

THE NOVA SCOTIA SANATORIUM

VOL. 53

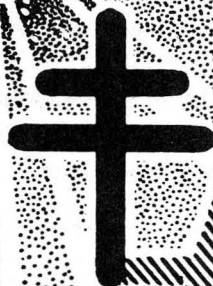
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# Health Rays



# 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.

## UNTIL THAT DAY

We shall be well extolled today,  
We thousands, sleeping under foreign  
skies.

It shall be said that we went forth to die  
As martyrs do, with gay songs on our lips,  
With joyous hearts in that our cause was  
just.

Our deeds of arms (men will proclaim)  
Have struck the chains of slavery from  
the small

And suffering peoples of the world,  
Have battered down oppression's prison  
walls

Of black, soul-killing, catacombing fear,  
That men might stand again, bewildered,  
dazed

In new found freedom's stunning, glori-  
ous light.

Our great Homeric sacrifice (men say)  
Has raised a splendid temple in each town,  
From whose eternal ramparts, fair faced  
peace

Smiles down upon the dreaming homes of  
men.

Today, the flags shall fly, the drums shall  
beat,

In absence of the hearts that beat no more  
Beneath the lonely stillness of the stars.

But flying flags and beating drums and  
words

Shall ne'er rekindle life's immortal spark,  
Nor give us back again to hearts that lov-  
ed

And waited our return through lonely  
days—

Yet, our eternal sleep would restful be  
Unburdened of each nightmare of regret,  
If peace, of which our grave white cross  
is pledge,

Would settle on the troubled hearts of men,  
And hands, late red with blood insanely  
shed,

Would clasp in unity and brotherhood.

The hearts of all the peoples of the world  
Are kindred in the fatherhood of God;  
Their hopes reach out to life's tranquili-  
ties,

Their aspirations rise to lasting peace.  
The souls of common men must never be  
Huge fortresses of hate, within whose  
walls

Are spawned the hideous progeny of war,  
To issue forth and devastate the world.  
The hearts of common men are kindly  
hearts,

That hope for all, the good that they them-  
selves

Do seek upon a kind and friendly earth.  
These dreams of peace, these hopes of bet-  
ter days

For all this war-torn, ravaged, troubled  
world

Will never dawn on men's expectant eyes,  
Until the potentates within whose hands  
Are grasped the awful potencies of war  
Now yield their proud, satanic lust of pow-  
er

And beat their swords into the shares of  
peace.

Until that day, our distant graves shall be  
But homes of restlessness and hopes un-  
filled,

And blood we shed and sacrifice we made  
Become a false, forgetful world's reproach,  
Unless the universal hearts of men

May sing the songs of peace in all the  
land—

The last great agonizing gesture of our  
lives

Has been an idle mock heroic thing.

And vain the crosses in a thousand fields  
Lift mute, white arms beseechingly to God.

—Marie Moran MacLean

—:o:—

The author of this Remembrance Day  
poem is a former patient at the N. S. San-  
atorium in 1947. She was Marie Delores  
Moran at that time, and came from Port  
Hood, Cape Breton. At the time this poem  
was published, she was living in British  
Columbia where her husband, Hugh Mac-  
Lean was captain of a halibut fishing boat.

The following poem, as well, was writ-  
ten by Marie Moran — this one in 1947,  
shortly after her admission to the N. S.  
Sanatorium.

### FORTITUDE

I thought that I was very brave  
And I had nothing more to dread  
Since Life and I had measured swords—  
“Now Fortitude's a Star”, I said.

\* \* \*

Now blue bewildered eyes that turn  
To question mute the why of pain  
And restless hands that twist my heart  
They bring me to defeat again  
For no stars shine in these strange skies  
To mark my nightmare journey plain.

But I shall own the Faith, the Hope,  
And I shall own the smile!

Who then shall know that heartache  
Has measured every mile.

—Marie Dolores Moran

## HIGHLAND VIEW SANATORIUM

Nova Scotia's First Treatment Centre  
for Tuberculosis

By Eileen M. Hiltz

I would ask you to put yourself back in time to just before the turn of the century. You have been decidedly unwell for some months, and now the doctor breaks the devastating news that you have "consumption". What will you — what can you — do about it? In all of Canada there exists exactly one institution for the treatment of tuberculosis. This is Muskoka Cottage Sanatorium, opened in 1896 at Gravenhurst, Ontario, with accommodation for a mere forty patients. With the only specialized treatment centre far away and costly, the alternative is makeshift arrangements for "curing" at home. Such was the dilemma confronting Dr. George E. DeWitt of Wolfville when he diagnosed his daughter Carrie as suffering from tuberculosis.

Dr. DeWitt was successful in obtaining admission for his daughter to Muskoka, and accompanied her there. He remained four months to study the methods of treatment, and came to the conclusion that nothing was being done for Carrie that could not be done as well at home. (Treatment at that time, as described to me by a son of Dr. DeWitt, was — "Fresh air, the colder the better, and exercise, with great quantities of Scott's Emulsion taken".) He returned to Wolfville, and set about preparing a place in which Carrie might continue the recommended style of curing.

A man of vision and also practicality, Dr. DeWitt decided that while looking after one tuberculous patient he might at the same time care for several others. To this end he acquired two small houses, side by side high on a hill above the town, and joined them by a long, glassed-in porch. In one of the houses a caretaker and his wife resided; the other house and the glassed-in porch was the accommodation for patients. Thus in a small and almost accidental way began the "Highland View Sanatorium", the first treatment centre for tuberculosis in Nova Scotia — preceding the Provincial Sanatorium at Kentville by some five or six years.

