIRE, West Chezzetcook, Halifax Co., (Expired); WILFRED EARL BARKHOUSE, Medford, Kings Co.; AUBREY SEYMOUR MESSOM, 230 Cornwallis St., Kentville; WILLIAM ROBERT GILES, 8 Nova Terrace, Cole Harbour, Halifax Co.; JOSEPH DANIEL McCARTHY, 61 Victoria St., Truro; DONALD LAWRENCE CAMERON, Trenton, Pictou Co.; ERNEST ALBERT REDDICK, Lockhartville, Kings Co.; BEDFORD DONALD CHASE, Port Williams, Kings Co.; ERNEST WALKER, Canaan, Kings Co.; GORDON ATWOOD BRENNAN, Margaretsville, Annapolis Co.; CARL WILFRED WATKINS, 123 Main St., Yarmouth; DONALD ALLISON SILVER, Hantsport; MRS. SUSAN DURRELL COX, Port Williams, Kings Co.; MRS. FLOELLA POWERS, 12 Linden Ave., Lunenburg; LLOYD BURWASH DOBSON, 21 Chestnut Ave., Wolfville, (Expired); MRS. EDITH ALBERTA WOODWORTH, Lower Chelsea, Lunenburg Co.; JOSEPH ADOLPHE BOUDREAU, Comcauville, Digby Co.; MRS. MICHELINE MARIE WHITE, 21 Harmony Road, Kingston, Kings Co.; MRS. AGNES SUSAN STEVENSON, 65 Lonnie Road, Kentville; JOHN ALFRED HERBERT, Coldbrook, Kings Co.; ALEXANDER STEWART, 43 Queen St., Truro; SISTER SALLY LAYES, St. Martha's Hospital Residence, Antigonish; ACKMAN ROBERT WARD, Coldbrook, Kings Co.; LEMUEL THOMAS GREENWOOD, Woods Harbour, Shel-

burne Co.; PATRICK JAMES SARK, Antigonish Co.; MRS. MARY GWENDOLYN STARKE, Clementsport, Annapolis Co.; CHARLES ROY HENSHAW, Deep Brook, Annapolis Co.

:O:

BURNS

It is generally agreed among those acquainted with the problem that the best first-aid treatment of a burn is to wrap the injured area in towels wrung out of cold water.

This procedure serves two important purposes — it isolates the burn and lessens the possibility of infection, and the cold application relieves pain.

It should be stressed that any applications of salves or strong disinfectants add to the damage already done by the burn. Probably one of the worst steps is to apply a preparation which forms a crust, and all preparations containing tannic acid are offenders.

Gentleness in the management of any early burn is most important. When applying cold, wet dressings, care should be taken not to break blisters, since blisters play a big part in keeping out infection.

If an hour or more elapses before a patient with a bad burn can get to hospital, he will become very thirsty and drinking tap water or fruit juices may do serious harm. One of the best drinks to combat this early shock is water containing a shake of salt and a pinch of baking soda.

Pain-relieving pills such as headache tablets may be given in moderation to help relieve suffering until medical attention is available.

—Health

:O:

VACATION VAGARY

I envy the wonderful instinct
 Possessed by the birds of the air
 That instructs them to fly
 Through a heating sky,
 And to pleasanter climates repair;
 A pang of resentment assails me
 As I watch them with single accord
 Make the annual trip
 At a blistering clip
 To the places I cannot afford!

—Arthur unknown

* * *

There is one protest sign understood the world over: The stifled yawn.

THIS FULL PAGE SPONSORED BY

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OLD TIMERS—

(Continued from Page 12)

again. I had pleurisy and now a very bad cold, but expect I will be feeling better soon. We moved from Sheet Harbour to this new address and like it very much. Please remember me to all the staff and thanks again for everything." (New address: P. O. Box 255 Stewiacke, Colchester Co.)

