

THE NOVA SCOTIA SANATORIUM

VOL. 54

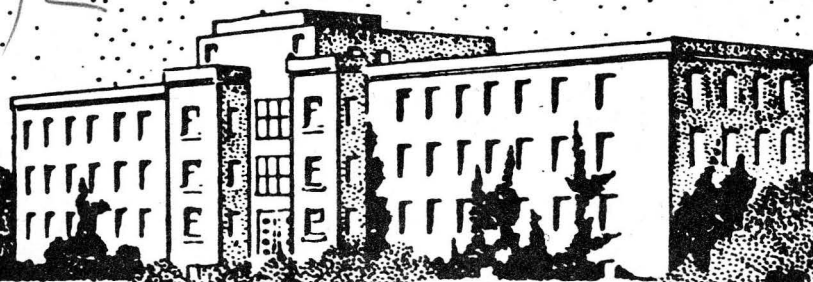
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# Health Rays



# HEALTH RAYS

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## Sanatorium Visiting Hours

### NOVA SCOTIA SANATORIUM

### POINT EDWARD HOSPITAL

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.  
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.  
DAILY: 7:30 — 8:30 P.M.

Absolutely NO VISITORS permitted during

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

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

## SANATORIUM'S FUNCTIONS OUTLINED

The service provided by the Nova Scotia Sanatorium at Kentville does not duplicate or compete with General Hospitals, but rather, compliments the services that they can give. Dr. Helen M. Holden, Medical Director of the N.S. Sanatorium said in an address to the Wolfville Rotary Club on Tuesday that in fact, the local hospitals frequently refer patients to the San. for the treatment of respiratory diseases and both medical and surgical emergencies, the latter including chest injuries.

Dr. Holden reviewed the progress made in the treatment and virtual elimination of tuberculosis and pointed to the changes in status of the Sanatorium, from a tuberculosis hospital to one which is now handling various types of respiratory diseases such as chronic bronchitis, emphysema and chest injuries.

"At the turn of the century, tuberculosis ranked first among the causes of death in Canada, the United States and most of the world. The disease was a global problem, but marked strides took place in tuberculosis control as the century advanced."

Dr. Holden said that at the turn of the century, approximately 1000 persons died annually as the result of tuberculosis in Nova Scotia. During that time many Sanatoria were being established in Canada and the United States for the treatment of the dread disease. The Nova Scotia Sanatorium was the first Provincially operated treatment centre of its kind when it was established in 1904. The early belief was that climate was the most important factor in the treatment of tuberculosis, and that Kentville had the type of climate necessary. However, it has since been shown that drugs are the most effective means of treatment and cure.

Actually, the first tuberculosis clinic in the immediate area was operated in Wolfville and known as the Highland View Hospital. It was established by the father of Dr. Avery DeWitt and housed a limited number of patients, but closed when the N. S. Sanatorium was established.

Dr. Holden traced the history of the N.S. San from its founding in 1904 when it housed 25 patients, through the years when in the 1940's, about 400 patients were undergoing treatment. Extensive building programs were carried on throughout the nearly 70 years of the institution's exist-

ence. The years have also seen many of the original buildings demolished, while some of the early structures are functioning in other roles, less active than that for which they were originally designed.

Various methods of treatment have been used at the Sanatorium, Dr. Holden pointed out, including drastic measures designed to remove the diseased or affected lung from further service. One operation, thoracoplasty, was first carried out at the Sanatorium on October 2nd, 1935 by Dr. V. D. Schaffner. "Subsequently, hundreds of these operations were performed, but all of these procedures are now obsolete."

"The whole picture of tuberculosis treatment changed in 1947 when drug treatment first became possible with the introduction of Streptomycin", followed by PAS and IMH. Prior to the introduction of these drugs, the mortality rate was as high as 33 per cent, which steadily dropped to practically zero, said Dr. Holden, in the next twenty-five years.

"Most patients respond dramatically to drug treatment and only a small portion require surgical intervention. In addition, the period of hospitalization has been shortened by a considerable degree".

"From a total of 380 patients at the Sanatorium on February 27th, 1951, there has been a steady drop throughout the years. On February 27th, 1956, the total had dropped below the 300 mark to 281 patients. By February 27th, 1963, we went below the 200 mark to 165 patients, and on February 26th, 1973, there were 111 patients undergoing treatment. That brings us up to the present."

Dr. Holden pointed out that many of the 111 patients at the Sanatorium are being treated for non-tuberculous diseases of the chest. In fact, she said, the Sanatorium no longer functions as a tuberculosis centre alone. This fact applies to most of the institutions of its kind which were originally designed for the treatment of tuberculosis.

During the past few years, there has been a marked increase in the number of non-tuberculous cases, Dr. Holden said. These include persons suffering from chronic bronchitis or emphysema.

Recent technology has resulted in the development of new types of breathing

(Continued on Page 5)

## Goodbye, Winter — Hello, Spring

By Eileen M. Hiltz

Of all our changing seasons none calls up so great a surge of feeling in even the most phlegmatic among us as does that time of year now at hand, the time of winter's passing and the birth of spring. But it is the rare mortal who has the genius to express these feelings in words; those who can, we call poets. Poets voice these emotions for us, whether they write in verse that rhymes and scans, or in the peculiar and earthy genre of this day.

For the ultimate in beauty of expression of this winter-in-to-spring transition, I think one must go far back, to a Song of Solomon, and these words: "For, lo, the winter is past, the rain is over and gone; The flowers appear on the earth; the time of the singing of birds is come, and the voice of the turtle is heard in our land". This "poem" seems not to fit into the old or the new category, which surely makes it timeless.

Canada being a country which experiences great climatic variations, it is natural that many works of her poets are concerned with the seasonal changes. One early and most gifted poet, Archibald Lampman, has given us some beautiful and sensitive descriptions of these late winter days. Archibald Lampman, who was born in 1861, achieved a prodigious output of poetry during his brief life of thirty-eight years. It was said of him: "To write verses was the one great delight of his life. Everything in his world had reference to poetry. He was restless with a sense of burden when he was not composing, and deep with content when some stanza was taking form gradually in his mind".

So let Archibald Lampman take us from the chill of an unlamented winter into the longed-for brightness and warmth of Spring.