Fairly diligent research has failed to yield many hard facts about Highland View Sanatorium. The exact year of its establishment and the length of time it endured can be only approximated. Averaging out the information from somewhat

conflicting sources, one conjectures that Dr. DeWitt started his sanatorium before the turn of the century, and closed it just prior to the building of the Provincial Sanatorium in 1904. One authoritative source, a report from the Canadian Association for the Prevention of Consumption, makes this statement: "In 1901 the entire outfit of the Dominion for prevention and treatment of consumption consisted of three private institutions, having a total capacity of only 109 beds. These were Muskoka Cottage Sanatorium, Gravenhurst, Ont., Lake Ghur, Ste. Agathe des Monts, Quebec, and Wolfville Highland Sanatorium, Wolfville, Nova Scotia".

Equally beclouded are reports regarding the number of patients accommodated at "Dr. DeWitt's sanatorium", as it was commonly called. Estimates range from six to fifteen. We have Dr. DeWitt's own words, taken from a paper given at a meeting of the Maritime Medical Association in 1903, which state: "During the past twelve months I have had ten patients under sanatorium treatment."

With the regrettable loss of all the records of Highland View Sanatorium, and the shameful silence maintained by the press of the time regarding the dread disease, no amount of digging can seem to unearth the names of more than three or four persons treated there. One newspaper account does speak of patients entering from Wolfville, Halifax, Windsor and Parrsboro. The same account identifies by name Mrs. Ella Fraser, wife of the Superintendent of the School for the Blind in Halifax, Sir Charles Fraser, as he was to become later.

This very synoptic account of Highland View Sanatorium is rather in the nature of a "flier" put out in the hope that someone reading it may come forward with information not already gleaned in my research. All or any information relating to "Dr. DeWitt's sanatorium", the earliest practical effort to stem the ravages of the Great White Plague in our province, will be welcome, indeed. Some day I hope to write a fuller story on Highland View Sanatorium, and of its doughty founder, Dr. George Erasmus DeWitt.

## IN FLANDERS FIELD

The poem says:

"If ye break faith with us who die  
We shall not sleep, though poppies grow  
In Flanders fields."

A 32-bed hospital named for the author of those famous lines was officially opened here in November 1971 as part of the military base's Remembrance Day ceremonies. The Col. John McCrae Hospital is one of few memorials to the Guelph, Ont., creator of what is perhaps the world's best-known English-language poem.

In *Flanders Fields* is a vivid, factual account of the First World War written by a Canadian surgeon in the midst of one of 1915's bloodiest battles.

In April of that year German troops were hammering Allied lines and gaining in their push, ultimately unsuccessful, to conquer Paris and the channel ports. Canadian soldiers took the fullest force of the attack near Ypres, Belgium.

McCrae was then a medical corps major in charge of the 1st Canadian Artillery Brigade hospital and saw the brutal cost of the 16 days of all-out fighting that was the Second Battle of Ypres.

It was in that setting the poem was written:

"In Flanders Fields the poppies blow  
Between the crosses, row on row,  
That mark our place; and in the sky  
The larks, still bravely singing, fly  
Scarce heard amid the guns below.  
We are the Dead. Short days ago  
We lived, felt dawn, saw sunset glow,  
Loved and were loved, and now we lie  
In Flanders fields.  
Take up our quarrel with the foe:  
To you from failing hands we throw

The torch; be yours to hold it high.  
If ye break faith with us who die  
We shall not sleep, though poppies grow  
In Flanders fields."

The brigade commander, Maj.-Gen. E. W. B. Morrison, wrote in a letter towards the end of the war:

"This poem was literally born of fire and blood during the hottest phase of the Second Battle of Ypres.

"My headquarters were in a trench on the top of the bank of the Ypres canal and John had his dressing station in a hole dug at the foot of the bank.

"During periods in the battle men who were shot actually rolled down the bank into his dressing station."

Gen. Morrison said McCrae told him the poem was written to pass the time between the arrival of groups of wounded. Another account says it was composed in the back of an ambulance after visiting a friend's grave.

In *Flanders Fields* first appeared, anonymously, in the British magazine *Punch* in December, 1915, eight months after the concentrated German gas and infantry attacks failed to take the turreted town of Ypres.

For four brutal years soldiers on both sides saw spring's crimson poppy fields gariand the winter's battlefield graves. Within months of its publication the poem was memorized and sung by British and Canadian troops locked in the mud and srench of the trenches.

After the Ypres battle McCrae was promoted to full colonel and offered a posting as the British Army's senior medical consultant. But he did not get a chance to accept the new task.

He contracted pneumonia and died on Jan. 28.

Hundreds of soldiers joined his military funeral procession.

Every Remembrance Day since then French citizens have sprinkled his grave at Wimereux with poppy petals from Flanders fields.

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## Strictly Personal

By SYDNEY J. HARRIS

**How to Begin to Understand What's Happening in the World Today in Ten Not-So-Easy-Lessons:**

1. Start by taking a long, hard look at yourself, to determine whether you have significantly altered your views or stance in the last twenty years, or even in the last decade.

2. Ask yourself what you have done, personally and practically, to help change what needs to be changed, and to help preserve what needs to be preserved — and on what philosophical or moral basis you distinguish between the two.

3. Look around at your co-workers, friends and neighbors, and assess whether they are engaged in anything but the pursuit of affluence (and if they are enjoying it), and the pursuit of pleasure (and if they are enjoying it).

4. Recall when you last, if ever, had a serious talk with a person under twenty, with a poor person, with a Negro, with a foreigner, with a radical — with anyone whose life-position is sharply different from yours.

5. List and evaluate the kind of things you are reading now that you weren't reading twenty years ago, or a decade ago — are you aware of what's going on in the behavioral sciences, in education, in technology, in psychological research, or are you still reading the familiar and comfortable publications that tell you only what you like to hear or want to hear?

