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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.
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Absolutely NO VISITORS permitted during
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Patients are asked to notify friends and relatives to this effect.

Hail To The Day

Hail to the day when the Briton came o'er
 And planted his flag where the May-
 flower blows,
 And gathered the blossoms, unheeded be-
 fore,
 To entwine with the Shamrock, the
 Thistle, and Rose.

Let us never forget, while our revels we
 keep
 Neath the shade of the green woods that
 hang overhead,
 The labors of those in our churchyards
 who sleep,
 But fill up a bumper to honor the Dead.

Oh! dear to our hearts is the land they
 bequeathed
 And the standard they reared proudly
 waves o'er us yet;
 While we gather and cherish the flowers
 they wreathed,
 Let us never the graves of our fathers
 forget.

They vanquished the forest to make us a
 home,
 Though the knife of the savage defend-
 ed each grove;
 And, while ocean's proud waves round our
 headlands shall foam.
 This day must be honored where'er
 we rove.

The valleys their garments of emerald
 wear,
 The flocks on the mountains unhurried
 repose,
 And the songs of our maidens rise mirth-
 ful and clear
 By the side of each stream in the star-
 light that flows.

The Cities are growing with wealth in
 their train,
 The Hamlet securely expands in the
 glen;
 And our white sails are glancing far over
 the main,
 To the islands that nourish'd those stout
 hearted men.

Then fill up a bumper, uncovered, we'll
 name,

And drink to The Dead, and the day
 they've endeared;
 May the spirit they left, like a circle of
 flame,
 Guard forever the homes and the stand-
 ard they rear'd.

Joseph Howe

—:o:—

WHY?

As I sat by my window
 The other morning
 A gray squirrel, bright-eyed and busy
 tailed,
 Ran down a tree.
 Sitting upon his haunches he sniffed
 The crisp, early morn.
 Then, twitching his whisker and
 Flirting his tail,
 He moved happily across the yard
 Searching every spot under the leaves,
 Digging in the ground, finding acorns
 He or his buddies had buried before.

Holding a peanut between his paws,
 He peeled off the shell and nibbled
 The goodies inside,
 Pausing every now and then
 To take a quick look around.
 Having eaten part of the kernel,
 With a movement so fast it was almost a
 blur,
 He buried the uneaten part again.

He scolded a blue jay with a peaked cap
 Who disdainfully power-dived at him and
 caused him
 To lose his precious meal.
 But having lost it.
 He wasted no time grieving over his loss
 Or trying to revenge himself,
 But with a flirt of his tail
 Started searching for another tidbit.

Why can't we who are supposed to be more
 intelligent than he
 Learn to hide our disappointments
 And search for new goodies to

Fill out our life?
 Won't we listen to our conscience or
 Listen to the voice of the Supreme Diety
 Instead of looking back
 And blaming everything but ourselves?

—James Wiley McGehee
 (San-O-Zark)

WHAT PRICE TUBERCULOSIS?

DR. FRED L. SOPER

As the incidence of a communicable disease declines to low levels the cost of casefinding per case found naturally increases. The public health administrator is often tempted to turn available staff and funds to apparently more "profitable" programs. Such action often leads once more to increased disease incidence.

The justification of continued effort comes readily when cost of casefinding is charged not to the cases found, but to the population at risk to be protected from infection. The question is not, "How much is it worth to identify a case of tuberculosis?" The question is, "What is it worth to have a community free of tuberculosis?"

Developments in recent years, with incidence of TB at an all time low, emphasize the potential threat to everyone in the community of infection in "small epidemics." These outbreaks have not been familial in character but have occurred in a grade school in England, on a United States destroyer, in a school in Illinois, in a school in Tennessee, among children riding a school bus in New York, among office employees in Ohio and in a New England medical school.

The "small epidemic" does not represent a new pattern of infectivity of the open case of TB, nor does it invalidate the dangers of family contact. Rather is the small epidemic visible proof of the essential nature of tuberculosis. It is a dangerous, acute, infectious, contagious and communicable disease readily transmitted through casual contact either in the family or in non-familial groups.

The absence of TB in the family does not guarantee the individual freedom from infection! The physician and the health officer no longer can limit the search for contact sources of infection to the family of the case under investigation.

In a District of Columbia study one child often had eaten at a restaurant where "a man with a bad cough" had shown him special attention. This strongly suggests that investigation of family contacts may be grossly inadequate during the final stages of an eradication effort.

Responsibility for the prevention of the spread of TB is more clearly seen today

than at any time in the past. It is as absolute as that for the prevention of smallpox and typhoid fever.

The measures to be taken are just as definitive. They require collaboration of the physician, the health officer and an informed public. The "small epidemic" must be prevented by the identification of infected persons and the prevention of open cases.

The pressure for serious eradication efforts is bound to increase as the picture of the small epidemic becomes clearer. When the public learns that TB does not have to happen, eventual eradication will be assured.

Once the medical and health profession accept the responsibility for preventing the spread of TB, justification for the cost of finding infected persons is easy. To protect all of the population it is necessary to search for all sources of infection. The cost of finding all infected persons in a community does not increase as the number to be found approaches zero. Once eradication is accepted as the essential goal, one is, in effect, ready to charge all cumulative expenditures to the permanent protection of the community against infection.

—Itam

Slice It Thin

One of the modern day wonders of life,
Is a doctor that's deft with a surgical
knife.

Whatever the ache or the pain that you
nurture,

He swiftly removes it with scissors and
suture.

Whatever appendage you find to be bore-
some,

A slice; and he's off to his afternoon
foursome.

With blade and with hemostat closely
related,

He cuts out the organs he finds are out-
dated.

His skill can assure the removal, don't
doubt it,

Of all but the urge to tell friends about it.

—The Link

Primary Tuberculosis And Re-Infection Tuberculosis...

Primary tuberculosis refers to the disease after the tubercle bacilli first enters the body. The place of entry of the bacilli may be the lungs, gastro-intestinal tract, or skin. Since it is usually the lung, we'll confine the description of the primary infection to that organ.