### April In The Hills

Today the world is wide and fair  
 With sunny fields of lucid air,  
 And waters dancing everywhere;  
 The snow is almost gone;  
 The noon is building high with light,  
 And over heaven's liquid height,  
 In steady fleets serene and white.  
 The happy clouds go on.  
 The channels run, the bare earth steams,  
 And every hollow rings and gleams  
 With jetting falls and dashing streams;  
 The rivers burst and fill;  
 The fields are full of little lakes,  
 And when the romping wind awakes  
 The water ruffles blue and shakes,  
 And the pines roar on the hill.  
 The crows go by, a noisy throng;  
 About the meadows all day long  
 The shorelark drops his brittle song;  
 And up the leafless tree  
 The nuthatch runs, and nods, and clings;  
 The bluebird dips with flashing wings,  
 The robin flutes, the sparrow sings,  
 And the swallows float and flee.  
 I feel the tumult of new birth;  
 I waken with the wakening earth;  
 I match the bluebird in her mirth;  
 And wild with wind and sun  
 A treasurer of immortal days,

### In March

The sun falls warm: the southern winds  
 awake:  
 The air seethes upward with a steamy  
 shiver:  
 Each dip of the road is now a crystal lake,  
 And every rut a little dancing river.  
 Through great soft clouds that sunder  
 overhead  
 The deep sky breaks as pearly blue as  
 summer:  
 Out of a cleft beside the river's bed  
 Flaps the crow, the first demure new-  
 comer.  
 The last seared drifts are eating fast away  
 With glassy tinkle into glittering laces:  
 Dogs lie asleep, and little children play  
 With tops and marbles in the sun-bare  
 places;  
 And I that stroll with many a thoughtful  
 pause  
 Almost forget that winter ever was.

—Archibald Lampman

I roam the glorious world with praise,  
 The hillsides and the woodland ways,  
 Till earth and I are one.  
 —Archibald Lampman

## Bronchitis and Chest Infection

Jack L. Herring, M.D.

Mississippi State Sanatorium

The occurrence of bronchitis or chest infection in a person who has had tuberculosis is quite often disturbing to the patient. This is not surprising since the symptoms of the two illnesses are quite similar. The common symptoms of bronchitis are fever, rasping chest pain, cough and expectoration of sputum of various colors. These symptoms are also commonly associated with active tuberculosis.

Fortunately, it is usually quite easy to differentiate between the presence of bronchitis and reactivation of tuberculosis. A person who has had tuberculosis quite often fears that bronchitis or a chest infection will result in reactivation or spread of his tuberculosis. Fortunately this is very rare, reactivation of tuberculosis is more of a threat if a person does not seek proper treatment of bronchitis and allows it to go untreated and become chronic.

True bronchitis must be differentiated from the common cold. The common cold is a viral infection, primarily of the upper part of the respiratory tract. It is characterized by little or no fever, watery nasal discharge, varying degree of sore-throat and a cough that is productive of little, if any, sputum.

Bronchitis, on the other hand, is caused by bacteria and tends to confine itself to the lower portion of the respiratory tract. There is usually little, if any, involvement of the nose and throat. Fever is quite common and may be fairly high. Cough is always present and there is usually at least a moderate quantity of sputum, varying in color from white to green.

The common cold, being of a viral origin, does not respond to antibiotics and the use of antibiotics is usually of no value and may well carry some danger. Bronchitis is, however, usually caused by a bacterial infection and does respond to the use of antibiotics.

On occasion there may be some difficulty in distinguishing between a severe common cold and mild bronchitis. The decision to use antibiotics must be made by the family physician. If the doctor feels the patient has an acute bacterial bronchitis, he will prescribe antibiotics. If he feels that the patient has only a common cold, he will usually advise against the use of anti-

biotics. Antibiotics are powerful medicines that have saved many many lives. However, there is always the possibility that the patient can have an uncomfortable and, on rare occasions, dangerous side reaction from these medications. For this reason the patient should respect the judgement of the doctor regarding the use of antibiotics in his illness. It is not wise for any person to demand to be given an antibiotic when it is against the better judgement of the doctor.

When bronchitis is treated with antibiotics, there is usually a prompt response in from three to seven days. It is not uncommon for slight cough and slight sputum to continue for as long as two to three weeks before it finally disappears. When a person who has had tuberculosis is treated for bronchitis and responds promptly, then this is good assurance that his illness is Bronchitis and not fresh tuberculosis. If however he experiences frequent relapses, his bronchitis becomes chronic, he spits up blood or continues to run fever or lose weight, then repeat X-ray of the chest should be obtained with reasonable promptness.

—The Sanatorium Pulse  
via San-O-Zark

—:O:—

### THE PHYSICIAN

Nothing is more estimable than a physician who knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays equal attention to the rich and the poor.

—Voltaire

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## S. S. HOPE: A FLOATING HOSPITAL

Judi Barter

"One of the best international public relations operations the U.S. has going," is how Dr. Harry Roberts recently described the world's only peace-time hospital ship SS Hope, which just completed an 11-month medical-teaching-treatment mission to Natal in northeastern Brazil.

Dr. Roberts, a St. John's surgeon, joined the Hope in early October as one of seven Canadians—the largest group to serve on the ship at one time.

The floating hospital dropped anchor in the Brazilian port last February and for the next 11 months concentrated on imparting medical knowledge and experience to the people who live in the poorest part of Brazil.

Natal itself has a population of 250,000 and a very low income. The majority of the people live in small grass or wooden huts, alongside of which often tower high-rise buildings and luxury hotels with indoor swimming pools. In this sub-tropical land, the people pay no attention to climate, making one dress, or a pair of baggy trousers their entire wardrobe.

The thing which amazed and shocked Dr. Roberts most about Brazil was the deficiency in medical facilities. In a country with 100 million people, Brazil has 70 medical schools (compared to about 20 in Canada), but not one can compare to North American standards, he said. Because of finances, the Brazilian medical schools, never have the facilities which the developed world terms vital for teaching medicine.

"Students come out of medical school not even owning a stethoscope or other basic medical equipment," he said.

Dr. Roberts also noted a distinct lack of post-graduate medical education. Two years after graduation from a Brazilian medical school a student can qualify as specialist. In Canada it would take a minimum of five years. Brazilian medical students receive virtually no clinical training for admission to medical centres in North America.

The Hope, which began its medical operations in 1960, goes into areas where medical teaching is deficient. The fully-equipped, 108-bed hospital ship selects patients from the area for admission. Only patients suitable for teaching purposes are admitted, although hundreds pray for the chance.

Dr. Roberts was in charge of the shore clinic during his stint, seeing patients and selecting those to go aboard the Hope. He said a large number of patients suffered from some sort of congenital deformity and many had to be turned away as only a few patients of each type could be admitted.

The Hope, says Dr. Roberts, strives to teach the people first those things which they don't have. The Hope's mission was no "pill and band-aid handout because we didn't just patch up and go. Every nurse, doctor and health specialist on the boat lined up with the Brazilian counterpart and is leaving behind a legacy of medical knowledge and training." The staff took turns rotating between shore and ship duty.

In addition to the work the Hope is doing to teach people to teach themselves, Dr. Roberts was very much impressed with the calibre of the permanent staff. The 130 members are largely female, with an average age of 30, and it was the unique personalities of the nurses which stood out in Dr. Roberts' mind.

While the rotating doctors lived in dormitories, nurses were berthed in rooms ranging from singles to four-in-a-room. Despite different racial backgrounds, temperments and personalities, not once during the entire stint did roommates have to be separated, said Dr. Roberts. He noted that they all seemed to adjust to individual personalities and whims whether one stayed up half the night with a wireless set pounding out the Morse code or another took all the closet space, leaving the others to live out of suitcases. They adapted quickly to their new surroundings and learned the language — Portuguese — with dexterity.