Mrs. Elsie Slade, 27 School Avenue, Fairview, Halifax, writes, "I enjoy reading Health Rays very much. I would like to send regards to the doctors, nurses, and other staff at the Sanatorium who were so good to me during my stay there in 1972, and I wish you all a prosperous New Year." Thank you, Mrs. Slade, and we certainly wish you the same.

Mr. and Mrs. Amidee Dugas, RR1 Church Point, writes that they enjoy reading Health Rays very much, both having been patients at the Sanatorium. They send their best wishes to the doctors, nursing staff and to the patients.

Wilfred Rushton, 1111, Commercial St., New Minas, writes that he enjoys reading Health Rays and was interested in the photo and poem by Wally Burgess. Wilfred now drives a taxi and so we frequently see him at the Sanatorium. He was formerly a staff member and, I believe, a member of the musical aggregation known as "The Sanatorium Rough Riders".

Leonard Patriquin, 836 Summer St., New Glasgow, sends his greetings and best wishes to the staff and patients. Also a contribution to the Golden Jubilee Fund. Our sincere thanks for both.

A message of greetings and best wishes was also received from Mrs. Bernice (Charles) Settle of Dartmouth.

And here are some renewals from the following: Lewis Palmer, Berwick; Mrs. Pauline Schoffield, Kingston; Zeno MacDonald, Arisag, Antigonish Co.; Hilbourne Redden, RR2 Kingston; Mrs. Joan Pettigrew, RR2 Halfway River, Cumberland Co.; and Mrs. Contance Townsend, RR2 Truro.

We have a renewal from James Victor Jefferson of Torbrook, RR2 Wilmot, send-

ing his best wishes to all of us at the Sanatorium.

Here is a renewal from Mrs. Weldon Atkinson, formerly Virginia Allen, Dietitian I had a talk with Ginny recently in one of the stores in Kentville and can report that she is looking fine and is doing a bit of part-time work as a dietitian at the Western Kings Memorial Hospital, if my memory serves me correctly.

We have a renewal from Raymond MacKinnon, RR North Grant, Antigonish Co. I talked with Raymond several weeks ago when he was visiting his mother, Mrs. Sadie MacKinnon, on East 1. Raymond was studying most of the time when he was here as a patient and we are pleased to hear that he is still studying—at the present time at St. Francis Xavier.

We have some renewals from staff members: Anne-Marie Belliveau; Mrs. Ethel MacKinnon; Geraldine Ross; and Howard Brown.

There are renewals from Mrs. Evelyn Illsley, Coldbrook; and from Mrs. Lydia Clark with a change of address from Port Medway to Box 246 Milton, Queens Co.; Mrs. Wilda Marcotte, Tatamagouche; and Fred S. Dickson, R. R. 3, Truro.

And that appears to be the complete contents of the mailbag at the time of writing. See you next month, if all goes well.

—:o:—

Come, see the north wind's masonry.
Out of an unseen quarry evermore
Furnished with tile, the fierce artificer
Curves his white bastions with projected
roof

Round every windward stake, or tree, or
door

Speeding the myriad-handed his wild work
So fanciful, so savage, nought cares he
For number or proportion. Mockingly
On coop or kennel he hangs Parian
wreaths;

A swan-like form invests the hidden
thorn;

Fills up the farmer's lane from wall to
wall,

Mauger the farmer's sighs, and at the gate
A tapering turret overtops the works.

And when his hours are numbered, and
the world

Is all his own, retiring, as he were not,
Leaves, when the sun appears, astonished
Art.

To mimic in slow structures, stone by
stone,

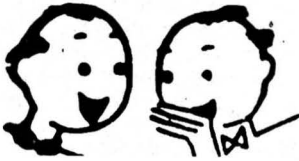
Built in an age, the mad winds night-
work,

The frolic architecture of the snow.

—Ralph Waldo Emerson

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Just Jesting



Recipe of the Month ELEPHANT STEW—

1 Elephant
Brown gravy
2 Rabbits (optional)
Salt and Pepper

Cut elephant in bite-size pieces. This may take two months. Cover with brown gravy and cook about four weeks over kerosene fire at 465 degrees.