Any person when coughing, or even talking expels small liquid droplets from his mouth. If that individual has "open" tuberculosis, those drops contain tubercle bacilli. Anyone near that individual can breathe these small drops containing bacilli into their lungs. The bacilli live on the same material that body cells are made of, and in the process of multiplying they destroy these cells making a small sore within the lung. As this infection develops the body attempts to fight it, and one of the methods is the development of immunity or resistance. Immunity can occur after infection with any virus or bacteria. In the case of chicken pox or measles the immunity produced prevents the individual from having chicken pox or measles again. With tuberculosis this immunity is not so great but it is important. Over the weeks after the bacilli enters the body some immunity develops. Another thing that develops is an allergy to the proteins of the tubercle bacillus. This allergy is demonstrated by the tuberculin test. If a person has been infected with tubercle bacilli and has time to develop the allergy, he will have a positive tuberculin skin test.

Throughout the lungs are numerous blood vessels, and lymph vessels. The lymph vessels drain to the lymph nodes which are at the root of the lung. It is very easy for the bacilli to be carried to the lymph nodes, where most of them are filtered out. There they live and multiply and cause infection of the lymph nodes. These lymph nodes swell and can be seen on the x-ray. The amount of infection and pus in the lymph node is characteristically greater than that seen in the original lung focus. These two sites of infection — the small lung area and the lymph nodes — typify primary tuberculosis.

As this infection "heals" the x-ray may become nearly normal looking. However, usually bacilli remain in the lung area or in the lymph node. Very often also the bacilli may get beyond the lymph node into the blood and be carried into any area of the body, including other areas of the

lung. Or occasionally one of the lymph nodes may develop as an abscess which burrows into a bronchus discharging bacilli into a large area of lung.

By either of these methods bacilli may enter other lung areas — either in the primary infection or after many years.

If there are few bacilli and the person's "immunity" is high, these bacilli may not cause much or any trouble, but remain there in a dormant or "hibernating" state only to start multiplying and causing destruction at a later date.

Of interest is that the primary infection in the lung may be almost anywhere. However, the secondary or "re-infection" areas of disease in the lung are almost always in the upper part. There are several possible reasons for this.

Characteristically this "re-infection" type of tuberculosis is not associated with the large amount of lymph node disease seen in the primary infection. Also typical primary disease does not result in cavities; and in re-infection disease there is less blood stream spread. All these differences are due to the development of the immunity and allergy during the first infection.

Most cases of re-infection tuberculosis develop from the bacilli already in the individual from the primary infection. However, some cases undoubtedly result from breathing in bacilli expelled by another person. The disease that results, is the same or similar and we have no way of telling them apart.

Firland via Oregon Pulse

Many researchers believe that emphysema results from several causes, not just smoking and air pollution. Among factors being investigated are bronchial infection, allergy, heredity, and the effects of aging.

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FATIGUE

The fatigue which concerns us presently is not physical fatigue, but rather mental fatigue. Why is there so much apathy and dullness and indifference in the world, and such a want of fire and enthusiasm? Why do so many say of life, "I can't stand it any longer. It's too much for me?"

There are two explanations. One is the mechanical theory which holds that everyone has a definite amount of energy which is limited. Fatigue follows from too lavish an expenditure. Energy is very much like having money in the bank. If you draw too many checks on it you become exhausted. Each person has a reservoir of energy which can be dissipated in a thousand channels. All fatigue is not exhaustion.

The other theory might be called the "human" theory. It holds that if energy fails, it is not because the supply is used up, but because the channel is blocked, or because we did not use it properly. The chief cause of fatigue is not exhaustion, but stagnation. We are tired first in the mind, then in the body. Often it is mind that makes the body tired. This demands an explanation of how the mind works.

The mind has two faculties. One faculty is the intellect and the other faculty is the will. The faculty of intellect is for knowing; the faculty of the will is for choosing and doing. The object of the intellect is truth, and the object of the will is goodness or love. The will itself is blind.

The intellect or reason must lead the way. When the intellect presents a goal, the will pays it the compliment of wishfulness. Nothing is desired unless it is known. The intellect gives the target and the will shoots the arrow. It is one thing to know the goal and quite another thing to work toward it.

There are two general reasons why people are fatigued mentally. First, because they have no target; second, because they have too many targets.

By no target we mean no real philosophy of life. They would not have a gadget in the house for ten minutes without discovering its purpose, and yet they will live with themselves for ten, sixty years and not know why they are here or where they are going. This is mental stagnation. Nothing so much creates boredom as the meaninglessness of life.

Clarinda Clarion

New Times, New Treatments

Ever get stymied trying to read those great old classics? No wonder, when you consider how language and customs have changed.

Sherlock Holmes is just great for Grandpa. But when A. Conan Doyle's supersleuth of the Gay Nineties hails a "handsome cab," what can it mean to this generation except maybe a pink-and-purple taxi with a drop top? And when Thackeray starts talking about "bathing machines," who can be blamed for thinking of him as a science fiction writer whose robots liked surf swimming?

It's the same with a less ancient classic — Thomas Mann's "Magic Mountain" — a novel about the population of a TB sanatorium. They were a hapless company who stayed year after year and seldom got any better.

Well, of course it was technology that wiped out Sherlock Holmes' two-wheeled horse taxis. And saner customs overtook Thackeray's little mobile modesty motels in which people did their surf-splashing without being seen in their "bathing drawers."

And what made Thomas Mann's long-range TB sufferers obsolete was one of the most striking developments of our time — a scientific revolution in TB drug treatment. In the 1950's tuberculosis stopped being a disease that kept people bedridden for years. And today six months in the hospital is about all that's needed in many cases. Treatment with the new, potent drugs usually continues at home or at a clinic; but the rate of cures has gone up tremendously.

But TB isn't "licked" — far from it. More than 50,000 new active cases of tuberculosis appear each year. Because the disease is hard to detect, people who have it in active form can spread infection before they realize they are sick.

That's why your Christmas Seal Association and others interested in the tuberculosis control program urge you to get

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MAYFLOWER MOTEL

a tuberculin test or a chest x-ray. The "Magic Mountain" is a thing of the past, but TB will remain a threat as long as there are sick people capable of passing it on. And, sadly, as stated above, some people who do not appear to be sick are carrying the tubercle bacilli and can and do pass them on without knowing it. And there are always those who refuse to take care of themselves and protect others.