6. Are you reacting to new questions with new insights, or with answers that were beginning to be obsolete a generation ago—and are you able to differentiate between those principles and maxims that have permanent value and those that merely reflect the "received wisdom" of your father's time but are increasingly irrelevant today?

7. Try this imaginative process on yourself: Take a social or political position that is at the opposite pole from your own, and formulate it so that its proponents would be satisfied with the fair way you have stated it — and then, and only then, try to refute it with reason, logic and facts, not with rhetoric, emotion or name-calling.

8. Ask yourself (A) what are your proximate goals in life, then (B) what are

your ultimate goals in life and then (C) are your proximate goals leading toward, or away from, your ultimate goals?

9. Consider Bernard Shaw's aphorism: "It is impossible for the smoker and the nonsmoker to be equally free in the same railway car," and reflect on how society can arrange optimum freedom for all.

10. Whenever some act reported in the news particularly outrages you, threatens you, or appalls you, ask yourself under what possible conditions your reaction might be exactly the opposite.

—:o:—

### THOUGHTS AT LARGE

By SYDNEY J. HARRIS

In our arrogant ignorance, we ask, "Why did God make the mosquito?", and the purple martin answers us, "Why, for food, you ninny!"

It seems to be one of the ironic facts of human life that men generally get better looking as they grow older, while women fade; at 25 a man looks raw and a woman is in full bloom; at 50 he has reached his optimum, while she is in decline. (I refer only to looks, mind you, not to character or anything else.)

If we can plan obsolescence into our weaponry, why not into war itself?

The only formula that works equally well with all children is for parents to tell them no lies; it is simply amazing how candor and honesty can compensate for a host of other deficiencies in a parent.

Listening to the ranting of a bigot, I bethought myself of the anonymous wit who once remarked: "The chief difference between intelligence and stupidity is that intelligence has its limits."

The ultimate computer is one that will stop itself twice a day to take "oil breaks."

(Continued on Page 11)

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## A Matter Of Oxygen

With the medical dictionary right at hand I have finished reading the papers to be delivered at the Canadian Thoracic Society, which is the medical section of the CTA.

I needed the medical dictionary because the papers were dripping with words not in the common or garden variety of Oxford or Websters — words such as anaerobic, thoracotomy, inflammatory hyperplasia, hypothermia and hyperbaric — and do not on any account get confused between the hypens and the hypos, I told myself sternly.

With the aid of the trusty little book I finally discovered that what was being discussed in many of these papers was how to get added oxygen to patients who are having a hard time with their breathing.

In normal conditions our lungs do this for us with no fuss. As the blood circulates it gives off carbon dioxide. We exhale and out goes the carbon dioxide. This leaves a space in our lungs. We breathe and in comes oxygen. The blood absorbs it and takes it through the body. Some parts of the body, notably the brain, are peculiarly dependent on oxygen. The supply has to be steady.

Travel by jet would not be possible had not the builders of aircraft found a way to feed oxygen into the plane. Up there at ten thousand feet or more the oxygen diet would be rather thin, but when they talk about cabins being "pressurized" what they mean is that the plane is sealed when they shut the doors and then oxygen is fed into it so that passengers get the same amount as they would on the ground.

Hyperbaric oxygen is oxygen under pressure. It is not precisely a new invention. It was first tried out something over 300 years ago but as they were not getting very far with it, it dropped into disuse for a while. From time to time it was tried out again on patients with cholera, diabetes, cancer and syphilis. These did not respond to oxygen. The strange thing is that anyone thought they might.

However, one group of patients, it is now being realized, can use some oxygen that has pressure behind it to get it into the lungs. These are patients with various breathing difficulties. They need some push behind the oxygen, not just an oxygen tent.

There are a few points to be cleared up however before the hyperbaric oxygen is available at all hospitals. To quote Dr. B. H. Bass, "The chambers must be safe, dependable and strong. They must be capable of being run and maintained by junior medical staff or senior nurses."

What he did not say, since he was speaking to those already familiar with oxygen tents, it will probably be necessary to have patients and staff hand over all cigarettes and matches before entering the area because an absent minded lighting of a cigarette would have the place in flames. Oxygen is highly inflammable. It doesn't light in ordinary air because it is mixed with so much nitrogen and nitrogen doesn't burn.

Happily, you probably don't need pressurized oxygen now but when you do, there is a good chance it will be there.

—TB . . . and not TB

## Concerned About Smoking Effects

HELSINKI (UPI) — The Finnish people are such heavy smokers that by 1980 all hospital space will be occupied by men and women with diseases caused by tobacco, a delegate attending a Nordic conference against smoking said yesterday.

The conference arranged by the Nordic council ended the two-day meeting with a call to the Finnish government to ban cigarette advertising and allocate funds for an information campaign about the health hazards involved.

Finnish delegate Arto Polsa, representing a group of persons handicapped by respiratory and lung diseases, said 8.5 billion cigarettes will be sold in Finland this year.

"This means 2,000 cigarettes per head in this nation of 4.6 million," he said. "No wonder that by 1980 hospital beds will be filled with cancer patients and people with chronic lung diseases."

Halifax "Chronicle-Herald"

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## MEDICAL COLUMN

By Walter C. Alvarez, MD  
Emeritus Consultant  
of Medicine, Mayo Clinic  
and Emeritus Professor of  
Medicine, Mayo Foundation

A while ago, I ran across a list I once made of the signs that a person is old, and I think it bears repeating here: A man can know he is old when:

- 1 — he feels old;
- 2 — he is satisfied that he has learned all he needs to learn;
- 3 — tomorrow holds no promise of anything interesting for him;
- 4 — he sees nothing amusing in the frolics of youth, and he hates the lively banter of youngsters;
- 5 — he would rather talk than listen; perhaps in company, he corners the conversation and does all the talking;
- 6 — he feels that only the "old days" were good;
- 7 — he keeps saying, "I am too old for that";
- 8 — he won't do anything to help his neighbors, friends or community;
- 9 — he has no plans for tomorrow;
- 10 — he has become so irritable and grouchy that no one cares to be with him;
- 11 — he keeps telling anyone who will listen about the people who "did him wrong."