The last month before coming home, the nurses formed a reducing club to help shed those extra pounds they mysteriously ac-

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cumulated—due mainly to the excellent food served both on shore and in the ship's cafeteria. Dr. Roberts' joining the Hope was motivated by his interested in its medical program and the desire to practise pure medicine without caring about the economics of it. "That's what probably motivated so many people to join without remuneration," he said. The Hope's waiting list for staff is extensive.

Doctors on the ship "never questioned the material value of their work," he said. "There was so much to be done that, with the hospital space and time to do it, they helped the patients all they could." Practising without finances, the doctors didn't worry about bills, or how much it would cost their patients for prescriptions and all drugs were supplied by the ship's pharmacy.

Would he return for another rotation with the Hope?

Yes, says Dr. Roberts. "I wouldn't mind going back again if a slot was available and I could fit it in my schedule."

Since Project Hope was born 12 years ago in Washington—the brain child of former U.S. president Dwight D. Eisenhower and Dr. William Walsh—it has depended mainly on donations and human dedication to carry its program to over three million people in 10 countries on four continents.

And since its maiden voyage to Indonesia in 1960, this self-contained, non-government medical centre has used \$15 million worth of medical supplies and requires \$8 million per year to maintain.

Complementing the 108 hospital beds are a medical library, movie and recreation facility, laboratory with 12 technicians, pharmacy, blood bank, dental teaching unit, outpatient clinics, three operating rooms, physiotherapy department and radiology facilities.

The Hope is back in Washington now, refitting for another mission to another part of Brazil. It will be the first time she has visited the same country two years in succession. The ship sails Feb. 9 with a fresh crew anxious to pick up the work of their predecessors.

Just how long will the Hope continue her annual voyages? Until it fulfills its ultimate mission . . . "to work itself out of a job."

St. John's Evening Telegram

## The Vision

"When we think of the future of this institution we do not think of its building and equipment, but rather of an idea, a force, a group of associations and a locality with its hopeful traditions, glowing with prestige and confidence in the cure of the disease. We would like to think of it as a medical centre, where is available every facility for the diagnosis and treatment of tuberculosis, where a sick man may get every chance to regain his broken health and return to a sphere of usefulness as a citizen. We want it to be an educational centre where the facts about a disease are being accumulated for public use; a centre where sufferers may come to get an education in regard to a disease, may learn its cure and prevention. Last of all, we want it to have the atmosphere of a home where those who have fallen ill with the disease may come to rest and receive the encouragement and direction necessary to win a hard fight."

—R. G. FERGUSON, M.D. (1917)

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## SANATORIUM'S FUNCTIONS—

(Continued from Page 1)

aids, and these are being utilized at the San. In addition, the institution provides both In-Patient and Out-Patient care and referral, an X-ray development service for the Health Unit, affiliation with Acadia University and the clinical pastoral institute in the training of theological students. The San will this year, graduate its final class of Student Nursing Assistants owing to the fact that training is now taking place in Vocational schools.

Dr. Holden said that community services provided by the San are also being expanded to include consultant dietary services, and laundry services for some institutions. This is an indication of the way in which the San has branched out into the community and the Province.

—Kentville Advertiser

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## Believe It Or Not!

(Unfiltered Facts about Fags)

"Smoking among 12-year-olds has doubled since 1968; the biggest rise in new smokers is at young ages 13, 14 and 15."

"When both parents smoke, the percentage of teenage smokers is twice as high as when neither parent smokes."

"Cigarette sales dropped 5.5 percent in Britain following a report from the Royal College of Physicians which said, among other things, that cigarette smokers were twice as likely to die in middle age as non-smokers were."

"Wrinkling of the skin", reports the U. S. Surgeon General, "is more common and occurs at an earlier age in smokers than non-smokers."

U. S. Senator Edward Brooke says—

"It is clearly illogical for Congress to

authorize hundreds of millions of dollars for the meritorious effort of seeking a cure for cancer, while it continues to spend and provide loans in the hundreds of millions of dollars for the support of the production of tobacco for cigarettes, one of the prime causes of cancer."

Dr. Reuben Cherniack, Manitoba says—

"The most important form of air pollution in this province is the kind people inflict on themselves, when they inhale the harmful substances in tobacco smoke." N.B. For every one dollar spent by the Federal Government on the anti-smoking campaign, the tobacco industry in Canada is subsidized and encouraged to the tune of \$65!

—The Northern Light

## Living With Emphysema

In recent months much has been written and spoken about the disease EMPHYSEMA.

Much of the information is very valuable and should be known by everyone. However, some of the lecturers and authors are very much alarmists, and thus must be very discouraging to the persons with this discomfort.

I have emphysema. I do not know why I have it, but thanks to the help my doctors were able to give me, I am learning to live with it, comfortably. By using their simple medications and breathing exercises, I have increased my lung capacity 15 per cent. My doctors taught me to keep the right frame of mind, to move more slowly, and to get more rest—all of which is good for any young man of 63.

So—I have emphysema—but thank goodness this is surely one of the infirmities! For instance, I can still see with both eyes, can hear, walk, and talk. I still have my two hands and I believe a normal mind. With all these blessings, I'm sure I won't live forever. So even though I have emphysema, I do not intend to let it shorten my life.

I was a heavy smoker, but I am not qualified to say that smoking caused me to have emphysema; but I am sure that in

## A Lady and Her Cigarette

Emmett Link, age 80

Oh, give me one more cigarette,  
For which my soul does yearn,  
I'll pull the smoke down in my lungs  
And feel my tonsils burn.  
A cigarette between by lips,  
A parachuted and burning tongue,  
Ashes in the baby's eyes  
And misery in my lungs.  
If I could only quit this curse,  
How happy I would be—  
But old man 'nicotine' now has  
The upper hand of me,  
I often wish my eyes were clear,  
My mind, too, sharp and quick;  
And I could get along without  
This stinking 'cancer stick.'  
But every time I close my eyes  
And try hard to forget,  
I only curse the day I smoked  
My first foul cigarette.

—San-o-Zark

my case, smoking irritated this condition considerably. Therefore I quit smoking altogether, abruptly, entirely, and forever. So—I do not smoke—neither do I jab at my eyes with sharp sticks—one is about as sensible as the other, and, realizing this—to stop smoking was an easy thing to do.—

Via ITAM.



## Editorial Comment

Casting about for some topic to belabor—the deadline being upon me as usual—my attention is arrested by an article in the December issue of the C.T.R.D.A. Bulletin. Entitled "The Exemplar Role of the Registered Nurse". It says that heavy smoking is more common among nurses than among the rest of the Canadian female population. A survey carried out by Dr. A. J. Philips of the National Cancer Institute of Canada indicated that heavy smoking of more than 20 cigarettes per day is more common among nurses than the rest of the female Canadian population. The findings were that although 40% of the ex-smokers stopped smoking because of the evidence that smoking is hazardous to health, there was little confirmation that the majority of Canadian nurses had adopted the Exemplar Role.