New times — new treatments. But the tubercle bacillus is a stubborn, never-say-die adversary, and we cannot afford to relax for a moment our detection and treatment program.

—Sanatorium Outlook

Bronchial Asthma

Although there is only one condition known as bronchial asthma, there are many causes and sometimes several predisposing factors which must be recognized for prevention and control of the disease.

One of the most important causative factors is an allergy to some proteins, often found in trees, grasses, moulds, feathers, animals, tobacco, fish, eggs, milk, face powder, soaps and many other every-day materials. When the offending allergen has been identified the asthma can be prevented by avoiding contact with it, or by injection to create immunity.

A second important factor causing asthma is repeated upper respiratory tract infections, especially sinusitis. When asthma is caused by such infections, it usually can be controlled effectively by treating the infection with appropriate antibiotics.

Asthmatics suffering chronic irritation of the bronchi by the inhalation of irritants such as smoke — an important factor in many cases — should avoid smoking as much as possible.

Even when all such factors are controlled, there still remains a large number of cases of bronchial asthma for which no simple cause can be found. These often can be controlled by the use of a number of drugs which are safe and effective.

Emotional factors are also found frequently to be a cause of asthmatic attacks.

The C.M.A. says that because bronchial asthma is a leading cause of chronic bronchitis and emphysema, one of the most disabling and unpleasant afflictions known, it is important that the disease be prevented and controlled.

—Health

It Begins At Home

EDUCATION

The most important part of education is right training in the nursery. Plato said that. Modern educators say the same thing. Yet, writes author John R. Gunn, it is this part of education that is most sadly neglected in America.

In the earlier days of the nation, training in the home was a basic factor in the education of children. The youths of our nation were taught the fundamentals of morals and religion in the home. Here, too, they were assisted in the preparation of their day school and Sunday School lessons. This gave the teaching and training they received outside of the home the sanctifying touch and influence of the parental care.

The modern tendency seems to be to transfer to agencies outside of the home the entire responsibility for both the secular and religious education of our children and youth. Various denominations are spending millions of dollars in building and endowing schools, colleges and universities. We have a great system of Sunday Schools for teaching the Bible and religion, but these teaching agencies can be fully effective only when there is the right teaching in the home.

We may launch as many reform movements as we wish, let legislators pass as many laws as they will, help colleges to increase in number and expand in size, but we will never build a better state or nation until that building begins in the home.

—Sanatorium Outlook

A couple of generations ago — if, indeed that long! — the common belief was that TB runs in families. Most people thought tuberculosis to be hereditary. Medical science succeeded in convincing just about everybody that it's transmitted by a germ (bacillus) and in no other way.

—Sanatorium Outlook

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THOUGHTS AT LARGE

By SYDNEY J. HARRIS

Can a school system really be said to be operating as an "educational" force when New York City's will have 1,400 security guards this year, at a cost of \$11 million, simply to protect persons and property from attack?

Those who keep on, time after time, dutifully, supporting "the lesser evil" eventually become so blurred of vision that they end up supporting the most comfortable illusion.

In J. B. Priestly's new children's book, "Snoggle," about a space-ship that lands on earth, the author makes the fine wry observation that "if creatures from some other planet were clever enough to be able to pay us a visit, they'd probably be clever enough to know we weren't worth visiting."

Reading about the incredible advances being made in the relatively new field of genetics, I was amused to recall that Gregor Mendel, the father of that whole science, not only had no university degree, but twice failed to pass examinations that would have qualified him for a higher position as a teacher.

"Culture" is a word that should be used only in an anthropological sense, never in an esthetic sense; to speak of music, art, etc., as "culture" is to label oneself uncultured.

If a genuine sense of your own worth has not been implanted in you at an early age, no amount of success in later life can compensate for this lack — which is why the internally insecure can never rest from their Sisyphean task of rolling ever-bigger stones up ever-steeper hills.

What most people resent about a person with high verbal skills is neatly diagnosed by Prof. J. Mitchell Morse, in his new book, "The Irrelevant English Teacher," when he points out that "the most galling thing about a free and articulate mind is the unlicensed pleasure it takes in its own articulacy."

Nearly 30 years ago, I was hooted down as 'sacreligious' for proposing in this column that cemeteries would honor the dead more if they opened themselves to the living; now, more and more churches are urging that cemeteries open their gates to cyclists, picnickers, nature walkers, and so on; and the National Association of Cemeteries concurs in this.

A little-known, but disastrous, side-effect of our population growth is the fact that there are more illiterates in the world today than 20 years ago; a full 40 per cent of the world's adult population is functionally illiterate.

If medical science succeeds in transplanting the human brain, who then will be the "real person" — the brain inhabiting the body, or the body incorporating the brain?

— The modern Luddites who object to huge new machinery performing tasks "that could give many jobs to men with shovels" never carry their argument to the reductio ad absurdum of suggesting that the men do their jobs with teaspoons, which could employ many more.

— Education, said Jefferson, is what enables every man "to judge for himself what secures or endangers his freedom;" in this primary sense, practically nobody is being educated in our formal institutions of learning. (For one thing, we haven't even begun to agree on what the word "freedom" should properly stand for.)

— Most people would define "honesty" as a matter of fair dealing or not stealing; yet this kind of dishonesty is much rarer and less dangerous than the common sort, which consists of defending a position because it suits our self-interests, by arguments (which we pretend to others and to ourselves) based on high moral principles.

A woman had an appointment with a fortune teller and rather than leave her 7-year-old son in the car, she took him inside with her. At the end of the seance, the medium asked, "Is there anyone in the other world you'd like to talk with?"

The little fellow piped up. "Yes". he said, "I'd like to talk to Gran'pa."

"All right, go ahead," the medium said. "Hes here."

The boy gasped, "For Petes sake Gran'pa, what's you doing here? You're supposed to be home taking care of my dog!"

* * *

A woman called an insurance company and asked if her travel insurance covered pregnancies. The reply was, "Only if it happened in a moving vehicle."