This recipe serves about 3,800 people. If more are expected, rabbits may be added. Do this only if necessary as most people do not like to find hare in stew.

Suburbia—where the developer bulldozes out all the trees, then names the streets after them.

Some banks are now issuing personalized checks that can have the depositor's picture imprinted on them. One man took full advantage of this offer. He had a picture of his wife in her bikini printed on her new set of checks.

When he handed her the checkbook, she was furious. 'I hate to have my picture taken in a bikini,' she howled. Do you think I'd cash one of those awful things?

The husband merely walked off, whistling softly to himself.

Regardless of how many or how few birthdays you've had, you are old if it takes longer to rest than it did to get tired.

A small boy in a department store stood watching the hand rail of an escalator.

'Is there anything wrong?' asked a clerk.

'Nope,' answered the boy. 'I'm just waiting for my bubble gum to come back.'

Small boy to chum: 'So that's it. I always figured the stork had too short a wingspread to carry an eight to ten-pound load.'

Remember when a girl who wanted attention used to drop her handkerchief—instead of wearing it?

Fish: A finny creature that is always soaked to the gills.

'I never had a hankerin' to go away on vacation,' advised the oldtimer. 'When I loaf, I want some work handy to loaf from.'

The easiest way to support a wife in the manner to which she's accustomed is to let her keep her job

—Franklin P. Jones in *The Saturday Evening Post*

The pastor was reading a long list of announcements from the pulpit, which included at least one meeting, sometimes two or three, for every night of the week. When he finished he observed, "Well, it looks like this week is all shot to heaven."
—Contributed by Mrs. Magdalene Wallace

Which are you? There are people who make things happen, people who watch things happen and people who don't know anything happened.—Gordon, Neb., *Journal*

"When I was a boy," Bernard Baruch recalls in his memoirs, "they used to say that 'only a mule and a milepost never changed its mind.' I have never wanted to be included in that category."

—Baruch: *The Public Years* (Halt, Rinehart and Winston)

The world stands aside to let anyone pass who knows where he is going.

—David Starr Jordan

If you keep your mind sufficiently open, people will throw a lot of rubbish in it.

—William A. Orton

The Saints are the sinners who keep on trying.—Robert Louis Stevenson.

One thing certain about parenthood is that the way you treat your children will turn out five years from now to have been completely wrong.

—Bill Vaughan, *Bell Syndicate*

The ideal place for a picnic is usually a little farther on.

—Pierre Daninos, Sonia, *Je T'Adore* (Knopf)

Cancer Of The Respiratory Tract And Cigarette Smoke Inhalation And Noninhalation

Q. What percentage of inhaling and of noninhaling heavy smokers do not develop cancer of the respiratory tract?

Marshall H. Friedman, M.D.
Los Angeles

A. The question cannot be answered directly for two reasons: (1) In even the largest prospective study on smoking and health,* the proportion of heavy cigarette smokers (1 pack/day or more) who reported they do not inhale was 2.5%. Therefore, it is difficult to define a large enough population of noninhaling heavy cigarette smokers to compute death rates from cancer of the respiratory passages. Nearly 90% of the heavy cigarette smokers inhale moderately or deeply. (2) Even if these rates could be computed, there is still the factor of competing risks of death from smoking to be considered. Death rates from coronary heart disease and stroke are much higher in heavy smokers than death rates from cancer of the respiratory system. Moreover, there are a number of other diseases (eg. pulmonary emphysema, aortic aneurysm, cancer of the bladder, cancer of the esophagus) that are associated with cigarette smoking. Therefore, the concept of percentage of heavy smokers who do not develop cancer of the respiratory system has no meaning.

The important facts are that the death rate of heavy cigarette smokers dying of all causes is more than double the death rate of nonsmokers; the death rate from lung cancer is 20 times that of nonsmokers; the death rate from cancer of the oral cavity and pharynx is about five times greater.**

* Hammond EC, Garfinkel L: Changes in cigarette smoking. Natl Cancer Inst 33: 49-64, 1964.