On the other hand, a man can be 70 or 80 years old, but still feel young, except perhaps in his joints or his heart or his legs. If he is constantly planning things he is going to do, and is still working at something; if he likes and seeks the company of young people, and they like him; if he is a good listener; if he never complains about his health, even when he is in pain (except to his doctor); and if he disapproves of what the President is doing, but says, "Change is in the air and we must adjust to it," — then he is still young.

Sometimes the grown children of an older person unwittingly do things that tend to make the person feel old, and try to impose on him what I call "that form of persecution known as love." They may encourage a formerly busy and hard-working man to "retire and take it easy", perhaps in a retirement town somewhere, when he feels as if such a life would be like being "dead but not buried." They may want him to give up doing what he loves best for fear it will "tire" him, when it is his

interest in the activity that keeps him going.

Many people past 75 write to ask if they should strictly follow a new, special regimen — perhaps a special diet with specially concocted drinks, special exercise, and special vitamins. My own feeling is that if a person, at say 75, feels well, can walk rapidly along the street, sleeps well at night, enjoys working hard during the day and still takes pleasure in his life as he is living it, there is no need for changing his regimen.

Years ago, that wise philosopher, Stephen Leacock, said something very sensible about retirement: "Let me give a word of advice to you young fellows around 50 who have been looking forward to retirement; have nothing to do with it. Listen; it's like this. Have you ever been out for a late autumn walk in the closing part of the afternoon, and have you suddenly looked up to realize that the leaves have practically all gone? And the sun has set, and the day gone before you know it — and with that a cold wind blows across the landscape? That is retirement."

—————:0:—————

## These Are My Riches

By Fred Toothaker

My riches are the fellowship and friendships I have made, the neighbors and companions, yes and kindness they've displayed.

My wealth is all the blessings that a lifetime's given me; The dreams and all the memories of days that used to be.

My fortune is the mellowness of age that years convey Without regrets for "might have been", or "chance that got away."

My treasures are the promises, the happiness, the cheer, The hopes fulfilled, the faith restored and confidence sincere.

(Continued on Page 9)



## Editorial Comment

From time to time we have used this column to report on changes which are taking place at the Sanatorium. We are pleased to hear from a number of readers that these goings on are of considerable interest. Especially for former patients and former staff members who can picture things the way they were. Well, there are actually so many changes recently that it is difficult to keep up with them! The west wing of East 1 has been vacated by the Department of Physical Medicine, the Nursing Office, Admitting Office, and the Office of the Director of Nursing. These rooms are now occupied by patients, as they were a number of years ago. The occupants of the offices just mentioned have moved to the basement of the East Infirmary. Actually, the Department of Physical Medicine is located in the rooms beneath Miller Hall which were previously occupied by Medical Records.

The Sanatorium Canteen moved during the last week of October from the Recreation Building to a small room in the basement of the East Infirmary which was formerly used as a luggage room.

Across the corridor from this new, compact, version of the Canteen is what used to be the East Infirmary Diet Kitchen. This is now the Patient's Lounge and is also to become the new home of the Handcrafts Department. Mrs. Barbara Dykens several weeks ago packed the materials and supplies which she would be able to use in the reduced space available but the move has been delayed and she has been gradually unpacking as the need arises.

In the Annex and Service Building area three rooms have been returned to the Dietary Department. These are the former Patient's Lounge, which is minimally used at present as a tray room, the Coffee Bar which was later our games room, and the Annex Diet Kitchen which was Mrs. Campbell's Sewing Room.

In the series of moves the next big one is said to be a transfer of the Rehabilitation Department and Business and Administrative Offices to floor 1 of the Annex.

It is anticipated that our rooms in the Nurses Residence will be turned over to the Department of Lands and Forests and one of more other Provincial Departments. The two remaining children, by the way,

were moved from the Annex to East 1 during the last week of October.

\* \* \*

We are pleased to report that Eileen M. Hiltz (Mrs. J. E. Hiltz) has kindly offered to help with Health Rays again. This is good news for Health Rays, for Eileen has many times maintained the continuity of this publication in times when there was often a rapid turnover in members of the Editorial Staff. It has been agreed that she will be Associate Editor for as long as she has a bit of free time on her hands. Welcome back to Health Rays, Eileen!

—:O:—

## Hallowe'en Party

On Friday evening, October 27, there was a party in the new Patient's Lounge, which is situated where the East Diet Kitchen used to be. This was the first such event since the Lounge was re-located and we were interested to see how well it would accommodate our present group. There were about 44 patients present and the room was pretty well filled. The entertainment took the form of a Bingo Party, with Hallowe'en as the theme. This was about as close to Hallowe'en as we were able to arrange, for few of us wish to venture forth on the evening of the 31st., we wouldn't care to compete with election night, on the 30th, and Saturday and Sunday evenings are not convenient for members of the Dietary Department.

Some appropriate decorations were in evidence and there were also a few costumes. Tasty refreshments were provided by the Dietary Department and were very much enjoyed, as always. Prizes were obtained from the Patients Canteen.