Surveys carried out in the United States tended to support the Canadian findings. A National survey of 6,000 American Nurses indicated that while registered nurses were giving up cigarette smoking at a much greater rate than women in the general population, there were still proportionately more smokers among nurses than among women generally, that is 37.5% of nurses compared to 31.5% in the general female population. The survey indicated that the smokers among the nurses were less likely to say that cigarette smoking was a major or contributing cause of certain diseases than were the former smokers or those who had never smoked. Also, while 82% of the nurses believed they should set a good example by not smoking, percentages differ significantly among the three groups with 93% of the "Never Smoked", 86% of the Former Smokers and 63% of the Current Smokers believing in their Exemplar Role. However, 80% of the total sample said they had suggested to patients or students that they stop smoking, by relating smoking to current health conditions, urging the use of will power or informing their patients of future health risks.

The article goes on to suggest that the smoking problem goes well beyond the nurses segment of the female population. While the percentage of men smokers has declined the percentage of women smokers has increased, which indicates that smoking education programs, clinics and anti-

smoking programs are having a lesser success rate among the female population than among the male.

The latest Department of National Health and Welfare figures indicate a reduction of 5.7% of smokers among Canadian males in the last five year period, while the corresponding female percentage has actually increased by 1.2%.

A 1971 survey sponsored by the California Nurses Association indicated that a striking 27% of those surveyed were undecided as to whether smoking was actually a health hazard, which reinforces the conclusion that nurses do not realize their potential role in the smoking campaign and are not individually assuming the role of Exemplar.

Dr. Mary Jane Ashley, Ontario Ministry of Health, called for adequate preparation of all health professionals for their function of smoking health counselling. Such preparations would include making smoking education an integral part of the curriculum of all Schools of Nursing. It was indicated that this is not at present in the curriculum of Schools of Nursing or in Medical Schools. Dr. Ashley has noted that while many Health Professionals "have substantially altered their smoking behaviour" they have "not recognized or accepted their unique and crucial roles in combating the smoking epidemic".

I think that what we often fail to realize is that people are looking to someone else to exert influence. Children who are not yet in their teens can still be seen lighting up cigarettes as they go to and from school. Teachers may feel that parents must be aware that their children are carrying cigarettes and matches. Parents are probably looking to the school and to the Health Nurse to provide Health Education.

And what about the situation in hospitals? Is this, too, a form of permissiveness? We have heard smokers express surprise that they are "permitted" to continue smoking. They were actually looking for someone—some parents figure, if you will—to keep them from smoking. It is tragic that so many of our ex-smokers have kicked the habit only after their own symptoms became so severe that it left no doubt in their minds that "It could happen to them."

## The True Shamrock?

One day, while I was visiting southern Ireland, I climbed a small mountain. During my journey, a rain began to fall, and I took shelter under a rock ledge.

Looking at the ground, I saw some plants of special interest. They were shamrocks of the wood sorrel type. Some Irish folk call the wood sorrel the "true shamrock," but there are champions of other types, including the hop clover, the black medic and the white clover.

Regardless of which type is favored, the shamrock always has three leaves in one. It is a symbol of the republic of Ireland, and is supposed to have been used by Saint Patrick to illustrate the doctrine of the Trinity.

The word "shamrock" was provided by the Gaelic language. An old Irish spelling is "seamrog."

The question often asked is "Patrick" an old Irish name. The answer to this question is . . . if we think specifically of the past 15 hundred years, we may say that Patrick is an old name in Ireland, but its origin goes back to ancient Rome.

"Patrick" came from 'patricius,' a Latin word meaning "Noble" or "Patrician." The word was then turned into a man's name: Patricius.

Doubt exists about the place where Patricius was born, but his birthplace seems likely to have been in Wales.

During his adult years, he preached the Christian faith in Ireland, and later was classed as a 'saint.' Then for some unknown reason, a century or more ago the seventeenth of March was set aside and celebrated by many persons of the Irish stock as the date for "wearing of the green" in honor of Saint Patrick.

From "The Pine Log"

### Spring Is Here

Just yesterday the sky was gray,  
And snowflakes fluttered down  
Today an April wind blows free  
Above our little town.

Tulips march in gay parade  
Down every garden walk,  
And johnny—jump—ups     shake  
   bright heads,  
As if they'd like to talk.

Small children, sweater—free     are  
   out,  
The sound of roller — skates ring  
   clear,  
There isn't any doubt at all  
That springtime days are here!

### Ideals Are Like Stars

Ideals are like stars. They are unattainable yet they help us in our quest for that which is attainable. You cannot touch the stars with your hands; but if you know them well from frequent and loving observation, and if you believe in their steadfastness, though you be a mariner they will guide you across a desert; though you be a desert dweller they will guide you across the sea.

## PILLS! AND MORE PILLS!

### You Really Need Them If You Have TB

Do I have to take all these pills? Why do I have to take so many? How long must I take them?

These are questions the TB patients ask. And the answer is: Yes, taking pills is actually an easy way to beat a tough bunch of germs—TB germs. And the pills work! They make TB patients well.

However, there are certain rules the patient must follow if he is to get well as quickly as possible and to stay well.

Pills must be taken as often as the doctor says to take them. There must be no skipping of times. He must take them as LONG as the doctor says take them, whether it's months or a couple of years. And he must take as many as the doctor says to take. Yes! Maybe 30 a day.

The answer to the question, 'Why': TB germs are tough. TB germs are stubborn. You must hit them and you must keep on hitting them. If you don't take your pills EVERY TIME you are supposed to (even when feeling fine) the germs will get a chance to "catch their breath," and the tough ones will get tougher.

If you do not take your pills as long as the doctor says, the germs will stay with you. TB germs can take a lot of punishment. When you stop dishing out the pills, the tough ones will come back, maybe even stronger than before. And if you don't take as Many Pills as the doctor says . . . you may not keep the germs out numbered. Again, the tough germs will get by, and if you 'don't watch out' several tough germs may wiggle by and they'll get tougher and

tougher . . . so be sure to take your pills and take all of 'em!

Patients ask, "Do the pills kill the germs?" The answer is . . . They slow down some and kill many! The germs are stopped from growing. This gives your own body a chance to 'Knock them out!' TB germs are strong but slow. The pills work by slowing them down still more and making them weak. It takes time before your own body can throw the 'knockout punch.

Another question often asked is: "Why do I have to take different kinds of pills?" Sometimes, germs become resistant to one kind of pill. This means that the pill has lost its knockout punch. But the same germ may be slowed by another kind of pill. It is good luck for the TB patient that there is more than one very good kind of pill to fight these TB germs. The doctor will decide the best pills for you by trying them out on the germs in your 'cup specimens.' If some of the germs fight off one kind of pill, he will give you two or maybe three kinds to take, so they will 'whip' all the germs.