Editorial Comment

We see that there are some good opportunities this year for travel. The 22nd International Tuberculosis Conference is being held in Tokyo, with after-conference trips available under the heading of 24-day Oriental Tour to places we will probably never see.

Nearer home, but not necessarily within reach, is the Canadian Tuberculosis and Respiratory Disease Association, being held in Calgary during the last week in June. This, too, has an added attraction in the form of a sight-seeing trip to Vancouver following the conference. We will try to have some notes on the conference for our next issue.

The (U.S.) National Tuberculosis and Respiratory Diseases Association (NTRDA) met in New York in May. The name of the Association was changed to American Lung Association. So, if you hear the initials "ALA" it now stands for more than the American Library Association, or Ala for Alabama (to name a couple). I

have not noticed as yet how the States Starting with "A" will distinguish their Associations from the national association.

Last year when writing notes on our CTRDA annual meeting we reported that the change in name to Canadian Lung Association had been discussed, but the decision was reached that there would be no change in name at that time — mainly because of the cost involved in printed materials, campaign material, Christmas Seals, and so on. I expect that the change will now be made, for the benefit of uniformity. There is, however, some opposition to seeing the word "Tuberculosis" removed from the name. Many of those actively involved in working with tuberculosis feel that a further decline in the emphasis upon tuberculosis control would be dangerous at this time. Many others within the Association express the conviction that the problem of tuberculosis has been dwarfed, numerically, by the other respiratory diseases.

"He Chased The Cure"

Robert Louis Stevenson (1850-1894)

Is there anybody who has not heard this name? For decades, two of his books — *Treasure Island* and *Kidnapped* have, almost annually, been required reading in one or more of our high school grades. The children of today enjoy them as much as their parents and grandparents did during their school boys. Many have added other well known titles, *Dr. Jekyll and Mr. Hyde*, *The Master of Ballantrae*, *The Black Arrow* and others to their libraries.

How many, however, knew that "R.L.S." developed TB at the age of 21 and from then on he was, almost continually, a "cure chaser"? Born in Edinburgh November 13, 1850, this well known Scottish essayist, novelist and poet studied for the Bar but never practised. From his native Scotland he travelled to Bournemouth, the French Riviera, Davos, the Adirondacks, Tahiti, Honolulu but could not succeed in leaving his "consumption" behind him. His last four years were spent on the island of Samoa where, rather ironically, he died, not of tuberculosis, but from a cerebral haemorrhage at the age of forty-four.

While in the U. S. A. he met Dr. Tru-

deau who said of him "His view was to ignore, or avoid as much as possible, unpleasant facts and live in a beautiful strenuous, and ideal work of fancy. He did not care to go to the Sanatorium with me, or to see the laboratory, because to him these were unpleasant things".

This happy philosophy is clearly seen in many of Stevenson's writings, excerpts of which have become household sayings. Two well-known examples are:—

"The world is so full of a number of things

I'm sure we should all be as happy as kings."

"To travel hopefully is a better thing than to arrive".

His epitaph, written by himself is also typical:

Under the wide and starry sky,

Dig the grave and let me die.

Glad did I live and gladly die,

And I laid me down with a will.

This be the verse you grave for me:

Here he lies where he longed to be;

Home is the sailor, home from the sea,

And the hunter home from the hill.

— The Northern Light

WHO GETS TUBERCULOSIS

Tuberculosis will strike at any door. It does not discriminate against nations, races, or sex; young or old, rich or poor, all may become its victims, none are safe. We wonder what causes some people to get it, and others not. There are a great number of conditions that may work together so that a person will contract tuberculosis.

Of these there is only one which must be present . . . that is tubercle bacilli or, as we call it, the TB germ. Like all contagious diseases, tuberculosis is caused by a germ, and we cannot have tuberculosis unless the germs have somehow found their way into our bodies. But this does not mean that everybody inhaled such a germ. So there must be other things which make it possible for the TB germ to cause illness. Let us consider a few:

There is the number of germs inhaled. We always get the germs from somebody else having tuberculosis and releasing them from his lungs with his breath. But it make a great difference whether that person just sits several feet away from us breathing quietly, or whether he talks, laughs, coughs, or sneezes right into our face. In this way we could not help inhaling thousands, even millions of germs with a single breath. Also the duration of exposure counts; a child who is around his tuberculosis mother all the time is much more likely to become ill than an occasional visitor coming into the house.

A very important point is a person's general health at the time he comes into contact with tuberculosis. The healthy body can fight off the invading germs by ways and means which the debilitated body does not have. Such weakening can also be the result of long periods of overwork, overplay, or insufficient night rest; certainly, inadequate food will have the same effect; that is why the disease is so often found among alcoholics.

Continuous lack of fresh air and sunlight favors the development of tuberculosis, as does work in some industries, such as coal mines, or quarries, where there is exposure to certain kinds of dust. Some people are naturally more susceptible to the TB infection than others. As for the different races, more tuberculosis is found among Spanish-Americans, among Indians, and among Negroes. But the rea-

son for this is probably not so much that they belong to these races but it is in the conditions under which they live. Poverty means insufficient food and lack of medical care; it means lack of wholesome recreation and lack of education in the ways of healthy living; and worst of all, means poor housing, the crowding of large families in one or two rooms. Under such conditions, if one member of the family has tuberculosis, it will quickly spread to others. This is why we so often see many cases of it in one family. They say, "tuberculosis runs in families." Yes! But not because it is inherited; no child is ever born with tuberculosis, but the small child is especially susceptible to the disease. Most often he gets it from a parent; and while he may overcome the first attack, he is likely to break down again later when grown up. We find the slums of the big cities a true breeding ground of disease. But even the smallest towns have their own slums, and the same harmful living conditions can be found anywhere, out in the country, and on the farms.

We understand, too, that in order to eradicate tuberculosis, the most important goal next to treatment and curing all patients, must be to provide decent housing for all people. The conditions we've mentioned are all important, but let us remember that none of them except for the TB germ which must always be present are necessary for the disease to develop. Nobody is immune from TB. Neither good health nor wholesome living can give us full protection. Our best safeguard is in avoiding as far as possible such harmful conditions and regardless of apparent good health DO HAVE PERIODIC CHECK-UPS!