Thelma Chute and Barbara Dykens both from the Rehabilitation Department, were hostesses and it was something of a new experience for them to look after an evening of bingo. Everything apparently went smoothly and it is good to know that we can provide entertainment without calling upon help. We would like to express our thanks, however, to the Ladies of the I.O.D.E. who kindly lent us their bingo set. We should mention, too, that we were pleased to have Dr. Holden, Dr. Rostocka, and Mr. Peter Mosher present for part of the evening.

## WHY TB LINGERS AMONG THE AGED

(Ed. Note:) The following article is written by J. A. Myers, M.D., on the faculty at the University of Minnesota, School of Public Health.

The early report of the 1970 United States Census revealed that there were more than 33 million women and 28 million men of 45 years and older. Most of these 61 million citizens were born before organized effort against tuberculosis in people and domestic animals was well under way. During the era in which they were born tuberculosis was prevalent and large numbers of victims remained in their communities throughout its long course. Pasteurization of dairy products and the Bureau of Animal Industry's national eradication of tuberculosis among cattle program had not reached their peak performance so large numbers of infants, children, youths, and young adults became infected with human or bovine type of tubercle bacilli. In their bodies primary (first infection type) tuberculous lesions developed in the areas where tubercle bacilli were lodged. At the points of focalization of bacilli the reaction of the tissues was similar to that of foreign bodies such as silicon dioxide particles. There was no pain or other symptom to call attention to the hosts or their associates to the disease. No phase of examination including x-ray films of the chest or laboratory studies revealed evidence of the disease. The bacilli were gradually walled off. During the early stages of this process sensitivity (allergy) of body tissues to the protein of tubercle bacilli developed. This reached a high degree within three to seven weeks. At that time some of the hosts had symptoms including fever and malaise of brief duration so similar to those of mild influenza that tuberculosis was not suspected. The majority had no noticeable symptoms. In the vast majority of these infected persons the walls around the tubercle bacilli which at first consisted of white blood cells (monocytes and lymphocytes) then fibrous tissue and finally calcium and bone kept the bacilli imprisoned for the remainder of the hosts lives, most of whom never knew they had tuberculosis.

A small percentage of those who became infected with tubercle bacilli acute or chronic clinical tuberculosis developed. For the most part (probably all) these progressive areas of disease were caused by

nature resorbing parts of walls of capsules thus permitting the pent up bacilli to escape and lodge on allergic tissues. These tissues being sensitized to the protein of tubercle bacilli reacted specifically to the freshly implanted organism's protein. This protein was destructive to the tissues so progressive disease developed which was a battle between the bacilli and the defense mechanism of their bodies.

This occurred wherever primary modules were located. If in the brain, their release of tubercle bacilli caused meningitis; if in a kidney, progressive disease evolved and so on in various organs, in the bodies of different people. Far more endogenous reinfections occurred in their lungs than in extrathoracic organs since more primary lesions were located there.

Although a small percentage of the people who became infected with tubercle bacilli developed clinical disease the infection rate was so high that in the aggregate they constituted a large number. For a long time they filled our sanatorium to capacity and many remained on waiting lists. The disease was rated as the first cause of incapacity and death. While many have died from tuberculosis and other conditions the remainder have moved into the upper age period of life and constitute the old people of today. Many brought their tubercle bacilli with them but the majority have not been incapacitated by tuberculosis. Nevertheless they are potential cases of endogenous reinfection type of tuberculosis with spread of tubercle bacilli to their human and animal associates.

Among those people born after organized effort to control tuberculosis was well under way this disease has continuously decreased. Thus tuberculosis among the elderly stands out in bold relief. This is demonstrable in two ways. One, by mortality and morbidity reports, and two by tuberculin reactions.

Tuberculosis among elderly people was thought to be rare in this country 50 years ago. Therefore those who had mild symptoms such as cough and expectoration were believed to have bronchitis, asthma, or emphysema. They usually were not tested with tuberculin, x-ray inspections were not made, and sputa were not examined for tubercle bacilli. As is true in other aspects of tuberculosis, facts well established decades and centuries ago had

been forgotten or never called to the attention of physicians. For example, in 1920 Peller studied the vital statistics of Vienna from 1752 and 1753 which revealed that among those who were 50 years and over the tuberculosis mortality was 20.8 per cent of the total mortality. Thus the prevalence of clinical tuberculosis among elderly people as seen today is not a new phenomenon. It probably extends far back into pre-historic times on the plains of the Ganges.

Our observations on tuberculosis as among elderly people began in the 1920's, and the first group of 37 patients ranging from 50 to 80 years old was reported in 1930. In that report the following statement was made. "Tuberculosis in the aged is one of the great problems from the standpoint of epidemiology. Its danger lies in its mildness. Many cases are not diagnosed until very late in life and not a few are diagnosed at the postmortem table".

In this country while many clinicians considered tuberculosis in old people a rare condition, pathologists were seeing it with considerable frequency at necropsy. For example, Freeman and Heiken in 1941 among 3000 routine necropsis found unsuspected pulmonary tuberculosis in 20 per cent. These who died at the age of 60 years or older comprised one third of the total necropsy incidence but provided 29 per cent of the total incidence of pulmonary tuberculosis.

In the United States in 1968 persons over 45 years old accounted for 89 per cent of all deaths from tuberculosis.

The elderly person in whom clinical tuberculosis develops or is reactivated constitutes a serious problem. He differs significantly from the individual with emphysema, asthma, bronchitis, or bronchiectasis, whose problem is only a personal one. Medlar, Spain and Holliday have referred to elderly persons with clinical tuberculosis as the "tuberculosis seedbed."

It is urgent that elderly people harboring tubercle bacilli be found and kept under surveillance for the remainder of their lives.