Will the pills make me sick? you ask. Some people get a little 'sickish' from some kinds of the pills. This is when a patient often thinks, "I'll not take them for a few days, then I'll feel better and start them again." It is easy to keep putting off taking them. Don't do this! It's really bad for you and you might have to stay in the hospital and be sick for a much longer time. If you feel bad tell your doctor. He knows what to do. He can change them and get rid of your trouble.



## Chaplain's Corner

Rev. Freeman Fenerty  
Bethany Memorial Baptist Church  
Aldershot, Nova Scotia

### "WHAT WOULD YOU WISH"

What might seem to be our immediate need is not always our greatest need. Strange, isn't it? What I mean is that we feel our immediate need so keenly that we tend to overlook the deep underlying needs that we have. Yet it is our deep underlying needs that have to be satisfied before we can fully evaluate life's many blessings and experiences.

In order to see what I am getting at, how about picking up your New Testament, and reading Mark 2:1-12. It really says something worth thinking about.

OK, what do you see there? I see a man whose one objective is to be able to walk again. He has been crippled, and out of circulation all his life. Oh, how he would like to be able to mingle with his fellows, or just be able to do a bit of work; to be as healthy as other men.

If you were in his place, what would you feel to be your greatest need? That wouldn't be hard to guess: just to be able to walk around again, and to go places just to get well.

Somehow Jesus felt that such was not his greatest need, great as it was; for He did not heal him at once. Instead, He said, "son, thy sins be forgiven thee". What was He getting at? What greater need could a man have?

Let's see! If He had just healed him, and that is all, he would have gone back to the old way of doing things, and maybe never have had any deep understanding of the Lord, nor really be able to appreciate all that God had done for him. So Jesus spoke of forgiveness first, the cleaning up of his life in God's sight, the removal of that burden that weighs so many people down—even in our day. THEN He healed him.

Can't you see the difference now? That man would now go out with a deeper understanding of his life, and a deeper feeling of gratitude to God. He would not only walk more surely on his feet, but he would be the kind of man God could really bless, and who would be able to appreciate and to enjoy life at its fullest, and

be able to contribute his best toward it.

What do you want the most? Is it to get around again—to be finished with "the cure"—to get back with your families? Is that it—and it is important; and don't let anyone tell you it's not; but is it the most important thing? You could be healed and still be most unhappy. Lots of people are.

The important thing in most of our lives is that inner peace that comes with our Christian faith—that feeling of the presence and purpose of God for us that enables us to meet every day as it comes, and which enables us to face the future with confidence.

Jesus was right: our biggest need is to feel that we are God's children—that in His sight we count—that He has a purpose for our Life—that He can touch our life and use it. Then we will be in the frame of mind whereby we can really thank God, and enjoy His blessings.

Now, may God bless you all—every one of you.

## Winter

Winter, by whom our stumbling feet were caught,

Who held us long in iron chain of cold,  
Winter has turned reluctantly at last  
Unfastened the sharp snares and soberly  
Moved like a dream up slopes and over hills,

Breathing a last cool sigh before he went.  
Winter has gone. The marsh-hawk and the crow

Follow relentlessly his backward step.  
Now you would think that Spring must take his place,

Heal up the wounds, breathe freedom on the earth,

Throw all her singing on the barren air.  
I tell you, no: we must be captives still  
Who watch each other with the winter's look,

Touch with his hand, speak with his bitter breath.

—Dorothy Livesay

## OLD TIMERS

We will begin our column with two news items from Anne Marie:

Louise LeBlanc of Belliveau Cove, who was here during the Claire epidemic, works in Scarborough, Ontario as a Registered Nurse, having graduated from the Yarmouth Regional Hospital.

Kay and John O'Leary of Spryfield were visiting in Kentville in February when they attended a Knights of Columbus Convention. John is a Deputy Grand Knight and was a delegate at the convention. They are both well and while here visited Mary and Percy Doucette, and Joe and Hazel LeFave.

And many of our readers will be interested in hearing that Stan Robichaud of our Rehab Department joined the Knights of Columbus during the first week in March. Stan is working mainly in the Handcrafts Work Shop with Barb Dykens and is also doing the Sanatorium Book Binding.

We received an interesting note from Eugene L. Hamm, 1 Herbert Street, Yarmouth, expressing his appreciation for the surgical skill of Doctor Quinlan, and the nursing care received before and following surgery: His note says that he undertook academic upgrading through Canada Manpower at the New Minas Centre, wrote the G.E.D. Tests and attained Grade XII level, and is now taking courses in Journalism. He has, in the past, permitted us to publish several of his poems in Health Rays and says that he will send some others in the future. Among other activities he is building a house for himself in Clarence.

We were pleased to receive a note from the former Ann Patricia Bower of Baccaro, who is now Mrs. Gordon Hogg and still living in Baccaro. She commented favourably on the poems in the November issue which were written by Marie Moran MacLean a porchmate of hers in the late forties.

Since our last report we have received

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## Notes and News

Mr. Peter S. Mosher, Administrator of the Nova Scotia Sanatorium since July 1, 1970, left the Sanatorium at the end of February and is now Executive Director of the Nova Scotia Health Council. During his time at the Sanatorium many sweeping changes have been made here. In his present position he will be involved in the wider area of health care services — the recommendations of the Council going to the Ministry of Health. Sweeping changes have been recommended by the Health Council, as tabled in the Legislature in February.

We wish Mr. Mosher good luck in his new position.

At the time of writing it has not been officially announced who will be assuming duties as Administrator at the Sanatorium.

\* \* \*

A total of approximately 85 Public Health Nurses have been taking part in in-service education programs on chronic respiratory diseases being held at the Nova Scotia Sanatorium in five 3-day sessions. The sessions were held every other week, with attendance being 15 to 17 in each group.

—:0:—

We must be silent before we can listen; we must listen before we can learn; we must learn before we can prepare; we must prepare before we can serve; we must serve before we can lead; we must lead before we can know one of the real values of silence.

---

several subscription renewals from the following readers:

Mr. A. P. Melanson, Church Point; Mrs. Louise Wood, Kentville; Mr. Arthur Leslie, R.N., Kentville; Wilfred Rushton, New Minas; J. D. Matheson, Kentville; Mrs. Gertrude Smith, Bridgewater; Mrs. Mary E. Pippy, Lower Sackville, whose regular address has been Port Dufferin; Sadie Barkhouse, Kentville; Mr. Desire D'Eon, West Pubnico; Mr. Loran Geitzler, Port Williams; Miss M. R. Martell, Ottawa; Archie MacArthur, Armdale; Miss Ann Moody, Halifax; Miss Mary Spinney, R.N., Kentville; and Maxine Stewart, New Minas.

An English tramp knocked at the door of the pub named "George and the Dragon". "Could you spare a poor bloke a cup of tea?" he pleaded of the woman who answered the door.