—Copied: Alfred Schwerin, M.D.
via "The Pine Log"

Tangled Threads

As tangled threads sometimes combine
To spoil a well-conceived design,
So tangled thoughts often in life
Strangle peace and promote strife.
A tiny knot begins to grow,
Or some mean thought creates a foe;
Tangled threads or thoughts combine
To spoil a well-conceived design.

Great Writers On Reading

"When I am reading a book, whether wise or silly, it seems to me to be alive and talking to me. Sometimes I read a book with pleasure, and detest the author. It is easy enough for a man to walk who has a horse at his command. The invalid is not to be pitied who has a cure up his sleeve. And such is the advantage I receive from books.

"They relieve me from idleness, rescue me from company I dislike, and blunt the edge of my grief, if it is not too extreme. They are the comfort and solitude of my old age. When I am attacked by gloomy thoughts, nothing helps me so much as the running to my books. They quickly absorb me and banish the clouds from my mind. And they don't rebel because I use them only for lack of pastimes more natural and alive. They always receive me with welcome." — Montaigne.

"Let us read with method and propose to ourselves an end to what our studies may point. The use of reading is to aid us in thinking." — Edward Gibbon.

"Books are to be called for and supplied on the assumption that the process of reading is not a half-sleep; but in the highest sense an exercise, a gymnastic struggle; that the reader is to do something for himself" — Walt Whitman.

"How many a man has dated a new era in his life from the reading of a book. The book exists for us perchance which will explain our miracles and reveal new ones. The at present unutterable things we may find somewhere uttered. These same questions that disturb and puzzle and confound us have in their turn occurred to all the wise men; not one has been omitted; and each has answered them according to his ability, by his word, and his life." — Henry David Thoreau.

"Book love, my friends, is your pass to the greatest, the purest, and the most perfect pleasure that God has prepared for His creatures. It lasts when all other pleasures fade. It will support you when all other recreations are gone. It will last you until your death. It will make your hours pleasant to you as long as you live." — Anthony Trollope.

Troubles are tools with which God fashions us for better things.

Salty Springs

Summer is here. So is salt pollution.

During the winter, salt is spread on highways to melt snow and ice. When spring comes, signs of the winter saltings begin to show. Salt water runoffs from highways sink into the water table. This can affect the soil that plants and trees grow in as well as the drinking water of animals and humans.

According to the Salt Institute, 9.8 million tons of salt were thrown on the nation's highways last winter. Environmentalists are aroused because of the negative effects of salt on wildlife such as rabbits and pheasants. And salty soil is toxic to some plants and trees, such as Vermont's magnificent sugar maples that turn brilliant red in fall.

Vermont — which is worried about its drinking water, too — is now using salt very sparingly on its highways. Last winter it was thrown on in pinches instead of shovelfuls. Some town councils in New England — spurred on by aroused citizens — have already banned salt from their roads or have started a phased replacement of salt by sand. The government's Environmental Protection Agency, for the first time, is about to put a limit on the amount of salt acceptable for drinking water. This is sure to affect the highway de-icing issue, according to experts.

What happens on highways — including the millions of cars that speed along them — affects our lives. Cars are the major source of air pollution. Using public transportation, whenever feasible, can reduce the number of cars on our highways.

It was too bad, indeed, he was busy today,

And hadn't a minute to stop on his way. "More time I will have to give others," he'd say. — Tomorrow.

The greatest of workers, this man would have been. — Tomorrow.

The world would have known, had he ever seen . . . tomorrow.

But, the fact is he died, and he faded from view;

And all that he left here, when his lifetime was through

Was a mountain of things he'd intended to do . . .

Tomorrow!

Author Unknown



Chaplain's Corner

Msgr. J. H. DURNEY
from "The Veteran"

The Christian Principle Of Human Relations

Whenever Our Lord visited the Apostles after His Resurrection, His greeting to them was: "Peace be to you." It comes like an echo of the song which the Angels sang at His first coming into the world: "Glory to God on high, and on earth PEACE to men of good will." Those words indicated the purpose of His coming; now they were fulfilled. Through His death on the cross He had established peace between God and man, and He wanted peace among men to follow as a result.

The Fifth Commandment sets out to regulate the relations of men. Man is no less a creature of God than dumb creation; he is no less subject to God's law; even as disobedience in the inanimate world would create disorder, confusion and disaster, so also in the lives of men. What then is the fundamental principle upon which those relations are based.

We might say that justice should serve as the fundamental principle of human relations. Thus do civil governments act. Certain laws are set up to govern the relations of men, to limit or expand their

rights, in an attempt to maintain peace and order and harmony in the civic body. Some of the greatest human minds have devoted the labors of a life-time towards the building up of such legal systems. Various peoples have developed various legal systems with the one purpose in mind of regulating human relations and guiding men to social order and peace and security.

But the principle of justice alone does not suffice for the regulation of human relations according to the Christian ideal. It must be a principle that goes much farther than mere justice, one that rises above the clash of selfish claims and personal rights, one that is ready to make sacrifice rather than demand it — yes, one that is ready to give rather than receive — the principle of charity.

The early Christians left no doubt in men's minds as to this matter. They bore the message of peace not only on their lips but in their whole life for all men to see. The impression that they made upon men was expressed in the common saying: "See, how these Christians love one another!"

O God, our help in ages past,
Our hope for years to come,
Our shelter from the stormy blast,
And our eternal home.

Beneath the shadow of Thy throne
Thy saints have dwelt secure;
Sufficient is Thine arm alone,
And our defense is sure.

Before the hills in order stood,
Or earth received her frame,
From everlasting Thou art God,
To endless years the same.

A thousand ages in Thy sight
Are like an evening gone;
Short as the watch that ends the night
Before the rising sun.

Time, like an ever-rolling stream,
Bears all its sons away;
They fly, forgotten as a dream
Dies at the opening day.

O God, our help in ages past,
Our hope for years to come;
Be Thou our guard while troubles last,
And our eternal home!