It behooves every physician and every appropriate organization to identify all old people who harbor tubercle bacilli. Identification is easily accomplished by tuberculin testing. It may be necessary to use doses of tuberculin larger than usual, as the sensitivity of elderly people to tuberculo-proten may have waned. Since the early 1920's it has been well known that

certain other acid-fast bacilli may result in sensitivity to tuberculin. However, every older person who reacts characteristically to tuberculin should be considered a harbinger of tubercle bacilli unless it can be proved that another acid-fast bacillus is responsible.

Every elderly person who reacts to tuberculin should promptly have roentgenographic inspection of the chest, but the absence of abnormal findings by no means rules out tuberculosis. Those who present no evidence of significant pulmonary disease should have x-ray inspection repeated at least annually as long as the lungs appear normal. If chronic clinical pulmonary lesions begin to evolve their progress is usually so slow that after they are first detectable by shadows cast on roentgenograms, two or three years elapse before symptoms occur and bacilli appear in the sputum. Prompt treatment of these developing lesions is nearly always so successful as to prevent illness and communicability of the disease.

If eradication of tuberculosis is to be accomplished the tubercle bacilli that have taken refuge in the bodies of elderly people must be found and kept corralled for the remainder of such person's lives.

SAN-O-ZARK

—:O:—

## THESE ARE MY RICHES—

(Continued from Page 6)

My riches, yes, are dreams I've had,  
the peace I've striven for,  
And when the books are balanced,  
who could ask for anymore.

—Via The Sanatorium Pulse  
—The Iowa Stethoscope

—:O:—

No sound disturbs the sullen peace  
Of Winter now begun,  
And nothing moves except a brook  
That flashes in the sun;  
Except a sleek and pompous crow  
Who struts in yonder tree,  
As though the Lord has stopped to look,  
Instead of only me;  
Except a wind that prowls about  
Till bold enough to bite;  
Frost-painted leaves are in the air,  
And clouds are put to flight.

—From Snow by Maurice Ronayne.

## Chaplain's Corner



Rev. J. Douglas Archibald, D.D.  
United Church San Chaplain

### MASKS

We were watching the first game of the N.H.L. season, between the Toronto Maple Leafs and the Montreal Canadiens. From time to time the cameras would be focused on the goalies, and the announcer would say: "There you have an excellent closeup of Dryden or Plante". What strange looking creatures they are! Everything about them seems to be out of proportion. The most frightening feature was the sight of their faces. One wonders what a primitive tribe from South America would think of anything that looked like these men in the goals at either end of the ice. One feels they might well be ready a target for their poison arrows.

Not long ago was Hallowe'en, and when we answered our doorbells it was to see before us some of the most weird creatures you could imagine: witches, dogs, cats, pigs, wolves, giants, goblins, and all these strange things to remind us that on this night there were no limits to the natural and unnatural that were aroad in the land.

Now, to come back to these goalies. We know that behind these masks were the faces of men, who, when the masks were removed, could smile or frown, or in various ways give expression to their feelings. The goblins and "things that go when their masks were removed revealed the angelic face of the little girl next door or a smiling lad with twinkling eyes. Masks had really hidden their true selves.

We know that on the early stage one person might play a number of parts. He might be a charming prince, and a little later the villain. He might be a dashing brave hero, and a little later a craven coward. This was done by masks. At the back of the stage on a rock hung a number of masks: The actor or actress simply chose a mask to fit the part he or she was to play.

It is true we are all called to play our parts on the stage of life. Shakespeare knew this when he said: "All the world's a stage, and all the men and women merely players. They have their exits and their entrances, and one man in his time plays many parts".

Sometimes we hide our real selves behind a mask. The person we see at work may be a very different person when we meet him socially. That shy individual you thought had not an ounce of courage or endurance about him turns out to be as solid as a rock, and most dependable in the crunch.

We see we must be very careful how we judge people. Appearances can be most deceiving. The scriptures remind us of this, when we read: "For man looketh on the outward appearance, but the Lord looketh on the heart," or again: "As a man thinketh in his heart so is he". Jesus had harsh words to say about the people who said one thing while the manner of their lives was saying something very different. He laid down a fundamental rule when he said: "Wherefore by their fruits ye shall know them". This is the great test.

There will come a time when we all must cast our masks aside and just be ourselves. No more deceiving. Little wonder that Jesus said when that day comes there will be many surprises. His words were: "But many that are first shall be last; and the last shall be first".

—:O:—

### Kindness

Kindness works simply and firmly. Amiability and tenderness are its aides. It puts distrust, malice and ill-will to rout. There is strength in an answering kindness. Enmity, resentment and spite are pushed aside. It is a most effective force when put to use.

Kindness comes from the heart and the earnestness with which it is bestowed assures an acceptance in good spirits. So many times we are not in earnest in the matter of kindness. The indifference of man in regards to beneficence in any form, for overshadows any mistrust in it. Let us give and accept kindness earnestly.

—SoCaSan-Piper  
Via The Iowa Stethoscope

## THOUGHTS AT LARGE

(Continued from Page 4)

I have always had a sneaking sympathy for Cain, since he really didn't know he was committing murder — for nobody had ever died until then.

The difference between talent and genius is not a matter of degree; genius does not do what talent finds difficult, but what it finds impossible.

A philosophy of life that "reasonably" fits is as ineffectual as a shoe that is only a size too large or too small; in the end, it will squeeze or rub away all the comfort it is supposed to give.

If a ship has a legal personality, in maritime law, and a corporation is a fictional "person," in corporate law, then I can't see why lawsuits in environmental issues can't be brought in the name of a valley or river or forest that is about to be despoiled by roads and bulldozers, even though no human person can demonstrate legally that he has yet been injured by the proposed defacement.

\* \* \*

My gloomiest foreboding tells me that "irregardless" will worm its ugly way into standard English within the decade.