"Certainly not!" she snapped and slammed the door in his face.

A few minutes later the tramp knocked again. When the same woman reappeared, he asked: "Now—could I have a few words with George?"

\* \* \*

"If you don't stop practicing on that clarinet," said the exasperated mother to her groovy offspring, "you'll drive me clear out of my mind."

"You're too late," replied the boy. "I stopped 20 minutes ago."

\* \* \*

#### SIGN IN PARKING LOT

When Noah sailed the ocean blue  
He had his troubles same as you  
For 40 days he sailed the ark  
Before he found a place to park.

\* \* \*

#### TOO MANY BRANDS

A woman going to a cattlemen's convention decided to wear something unusual on the trip, so she made herself a blouse and embroidered it with every cattle brand she knew of.

In the hotel she noticed two old cattlemen giving her blouse the once-over.

Finally one of them remarked in a voice that could be heard all over the room, "That critter has sure changed hands a lot."

\* \* \*

#### NO WASTED WORDS

Two little girls were overhead talking about prayers.

"Do you say grace at your house with your meals?" one asked.

"No," replied the other, "We just say our prayers at night. We're not scared in the daytime."

\* \* \*

#### ALL IN THE POINT OF VIEW

The little boy was afraid of dogs. One day his mother had to carry him past a playful French poodle, and afterwards she admonished him for his timidity.

"You'd be afraid of dogs too, if you were built as low as I am."

\* \* \*

Detroit is one city that knows how to deal with air pollution. It pumps its air into the tires of the cars it manufactures and quietly ships it out of town.

There's a new deodorant on the market. You just rub it on and you disappear. And your friends all wonder where the smell is coming from.

\* \* \*

#### ANONYMOUS DONOR REVEALED

A young married couple, who had just settled down in their new home, got a pleasant surprise in their mail one morning—a couple of tickets to one of the best shows in town.

But the donor had omitted to sign his name, and for the rest of the day the question was, "Wonder who it was?"

They enjoyed the show, but when they reached home they found that all their wedding presents had been taken. A note from the burglar said, "Now you know."

During a community drive to round up unlicensed dogs, a policeman whistled an automobile to the curb. When its driver asked why he had been stopped, the officer pointed to the dog on the seat beside him.

"Dos your dog have a license?" he asked.

"Oh, no", the man said quickly. 'He doesn't need one. I do all the driving myself."

\* \* \*

Ten years ago the moon was largely an inspiration to lovers and poets. Ten years from now it may be just another airport.

\* \* \*

Overheard on crowded bus: Two young married women talking. Says the one "What do you want your next child to be?" Says the other, "A grandchild."

\* \* \*

Flagged down for speeding, a motorist thought he might get by with a little levity. 'I guess I've got a tiger in my tank,' he offered. 'You've got a donkey behind the wheel,' replied the officer.

\* \* \*

**T**HE Seventh Grade class was holding a magazine subscription sale. The morning after the sale started one boy reported that he had already sold \$20 worth.

"How did you manage to sell so many so soon?" the teacher asked.

"I sold them all to one family," the boy replied. "Their dog bit me."

## Ins And Outs



### NOVA SCOTIA SANATORIUM

#### ADMISSIONS:

February 1 to February 28, 1973

FREDERICK HANDLEY SAWLER, Steadman Road, R. R. 1 Kentville; DEIDRE JANE HUNTER, 6359 Young St. Hfx.; STEVEN WAYNE MELANSON, R.R. 3 Pembroke, Yar. Co.; WAYNE WILLIAM MacDONALD, Antigonish; MRS. LOUISE ELLEN BARTON, Acaciaville, Digby Co.; CLINTON ROY SWINDELL, 127 Woodworth Rd., Kentville, MRS. DORIS MAY WALSH, Box 484 Greenwood; FRANK CHARLES GAUDET, Milford, Hants Co.; ERNEST ELI CHAPMAN, 91 Church St., Amherst; MRS. ANN MABEL WALLER, 14 Arlington Place, Truro; GORDON PETER SIM, Northville, R. R. 2 Centreville, Kings Co.; DENISE CLAIRE ROBICHAUD, Lower Wedgeport; RICHARD McLEAN DURLING, 12 Schofield Road, Kentville; LOUIS FRANK KAULBACK, Kingston; WILLIAM NORTON POSTDOWN, Berwick; MRS. EMMA DOUCETTE, Little Brook, Digby Co.; DUNCAN MALCOLM MacEACHERN, R. R. 3, Amherst; RALPH OWEN McGRATH, Sandy Point, Shelburne Co.; STANLEY LAWRENCE SIBBONS, R. R. 2 Wolfville; JAMES ALLISON SANFORD, Lequille, R. R. 1 Annapolis Royal; GARNETT HOGG, 236 Gray Street, Windsor; JOHN RUDOLPH AMIRAULT, Amiraault's Hill, Yarmouth Co.; MRS. LAURINE JORDAN, 227 Prince Street, Truro; JOHN WILLIAM PARSONS, Box 131, Hantsport; MRS. STELLA MARIE GOLAR, White Rock, R. R. 2 Wolfville; MRS. HELEN BERTHA SAULNIER, Church Point; MRS. BERYL DAWN DURLING, Rectory Street, Bridgetown; MRS. MABEL ELIZABETH

HIGGINS, Box 56, Shubenacadie; NEIL J. MacDONALD, Benacadie Glen R. R. 1, Cape Breton Co.; JOHN HAROLD DeELL, Rockland, R. R. 1 Berwick; MRS. MILDRED SHIELDS, Sheet Harbour; LEO ALPHONSUS MacDONALD, Brierly Brook, R. R. 2 Antigonish; MAJOR LESLIE KENNICKELL, Canard, R. R. 1 Port Williams; MRS. DORIS LOREINE HARRINGTON, Hantsport; CHALMERS TUTTLE, Tidnish, R. R. 2 Amherst; BERNARD GILBERT SANDERS, South Ohio, Yarmouth Co.; DAVIS MacKENZIE ROSS, R. R. 1 Scotsburn, Pictou Co.; MRS. PHYLLIS HELEN WAGNER, 25 Sanford Road, Kentville; DALE KATHLEEN TAYLOR, Berwick West; GWENDOLYN SEYMOUR LUSBY, 11 Lawrence Street, Amherst; DARREL RONALD PAGE, Wilmot, Annapolis Co.; ARCHIBALD MILTON DARRACH, 1836 Walnut Street, Halifax; MRS. HELEN MARIE GRANT, R. R. 3 Truro; MRS. ALMA FLORETTA WOODWORTH, Lawrencetown; ROBERT IRVIN EASTCOTT, Debert; ROBERT DALEY THERIAULT, Lawrencetown; RICHARD WARREN ARENBURG, Cambridge Station R. R. 2; MRS. MARJORIE HAMMONS, Greenwood, Box 513; JAMES HAROLD MORRISON, R. R. 3 Lawrencetown; DAVID DANIEL LOVE, R. R. 1 Clementsvale, Annapolis County.