** The Health Consequences of Smoking: Report of the Surgeon General. Public Health Service, Dept. of Health, Education and Welfare, 1971.

(J.A.M.A. Jan. 7, 1974, Vol. 227 No. 1)

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Under the free enterprise system, if at first you don't succeed, you drop in another coin and kick the vending machine.

For Your Own Sake Swallow The Pills

On any day of the year there are an estimated 15,000 tuberculosis patients in Canada taking drugs on an out-patient basis, according to Anne Grant, health education consultant for the Canadian Tuberculosis Association.

If patients are given a three-month supply of pills on discharge from sanatorium, she says, they probably walk out with 1,800 PAS (para-aminosalicylic acid) tablets in one bottle and 500 INH (isoniazid) in another.

All of this leads up to urgent advice to tuberculosis patients who are being discharged home on drug therapy to stick with the doctor's instructions to take their pills regularly and report back for check-ups when they are told.

We admit that it is far harder to remember to take all these drugs at home than it is under supervised sanatorium care. **BUT YOUR HEALTH . . . AND YES EVEN YOUR LIFE . . . DEPEND ON IT.**

Though you may feel perfectly well after discharge, don't ever be misled by a false sense of security. Stick with the drugs until the doctor says you can stop them! Otherwise, the chances are great that you will land right back in sanatorium, sicker than you were before . . . and this time, you may have developed resistance to the powerful major drugs. This means that you will have to settle for a much longer, harder period of treatment on less effective drugs.

Miss Grant tells about one effective way former patients have used to help them remember their drugs. Count out each day's supply and put it in a box or bottle. If all the pills are gone at the end of the day, you can congratulate yourself on not forgetting. If some are left . . . well, you had better do something about it . . . for your own sake, and for the safety of your family and friends.

—SBM Bulletin

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A communist is like a crocodile. When it opens its mouth you cannot tell whether it is trying to smile or preparing to eat you up.

—Winston Churchill

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ALL ABOUT EVE

Behind every successful man is a woman who certainly surprised his mother.

—Dan Bennett

—Warren Hull, quoted by Larry Wolters

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., F.R.C.P. (C), F.C.C.P.	Medical Director
J. T. BETIK	Administrator
J. J. QUINLAN, M.D., F.R.C.S. (C), F.C.C.P.	Surgeon
F. J. MISENER, M.D., F.C.C.P.	Radiologist
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D., F.C.C.P.	Physician
E. W. CROSSON, M.D.	Physician
D. M. MacRAE, M.D., F.R.C.S. (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., F.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., Ch.B.	Assistant Medical Superintendent
D. B. ARCHIBALD, M.D.	Consultant Urologist
R. G. CHOKSHI, M.D.	Consultant Bronchoscopist
E. C. McDONAGH, M.D.	Consultant Psychiatrist
H. R. CORBETT, M.D.	Courtesy Consultant, radiology
R. MATHIESON, M.D.	Courtesy Consultant, pathology
H. M. HOLDEN, M.D.	Courtesy Consultant, cardiology
MISS KATHERINE MacKENZIE, R.N.	Director of Nursing
MRS. JOAN CHIASSON,	Dietitian

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector — Archdeacon Dr. L. W. Mosher
San. Chaplain—Rev. William Martell

PENTECOSTAL

Minister—Rev. T. Kenna

BAPTIST

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

ROMAN CATHOLIC

Parish Priest — Rev. J. A. Comeau
Asst. Priest — Rev. C. D'Eon

CHRISTIAN REFORMED

Minister—

SALVATION ARMY

Capt. Sidney Brace

UNITED CHURCH

Minister—Dr. K. G. Sullivan
San. Chaplain — Dr. J. 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. Allan MacIntosh

ROMAN CATHOLIC

Parish Priest—Father Angus MacLeod

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Capt. Alex Swan