—Isaac Watts

A priest who worked in a very poor area constantly turned to his bishop for financial help. His reasons were good, and the bishop tried many times to help him out, but the time finally came when the bishop felt that he could give no further assistance. He wrote to the priest, forbidding him to make any more appeals for money. All was quiet for a few months. Then a letter with a familiar postmark turned up in the bishop's mail. It read, "Dear Bishop: This is not an appeal; it is a statement of fact: I have no pants. Sincerely.

* * *

"Do any of your students have ulcers?"
"No, but they're all carriers."

Easier Breathing

Punctual with your breathing lately? Silly notion! Everybody knows breathing is effortless—it “just happens.”

But does it? Not if you ask the 225 people who've attended the “school for breathing” that's been going full blast in Alameda County, California, since 1962. These are people suffering from asthma, emphysema, or chronic bronchitis—severe forms of RD (Respiratory Disease). Victims of these ailments (notably emphysema) have to fight hard and painfully for every breath they draw.

Which brings us right back to the “school for breathing”, run by the physical therapy department of Merrit Hospital. As Dr. E. Ronald Riggall explains: “People with emphysema cannot get the air out of their lungs and for some reason try to breathe only with the upper part of the chest . . . Purpose of the breathing class is to teach these people to breathe with the large and flexible lower chest and diaphragm.”

Patients also learn about pressure and rhythm in breathing, posture and how to relax. They are advised not to smoke, and to engage in moderate exercise. They are given a try at a compressed air breathing machine.

Improvement Shown

How well does this curriculum work? The National Tuberculosis Association, which combats all forms of respiratory disease including TB, financed a survey of results in the first class of 78 patients. Fifty of them showed improvement at the end of their two week course. Six months later, all but ten of the original group were checked again and nearly three out of four continued to feel better. This indicates that good breathing instruction can do a lot of patients a lot of good.

Chronic cough and shortness of breath are common symptoms of respiratory disease. If you have either or both, your Christmas Seal Association advises an immediate medical check.

—Contact

How Dust Affects The Lungs

Dusts are different in the way they affect the body, and the difference lies in the dust itself. Different kinds of dust may affect the body in the following ways:

Little apparent damage. Certain dusts such as limestone seem to cause no damage.

Irritation. Asbestos fibers, for instance, scratch the tissues.

Allergic reaction. The lungs become sensitive, particularly to organic dusts from living plant life such as those from cotton or mouldy hay.

Chemical reaction. This is believed to be the case with silicosis, with quartz dust triggering a direct chemical reaction within the lungs.

The last three types of reaction injure the lungs in various ways, but for all three, the symptoms show up as shortness of breath and coughing.

It is often hard to predict the course of a dust disease. Some workers may suffer little from the disease — even in its advanced stage — and eventually die of other causes.

But many workers who breathe in harmful dusts over a long period of time develop a serious illness.

At the beginning, there may be no symptoms. Shortness of breath comes first. It may appear very soon — or it may take years.

A cough comes next. And when the disease is far advanced, when dust covers much of the lung area, there are chest pains. The dust deposits, which have slowed up the normal flow of oxygen into the blood stream, may result in blueness of the lips and ear lobes.

Complications — the development of other illnesses — are a serious threat to persons with a dust disease.

Tuberculosis is a particular problem for silicosis patients, because quartz dust seems to make the lungs especially hospitable to TB germs.

Pneumonia, chronic bronchitis, lung cancer, and emphysema (a disease that makes it hard to breathe stale air out and enough fresh air in) are other complications that often go with a dust disease.

During the course of an examination a patient with peptic ulcer was asked: “Are you belching?”

“No,” replied the patient, “I'm German.”

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Old Timers

Mrs. G. G. Harris reports having visited Mrs. Jack (Andrea) Grieve who is a former patient. Mrs. Grieve has lived in Trinidad for the past six years and now lives in Bowmanville, Ontario.

Mrs. Harris also reports having visited Gerry Chiasson, who is married, has three sons, and works in the X-ray Department of University Hospital, Edmonton.

Mary and Percy Doucette visited Evelyn Lombard in New Edinburgh. Evelyn, a former room-mate of Mary's is said to look the picture of health.

Msgr. J. H. Durney continues to send us copies of his informative publication, *The Veteran*, which we very much appreciate. With a recent copy he advised of a change of address to: St. Pauls Church, Herring Cove, Halifax County.

I recently received a phone call from Ernest MacMillan, New Glasgow, wondering if we are going to have a Patients' Picnic. He had visited the San one year on the day of the picnic and found it a splendid opportunity for seeing many of the ones he had known when a patient. Incidentally, I don't believe a Patients' Picnic is being planned. The barbecues are again planned for every second Wednesday, beginning July 4, and these seem to be a very good substitute for the picnic. Well, perhaps a little of the excitement and "fringe benefits" may be missing — but this is only heresy!

We received a note from Beatrice (Mrs. Robert) Zinck advising of a change of address from Maitland to P O. Box 182, Harris, Saskatchewan, about 50 miles south of Saskatoon. Plans are to take vacation during July and enjoy camping along the way. Rev. Zinck has been United Church minister in Maitland.

A note from Mrs. Brian Bent, formerly Judy Bennett, shows the address 47 Kaulkland St., P. O. Box 111, Pictou — or did we mention this before?

We were very pleased to have a note from Mrs. Anna C. H. MacLean of Shelburne. She says, "I have enjoyed receiving Health Rays and find all the articles and news of the San most interesting. I will never forget how good everyone was to me while I was in the San. It will soon be a year since I came home. We are having delightful weather and if the emphysema didn't bother me I could be enjoying the

outdoor life more. Anyway, I'm glad to be feeling as well as I do. Best wishes for a pleasant summer."