#### DISCHARGES:

February 1 to February 28, 1973

DEMETRIUS JOSEPH AMIRALT, Weymouth; MILDRED MAY PORTER, 23 Gaspereau Ave., Wolfville; BEULAH DORIS TRASK (Staff), N. S. Sanatorium; MRS. LEORA MAY MAILMAN, Chelsea, R. R. 6 Bridgewater; GRANT VINCENT ROMKEY, Crescent Beach, R. R. 1 LaHave; LOUIS OLIVER DAVIES, Port Hawkesbury, Inv. Co.; RICHARD WARREN ARENBURG, Cambridge Sta.; MILTON BERNARD MYERS, 14 Celtic Drive, Dartmouth; LAWRENCE ALEXANDER CUNNINGHAM, Wilmot; ALVIN WALDO HARVIE, 51 Woodworth Road, Kentville; GEORGE PHILIP CORBIN, 36 Tupper Road, Kentville; HAROLD LESTER HODGSON, Rockland, Shelburne Co.; MARY LOUISE LIVINGSTONE (Staff) N. S. Sanatorium; JOHN WILLIAM SKERRY, Port Williams; MRS. OLIVE MAY (WAMBOLT) YOUNG, Ocean View Manor, Eastern Passage; ISAAC DOUCET, Saulnierville Station, Digby Co.; MRS.

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(Continued on Page 14)

## INS AND OUTS—

(Continued from Page 13)

VIRGINIA MARIE BANKS, Torbrook Mines, Annapolis Co.; ORA VAUGHAN McNAIR, Meagher's Grant, Halifax Co.; CECIL MAYNARD MACUMBER, South Maitland, R. R. Shubenacadie; MRS. LILLIAN RUTH DAVIDSON, Main Street, Aylesford; FREDERICK SEYMOUR DICKSON, East Prince St., Truro; ENOCH DONOVAN ROBAR, R. R. 1 Wilmot, Anna Co.; GILBERT BASIL MACUMBER, Bramber, R. R. 1 Walton, Hants Co.; GARNET HOGG, 236 Gray St., Windsor (Expired); VICTOR ST. CLAIR HILTZ, Forties, R. R. 1, New Ross; JOHN IRVING TOOKE, 61 River Road, Spryfield; DENISE CLAIRE ROBICHAUD, Lower Wedgeport, Yarmouth Co.; FREDERICK HANDLEY SAWLER, Steadman Road, R. R. 1 Kentville; JOSEPH MacNEIL, Spring Garden Villa, St. Anthony, Sydney; AUBREY DOUGLAS JESSOP, Grand Pre; DEIDRE JANE HUNTER, 6359 Young St., Halifax; RICHARD MacLEAN DURLING, 12 Schofield Rd., Kentville; JOAN MARILYN SIMPSON; Debert; LOUIS FRANK KAULBACK, Kingston; DUNCAN MALCOLM MacEACHERN, R. R. 3 Amherst; MRS. ELIZABETH MARIE EWING, 46 Jordan Road, Greenwood; MRS. JUNE EILEEN MARSHALL, Danvers, R. R. 4 Weymouth; MRS. ANN MARIE WALLER, 14 Arlington Place, Truro; MRS. HILDA MAE FREDERICKS, Torbrook, Annapolis Co.; ARVID CARLSON HAMILTON, Brazil Lake, Yarmouth Co.; STANLEY ROBERT JAMES, Pine Ridge Ave., Kingston; VICTOR BEALS, North Preston; MICHAEL RICHARD MURPHY, 5676 North St., Halifax; MRS. DORIS MAY WALSH, Box 484, Greenwood; ROY ELDRIDGE HAMILTON, MacKenzie Road, MacLellan's Brook, R. R. 4 New Glasgow; STANLEY LAWRENCE SIBBONS, R. R. 2 Wolfville; GORDON PETER SIM, Northville, R. R. 2, Centreville, Kings Co.; ERNEST ELI CHAPMAN, 91 Church Street, Amherst; MRS. JOAN

EVELYN FERNEYBOUGH, 20 Young St., Sydney Mines; JOHN RUDOLPH AMIR-AULT, Amirault's Hill, Yarmouth Co.; MRS. LAURINE JORDAN, 240 Prince St., Truro; MRS. STELLA MARIE GOLAR, White Rock, R. R. 2 Wolfville; CHARLES WHITFIELD LATTEr, Canning (Expired); CHARLES EARL WEISNER, 140 Lanzie Rd.; Kentville; CLINTON LeROY SWINDEL, 127 Woodworth Rd., Kentville; MRS. MILDRED SHIELDS, Sheet Harbour; JOHN DANIEL MacDONALD, R. R. 3 St. Andrews, Antigonish Co. (Expired).

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## POINT EDWARD HOSPITAL

## ADMISSIONS

February 1 to February 28, 1973

ALONZO PETRIE, 43 Esplanade, Sydney; JOHN PETER MacDONALD, Bernard St., Port Hawkesbury; MRS. DIANE ISABEL LAHEY, Havenside Rd., Louisburg; PETER HECTOR McNEIL, 11 Davison Lane, Glace Bay; MRS. LOUISE ISAAC, Barra Head, Richmond Co.; MRS. BARBARA ANN MacISAAC, Church St., Port Hawkesbury; BABY JOHN ROBERT MacISAAC, Church St., Port Hawkesbury; MRS. MARGARET ANNE MacINTOSH, Middle River, Victoria Co.; JOSEPH MacNEIL, 26 Quarry Rd., Glace Bay; THEODORE JOSEPH PAUL, Eskasoni; URBAN THOMAS LAHEY, Main-a-Dieu, Cape Breton Co.

## DISCHARGES:

February 1 to February 28, 1973

HENRY LOUIS DUPONT, Birch Cove, Cape Breton Co.; JAMES WILLIAM NASH, 13 Water St., Glace Bay; ANGUS WARREN MacDONALD, 26 Stanfield St., Sydney; JOHN THOMAS BOUTILIER, 92 Beacon St., Glace Bay; GARDINER JOSEPH RYAN, Port Hawkesbury; MRS. SALLY EDITH BURTON MacDOUGALL, 39 Lamond St., Sydney Mines; JOSEPH MacNEIL, Transferred to Victoria Haven Nursing Home, New Aberdeen, C. B. Co. (Home address: 26 Quarry Rd., Glace Bay); MRS. MARY BELLE MacLEOD, R. R. 3 Baddeck; ALONZO PETRIE, 43 Esplanade, Sydney.

\* \* \*

When you get so that it takes great big troubles to trouble you, and little bits of things to make you happy, then you are on the right track.

—Unknown

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# 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 February 28, 1973

Previously acknowledged: \$4,356.47

Recent contributors:

Century Patrons:

Nil

Patrons:

Mrs. Connie Townsend

Miss Matilda Burke

Miss Mary Pippy

Interest

Miscellaneous

Total 162.89

Grand Total ..... \$4,519.36

-----:o:-----

To get his wealth he spent his health,  
And then with might and main;  
He turned around and spent his wealth  
To get his health again.