\* \* \*

A reader in New Orleans sends along this clipping: "We live in an unhappy age. The capitalist is insecure in his possessions. The laborer is discontented with his condition. Professional life abounds in disappointments. No century, perhaps, is more characterized by unhappiness than this." — from *The New Englander* magazine of January 1879.

—:o:—

## The Cure Is Easy

One of the most difficult problems in the control of tuberculosis is getting patients to take drugs as prescribed. The TB drugs can work if they are taken regularly; disease can be checked and health restored. It sounds so easy . . . but it isn't.

Anne Grant, health education consultant for the Canadian Tuberculosis Association, claims that taking drugs looks easy only to those who have never had to take them regularly.

Anyone who has had to take them knows that unless, one devises some help for the



## RELIGIOUS SERVICES AT THE NOVA SCOTIA SANATORIUM

### PROTESTANT

Worship Service (Chapel)  
Sunday: 10:00 a.m.

Vesper Service (Station San)  
Monday through Saturday: 6:25 p.m.  
Sunday: 5:45 p.m.

Communion is served quarterly in the East and West Infirmaries.

### ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)  
Sunday; 9:00 a.m.

The Rosary (Station San)  
Monday through Saturday: 6:45 p.m.  
Sunday: 6:15 p.m.

The Hour of the Crucified (Station San)  
Sunday: 6:30 p.m.

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memory it is hard. There is the nagging question of whether one has taken them or not. Did I, didn't I.

Miss Grant suggests that patients on chemotherapy at home establish some kind of routine check. One way to do it, she says, is for the patient to set a time in the week when he measures each day's quota into a little bag, bottle or box labelled Monday, Tuesday, and so on through the week.

If the pills aren't gone for that day, the patient knows he hasn't taken them . . . and had better do something about it.

Patients need to be reminded of the tremendous importance of taking drugs as prescribed. If they do not take them regularly, do not return to the tuberculosis clinic for a check-up and a fresh supply, they will likely find themselves back in sanatorium for a much longer stay.

And for some of these patients it might just as well be 1940, for the haphazard use of drugs has caused the tubercle bacilli to become resistant to the miracle drugs that are the mainstay of modern treatment.

## OLD TIMERS

I have had a couple of interesting conversations with a patient on First East who is here for investigation. He is Owen Stanley Wagstaff who must be well known to a good number of Old Timers. If I may rely upon memory, Mr. Wagstaff first arrived at the Nova Scotia Sanatorium in 1917, following service with the 219th Highland Battalion. This much I remember well because it is the same Battalion that my father served with. Mr. Wagstaff says that he drove the first ambulance at the Sanatorium, which was a vehicle formerly used as an Army field ambulance. I was most interested to hear that he continued working at the Sanatorium until his retirement in 1946.

Something else of interest is Mr. Wagstaff's ability in tying trout flies. He has received a good deal of recognition and acclaim for the quality of his product. Part of his recent fame he attributes to the presentation made to the Honourable John Diefenbaker of a selection of his flies when the Chief was visiting the Annapolis Valley. When it was learned that Mr. Wagstaff had tied the flies an article was written on him in the Chronicle Herald, a reporter from the Toronto Star visited him for an article for that publication, and a CBC television crew from Halifax called upon him.

We have had some notes and renewals from subscribers, some of whom are as follows:

Mrs. Jane DeWolfe, 27 Ochterloney St., Dartmouth, says that she continues to enjoy reading our magazine; Mrs. Duncan Greene, R.R. 5, New Glasgow; Hazel Tipert, who is still in Goose Bay, and I was noticing a note in the Old Timers column in the February 1957 issue says that Hazel sent greetings from southern Greenland. That's a long time in the North Land, Hazel!

Other renewals were from Margaret Potter, R.N.; Patrick Connors who was recently here for a check up and still lives at Hopewell; Fred F. Hill, Great Village, who kindly included a contribution to the Fund; Chesley Spracklin, 2406 Gottingen Street, Halifax, writes "I enjoy the Health Rays Magazine very much as I appreciate keeping up on information on chest conditions, having been a former patient in three Sanatoriums in the States and Canada over a period of three and a half years. I was in Kentville for just over a

year during 1928 and 1952. I am glad to read the articles on the former days at the Sanatorium, as I enjoyed many pleasant times with my associates in Kentville as I was an up patient during all of my stay there and we used to get around quite a lot back in those days. Wishing you and your staff continued success with the Health Rays."

Continuing we have had renewals from Donald J. MacKinnon, New Waterford; Earl Gerhardt, Liverpool; Mrs. Leonard Rafuse, Chester; Mrs. L. A. Jackson, R.R. 3, Kentville; Mrs. Evelyn LeBlanc, West Pubnico, who sends her best regards to all at the Sanatorium; Mrs. H. G. Walters, Brookfield; Mrs. Charles Wamboldt, Dartmouth; Mrs. Marjorie Cook, Bible Hill, who says that she continues to enjoy reading our magazine; Miss Mabel C. Moseley, who sends a new address, 5222 Green St., Halifax; Johnny Madden, Kentville; Mrs. Hope M. Mack, R.N., Hantsport, who writes, "Am always interested in what goes on at the San. and can hardly believe the changes that have occurred since 1969. Sincere good wishes." Those in the midst of the changes can hardly believe them either, Mrs. Mack! From Alphonse Callahan, New Glasgow, we have a renewal and a note. From Dr. and Mrs. R. W. Landymore, a change of address to Rainbow Ridge Farm, West Lawrencetown, Halifax Co.; Hildrid McGillivray, Bridgeport, wrote regarding the article on Dr. Schaffner; Mrs. John A. Silver, Cross Roads, Country Harbour; J. Patrick Comeau, Lower Saulnierville; Mrs. Catherine Amirault, Weymouth; Albert Longuephy, L'Ardoise; Arthur W. Leslie, R.N., whose new address is 60 Oakdale Apartments, Leverett Avenue, Kentville, and three other local subscribers, Hazel LeFave; Mary Spinney, Alice Levesque and Austin Amirault.