Renewals have been received from Roland Comeau, 3179 Connaught Ave., Halifax; Walter Veinot, New Germany R. R. 2; Harold S. Kennedy, Boutillier's Point, who says that his health is improved and he is feeling much better now; Delbert Slauenwhite, R. R. 1 Italy Cross; Angus Rankin, Mabou R. R. 2; Basil Whelan, 336 Vale Road, New Glasgow, who asks to be remembered to the nurses who were on West 2 when he was there in 1969; Cecil Jones, Upper Ohio; Wesley Burns, R. R. 1 New Germany; Clinton Swindell, 127 Woodworth Road, Kentville; Archie MacDonald, Thorburn;

Among recent visitors: Maurice Belliveau, Church Point, who was here with the Clare District students about five years ago, was here visiting Tommy Doucet, and dropped in to the Rehab Department. He has his B.Sc. from Acadia and is working on research for his Master's Degree. He said that Jacques LeBlanc, a patient here at the same time, is taking a B.Sc. in Computer Science. It is certainly good to hear of our former students doing so well.

Mrs. Veryl Starr was visiting recently and looks just fine. As a profitable hobby she is working by phone as a real estate saleslady for John F. Stevens Limited (whoops, there's that shower of keys at the mention of the name — as in the T.V. Commercials!)

Anne-Marie is on holidays, so we have no notes from her this time, and I guess this is all for this issue.

My suspicions that the children were watching too much television were confirmed one day when my seven-year-old son was trying to put on his freshly washed and dried tennis shoes. "These shoes," he said, "sure don't stretch like a Playtex Living Bra." — Contributed by Alice Gee

* * *

There's a story going around about an elderly gentleman who recently had surgery under Medicare. On awakening immediately after the operation, he noticed a sign propped against the bandages which read: "This is a Fed'l Project showing your tax dollars at work."

Ins And Outs



NOVA SCOTIA SANATORIUM

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JUNE 1 TO JUNE 26, 1973

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(Continued on Page 14)

INS AND OUTS—

(Continued from Page 13)

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In Appreciation

Mr. J. D. Matheson, at the time of discharge from the Sanatorium, left this message to be included in Health Rays: "To qualify each and every instance to each and every person would require more than one copy of Health Rays. The simplest way is to say, "Thank you all!"

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Are You "Photogenic"

Do you get high marks on your camera test?

Let's assume that your eyes, nose, mouth, chin, and hair are strictly photogenic. How about your chest—the inside of it, that is? Had a picture taken lately?

A chest X-ray, no matter how good-looking, will never get you a movie contract. But it will tell your doctor a lot of things he ought to know about you. It will tell him how healthy your lungs are.

For most people, the chest X-ray is now considered indispensable as a health index. With regard to certain lung ailments, it's the only reliable means of checkup. A tuberculin test will show whether TB germs are present in the body but a chest X-ray is needed to find out whether they are actively in business and causing active disease.

For anybody whose reaction to the tuberculin test is positive, chest X-rays annually or as often as directed by a physician are a "must". They are also considered routine for people over 45. That's because active tuberculosis and other chronic diseases are more likely to develop in middle-aged and older people than in the young.

Over and done with in two or three minutes, a chest X-ray examination adds up to a minimum investment of time and trouble for a maximum return in health precaution. Without it, you can sit for handsome portraits or snapshots—but how can you tell how "photogenic" you really are?

Had an X-ray lately? How about getting one today?

Mother's authority in our home became clear when my father, after assigning new duties to my sister and me, said, "We think it's a very good idea, and so do I."

—Contributed by Susan Grant

* * *

"I just found out your rich uncle's an undertaker. I thought you told me he was a doctor!"

"Nope, I just said he followed the medical profession!"

* * *

"Most folks have presence of mind. The trouble is absence of thought." — Newton

The Art Of Getting Along

Sooner or later a person, if he is wise, discovers that life is a mixture of good days and bad, victory and defeat, give and take.

He learns that it does not pay to be overly sensitive—that he should let some things go over his head like water off a duck's back.

He learns that all people have bad days and that he shouldn't take the other fellow's grouch too seriously.

He learns that carrying a chip on his shoulder is the easiest way to get into a fight.

He learns that the way to become unpopular is to gossip about others.

He learns that most people are human and it doesn't do any harm to smile and say "Good Morning" even if the weather isn't good.

He learns that people are not any harder to get along with in one place than another, and that getting along depends about 98 percent on himself.

The Tuberculin Test

This simple skin test can show whether you have TB germs in your body.

How it works—all that is done is to put some clear fluid called tuberculin between layers of the skin, usually on the forearm.

What it shows—the place on the skin will be examined from two to four days later. When the doctor or nurse has checked the size, shape, and color of the mark, you will be told one of two things:

1. Your test is negative—this means that your body contains no TB germs, or

2. Your skin test is positive—this does not mean that you have TB, but that germs have entered your body at some time. If your health is good, your body usually keeps these germs from doing any damage. However, you should have a chest x-ray to be sure.

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It's A Man's World

If he doesn't marry he's a bachelor . . .
a glamorous word.

If she doesn't marry
she's an "old maid."

When it is his night out,
he is "out with the boys."

When it's her night out,
she's at "a hen party."

What he hears at the
office is "news."

What she hears at a
bridge party is "gossip."

If he runs the family,
he is "head of the house."

If she runs it, she "wears
the pants in the family."

If he is over solicitous of her,
he is a "devoted husband."

If she is over solicitous of him,
he is "henpecked."

In middle age, he is
"in the prime of his life."

At the same age, she is
"no spring chicken."

If he hasn't any small talk,
he is "The quiet type."

If she hasn't any small talk,
she is "mousy."

—Farmer's Weekly

(and) Nobody Loves A Hospital

Wearing high fashion—the backless gown.
Can't stand up don't dare sit down,
Leave no imagination to the south part of
town . . .

(AND) nobody loves a hospital.

Midnight reveilles for a sleeping pill.
Soap and suds for that go-getter thrill.
Metal comfort stations for a morning chill
(AND) nobody loves a hospital.

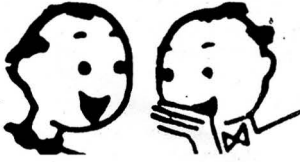
But the march of time and T.L.C.
Has made as good as good can be,
And the tunnel's bright end makes every-
man see . . .

Why everyone loves a hospital.

But the hospital bill came yesterday,
A computer coldly requesting I pay —
And I discover there's just no way . . .
Anyone can love a hospital . . . for long.