—Selected

\* \* \*

"Don't worry" is a good motto. So is "Don't worry others".

\* \* \*

Headed Right

When you get so that it takes great big trouble to trouble you, and little bits of things to make you happy, then you are on the right track.

Duty makes us do things well, but love makes us do them beautifully.

---

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A Georgia rural school teacher drove up to one of those combination gasoline and grocery stores characteristic of the more isolated parts of the state. Nobody came near her so she got out and approached a row-boned farmer who was dozing on the 'loafers' bench.

'Could you tell me whether or not I need any oil?' She asked.

The old codger turned his thoughtful gaze on her, shifted his tobacco to the other cheek, 'No, ma'am, I can't exactly tell if you need oil by just lookin' at you. But a good dose of oil never hurt nobody.'

\* \* \*

Santa Claus is the only man who shows any interest in an empty stocking.

\* \* \*

School children in Buffalo, N. Y., 'tell it like it is' in a 5-cent paperback brochure called 'Miseries United.'

'School is looking at a cardboard window with a flower painted on it.'

'School is dropping all your books in the hall when you have a mini-skirt on.'

'School is being told to keep your love life out of school, and you don't even have a love life.'

'School is when you have to go to the lavatory and the teacher doesn't believe you.'

'School is hearing the fire-alarm bell when you are in gym, and you're only half dressed.'

'School is having all the right answers but one, the one you're asked.'

'School is sitting on a tack that you just happened to find on your chair too late.'

'School is getting mugged in your very own coatroom.'

'School is fun at 3:20.' That's when school is dismissed for the day.'

\* \* \*

To find out what a poor loser you are, just try dieting.

\* \* \*

Employer: "Have you any references?"  
Applicant: 'Yes, here's the letter: 'Mr. Ferguson worked for us one week in our book binding department and we are satisfied.'

\* \* \*

'I was so cold last night I couldn't sleep. I just lay there and shivered.'

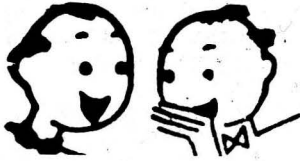
'Did your teeth chatter-'

'I don't know-we don't sleep together.'

\* \* \*

People with fiery tempers often cook their own goose.

## Just Jesting



The young wife had just given birth to her first baby. A nurse came out to pass along the good news to the anxious husband.

"What did you want", she asked, "a boy or a girl?"

"A boy", answered the father.

"Well,, Im sorry, but it's a girl this time."

"I'm not too disappointed," said the father philosophically. "A girl was my second choice."

At a Chinese restaurant, the minister's wife was interested in the characters on the menu and imagined they would make a novel pattern for a knited sweater. She worked it out, with white characters on a black sweater. One day she met a missionary, who grinned, then laughed out loud. She had skillfully worked into wool: "This dish is cheap but most delicious."

'Look Again!' Thomas A. Edison said this-and he certainly knew what he was talking about: "The reason a lot of people do not recognize opportunity is because it usually goes around wearing coveralls looking like hard work."

Keep your nose to the grindstone. The shorter it is, the less trouble it will get you into.

Samuel F. B. Morse was an eminent painter before he invented telegraphy. He was visiting a physician friend in Washington once and showed him a scene he'd painted of a dying man. After the doctor had scrutinized the painting for some time, Morse asked, 'What is your opinion?' The physician removed his spectacles and turned to the inventor and commented, 'Malaria!'

A word to the wise is usually sufficient. But what's the word?

Trying to explain subtraction to his young pupils, a teacher said to one girl: 'You have 10 fingers. Suppose you had three fingers less, then what would you have?' 'No music lessons,' came the prompt reply.

The pompous physician was inclined to criticize others. One day he was watching a stone mason build a fence for a neighbor. He thought the mason was using too much mortar, and said, 'Mortar covers up a good many mistakes, doesn't it?'

"Yes, doctor, replied the mason, 'and so does a spade."

Job applicant: "Why did your ad say you wanted to hire a married man?"

Boss: 'They don't get so upset when I yell at them.'

Emphysema is when your lungs travel down tobacco erode.

'Do you realize that one in every four Americans is unbalanced? Think of your three closest friends. If they seem o.k., then you're the one!'

Paddy fell off the barge he was working on and was drowned. The widow received a handsome sum of money in compensation.

A friend, seeking to console her for the sad loss of her husband, said: "Sure, he was a fine man, even if he never learned to read or to write."

To which the sorrowing widow replied: "Nor to swim, thank God!"

Definition of a hippie: Called Jack; looks like a Jill; and smells like a John.

"How do you like my wallpaper? It's from Eaton's catalogue."

"You don't say!"

"Yeah. It took up to 360 pages just to do the kitchen".

Adam was created first to give him a chance to say something.

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## THE FOREST, THE SEA, THE MOUNTAIN

Mankind has moved such a long way from his "natural condition" in a few relatively short millennia, it isn't surprising that some of us should find it difficult to make the required adjustments to this climate of constant change. Life, for most of us, no longer hinges on whether we can find shelter from the elements, or food enough to eat, or sufficient clothing to keep us warm. Physically, we have been conditioned to adapt to almost any environment. Mentally, psychologically, it's not so easy. If we're hot, we manage to change skin pigmentation or invent the air-conditioner. But if we're mentally uncomfortable, we still worry in the same old way that our ancient forebears did when they could not find a cave to shelter the family. The only difference is that, today, we worry about abstractions like the profit margin, or the stock market, or whether Johnnie is learning more at the

university than he ought to know.

These present day worries and anxieties are real; the fact that most of them are not life—and—death matters does not make them any less painful. Their mutiplicity is a burden in itself. .

And so it is all the more important that from time to time we return to the wellsprings of humanity — the forest, the sea, the mountain. Few things are as regenerative to the human spirit and to the vigor of mind and body as the kind of active vacation which brings us into contact with the woods and meadows and seascape. From this vantage point the endless complexities of our 'civilized' existence often fall into focus, and we know briefly but clearly not only how we tend to take for granted all the luxuries of modern life, but how simple and few are our real needs.

From "The Pine Log"

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The Important Question: What can I do to get well in the shortest possible time?

The important answer: Take as MANY pills as OFTEN and as LONG as your doctor says.

—NTRDA Bulletin

Labels on four fishing nets arranged in a Sporting Goods window according to size and read like this: 'Minnow,' 'Trout,' 'Walleye,' and 'Liar.'

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# Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P.	Medical Director
PETER S. MOSHER, B.Sc., D.H.A.	Administrator
J. J. QUINLAN, M.D., C.R.C.S. (C) F.C.C.P.	Surgeon
F. J. MISENER, M.D., F.C.C.P.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D., F.C.C.P.	Physician
E. W. CROSSON, M.D.	Physician
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 Plaat

**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.