C. R. Lofgren

Just Jesting



"Which of America's resources do you think will be the first to become completely exhausted?" the pollster asked a middle-income home-owner.

With a tired sigh, the man answered, "The taxpayer." —

* * *

Balancing your budget gets worse each year; these days, you just can't reconcile your net income with your gross habits.

* * *

"How far down do you want to sit?" Asked the usher.

"All the way," answered the little old lady. "I'm very tired."

* * *

When a man of success wraps a woman in sable he does it not specially to keep her warm but to advertise that he can. She wears the sable not necessarily to keep out the cold but to let her sisters know that she did.

* * *

The trouble with the mini, midi and maxi is that they all take moni-

* * *

If you can't be satisfied with what you receive, be thankful for what you have escaped.

* * *

While teaching Sunday School, I asked one little girl if she knew the story of Adam and Eve. "First God created Adam," she said, "then He looked at him and said, 'I think I can do better.' So, He created girls."

* * *

A conscientious mother, keenly alert to current drug problems among our youth, was horrified by a note she found in her son's pocket. "Can you explain this?" she confronted him. "Puff, puff, drag, puff, puff, puff?"

"Sure," the boy airily replied, "I'm learning The Star Spangled Banner on my harmonica.

The safest way to double your money is to fold it over once and put it back in your pocket.

* * *

To make a long story short there's nothing like having the boss walk in.

* * *

Although death and taxes are both inevitable, death has one thing in its favor. It doesn't get worse every time the legislature meets.

* * *

"Any beer bottles, lady?"

"Do I look as if I drink beer?"

"Any vinegar bottles, lady?"

* * *

A Department of Health, Education, and Welfare employee, deciding on a poll while vacationing in New England, asked a sweet old lady of 71: "What do you think of Medicare?"

She replied: "I don't know myself, but I have a friend who tried it and lost 21 pounds."

* * *

A man is as young as he feels after trying to prove it.

* * *

"I don't think the man in the next apartment likes to hear Johnny play his drum, but he certainly is tactful about it. This afternoon he gave Johnny a knife, and asked him if he knew what was inside his drum."

* * *

Trim Figures: What women do when they tell their ages.

* * *

In the old days the man who saved money was a miser; now he's a wonder!

* * *

Weather is something which we think could not be any worse if it were placed under government control.

* * *

First there was nothing. Then came the stone age, followed by the bronze age. Next came the machine age, and now we're in the space age. Space is nothing, so we're back where we started.

**THIS HALF PAGE SPONSORED BY
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How Do You Doodle?

Do you ever wonder what—if anything—those peculiar scribbles you unconsciously make during a telephone conversation tell about yourself?

At long last, they've been classified. According to one group of psychologists:

If you doodle animals and birds, you are affectionate, capable of great understanding.

If you make boats, you are energetic, long to be free to do as you please.

If you draw arrows, you have a high goal in life.

If you make alternate squares and checkboards, you are logical and emotionally stable.

Do you draw circles? Then you are a daydreamer who wants to escape from the sordid details of life.

If you draw flowers and trees, you are lonely.

Do you make stairsteps? You are extremely ambitious.

If you frequently draw eyes, noses, and other features, then you possess an appreciation of beauty.

And if you are always filling in open spaces of o's, then you are indecisive.

—Telephony

—:O:—

A Child that lives with Ridicule learns to be Timid

A Child that lives with Criticism learns to Condemn

A Child that lives with Distrust learns to be Deceitful

A Child that lives with Antagonism learns to be Hostile

A Child that lives with Affection learns Love

A child that lives with Encouragement learns Confidence

A Child that lives with Truth learns Justice

A Child that lives with Praise learns to Appreciate

A Child that lives with Sharing learns to be Considerate

A Child that lives with Knowledge learns Wisdom

A Child that lives with Patience learns to be Tolerant

A Child that lives with Happiness will find Love and Beauty

A stubborn and frugal minister refused to see a doctor and insisted on treating himself with the use of an old, outdated medical encyclopedia. Early one morning the clergyman died during his self-treatment of a minor ailment. The coroner's inquest showed that the death was related to the use of the old medical manual. Coroner's report stated as to the cause of death: "He died of a typographical error."

* * *

In dire need of accommodations, a man asked a flower child if he knew of a house to rent.

"House?" replied the hippie. "Man, why don't you live in the open air? Let Mother Nature cover you with a blanket of stars and have a blue firmament for a roof?"

"Frankly," said the man. "I had in mind something a little smaller."

* * *

"From birth to 18, a girl needs only parents. From 18 to 35, she needs good looks. From 35 to 55, she needs a good personality. From 55 on she needs good cash."

* * *

The slit skirt was invented by a Chinese designer. By the name of Peking Tom.

* * *

Buzzing around in the supermarket, the housefly alighted near the insecticides and read the label with horror. As he flew away, he shook his head sadly. "Alas!" he muttered. "There's so much hatred in the world today."

* * *

Guard: "The Prisoners are revolting!"

Warden: "They sure are! Wish we had a better class of convicts."

* * *

"Have you ever seen a lie detector?"

"Seen one? I'm married to one!"

* * *

"Always do right; this will gratify some people and astonish the rest." — Mark Twain.

* * *

"Two things are bad for the heart . . . running up stairs and running down people." — Bernard Baruch.

* * *

We have the highest standard of living in the world. Too bad we can't afford it.

* * *

Actually, there are no new sins in the modern world — the old ones just get better publicity.

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P. Medical Director
 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
 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., C.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., 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 B. JOYCE LEWIS, B.Sc., M.A., P.Dt. Dietitian
 MRS. ELIZABETH REID, R.N. Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

Co-ordinating Protestant Chaplain
 Rev. Gary Tonks

PENTECOSTAL
 Minister—Rev. T. Kenna

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

ROMAN CATHOLIC
 Parish Priest — Rev. J. A. Comeau
 San. Chaplain — Rev. Harlan D'Eon

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

SALVATION ARMY
 Capt. Pauline Banfield

CHRISTIAN REFORMED
 Minister—Rev. H. Vander Plaatz

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. Robert Jones

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

PRESBYTERIAN
 Rev. E. H. Bean

SALVATION ARMY

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