And next, some notes contributed by Anne-Marie:

Grace Adams of Masstown, Colchester Co., a former patient and staff member who retired last year, visited with me for a week in November. She is enjoying her

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## Ins And Outs



### NOVA SCOTIA SANATORIUM

September 16 to October 15, 1972

JEAN BAPTISTE GUSTAVE COMEAU, R.R.1 Saulnerville, Digby Co.; MRS. SOPHIE GRANDY, 6038 Leeds St., Halifax; GEORGE ALFRED BEACH, 37 Pleasant St., Wolfville; MRS. VENETTA JANE DeWOLFE, 27 Ochterloney St., Dartmouth; MRS. JEAN AMONA VEINO, 9 McDow Road, Kentville; MRS. HELEN LEONA CONNOLLY, R.R.1 Italy Cross, Lun. Co.; PAUL FRANCIS AMIRAUT, Centre East Pubnico, Yarmouth Co.; MURRAY HAZEN CORBIN, 18 McDow Road, Kentville; MRS. ESTELLA MARIE DESMOND, Salmon River, Digby Co.; ROY ELDRIDGE HAMILTON, R.R.4 New Glasgow; BENEDICT PETER FLEMMING, Purcell's Cove, Halifax Co.; FREDERICK SEYMOUR DICKSON, R.R.3 East Prince St., Truro; MRS. GERTRUDE LORENDA BROWN, Port Williams, Kings Co.; WILLIAM EDMUND ROSE, 6473 Chebucto Road, Halifax; LESTER CLYDE TURNER, Tremont, Anna. Co.; CLIFFORD RUGGLES WHITE, Lakeville, R.R.1, Kentville; MRS. VIRGINA BLANCHE LANGILLE, New Minas, Box 95, R.R.3 Kentville; JOHN BERNARD CHAPLIN, Middle Stewiacke, Col. Co.; MURRAY RICHARD FRANCIS RAFUSE, Kings County Hospital, Waterville; GEORGE BYRON ZWICKER, 15 Orchard Ave., Wolfville; DONALD EDWIN O'CONNELL, 19 Commercial St., Yarmouth; MRS. HARRIETT ELIZABETH CAMPBELL, Mc'e Road, Kentville; RALPH FENTON BAXTER, R.R.2 Waterville, Kings Co.; WILLIAM ROSS DAHR, R.R.1 Port Dufferin, Halifax Co.; ALEXANDER ARCHIBALD MacDOUGALL, New Minas, Kings Co.; MRS. VIVIAN ROSEMOND LIGHTFOOT, Wilmot, Anna. Co.; MRS. GERALDINE MAY SAMMON, 16 Argus Drive, P. O. Box 918, Greenwood; STEWART RUSSELL KEDDY, East Inglisville, Anna. Co.; JOHN ERVIN HARRIS, Terence Bay, Halifax Co.; JOSEPH MACNEIL, Spring Garden Villa, St. Anthony

Drive, Sydney; CHARLES HIBBERT WILLES, Wilmot, Anna. Co.; RONALD LEROY TAYLOR, 129 Mutual Street, Ingersoll, Ontario; MRS. FRANCES ELIZABETH HUGHES, B.R.1, New Ross; MRS. LOUISA GERTRUDE ATWATER, 221 Belcher St., Kentville; GUILDFORD REED HAYES, Brooklyn, Anna. Co.;

OWEN STANLEY WAGSTAFFE, 269 Main Street, Kentville; MRS. ELSIE MAY SLADE, 27 School Ave., Fairview, Halifax; DEBBIE FRANCES HUBBARD, Hubbard's Point, Yarmouth Co.; MRS. BERTHA ABIGAIL ALLEN, Shelburne; MRS. HELEN MARIE GRANT, Harmony, R.R.3 Truro; MRS. VIRGINIA MARIE BANKS, Torbrook Mines, Anna. Co.; CECIL ATWOOD CROSS, Nictaux Falls, Anna. Co.; MRS. SHIRLEY ETHEL BURGESS, 9 on 9th Crescent, Greenwood; WILLIAM DOUGLAS BEAVER, Port Dufferin, Halifax Co.; CHARLES ENOCH PARKER, Grafton, Kings Co.

### DISCHARGES

September 16 to October 15, 1972

MRS. ELLA JANE MOORE, 86 Main Ave., Fairview; FREDERICK LEWIS STEADMAN, Mount Uniacke, Hants Co.; SUSAN ANN MacNEIL, 311 College Road, Windsor; RUDOLPH MOHAMED CHUNG, 173 Pike St., Kitty, Demervora, Guyana; JOSEPH JAY GOULD, Membertou, Sydney; ARCHIBALD JOSEPH MacDONALD, Thorburn, Pictou Co.; JOHN MELBURNE WHOOTEN, 17 Blanchard Ave., Truro; STEPHEN JOSEPH SAUVEUR, 68 Academy St., Amherst; MRS. VERYL MARGALET STARR, 10 Regency Park, Apt. 102, Dartmouth; MRS. SOPHIE GRANDY, 6038 Leeds St., Halifax; HARLAND EDWIN PINKHAM, Coddles Harbour, Guys Co.; ADAM PELLERINE, 172 McCall St., New Glasgow; WILLIAM EDMUND ROSE, 6473 Chebucto St., Halifax; CLARENCE ALDEN PINKHAM, Coddles Harbour, Guys Co.; MURRAY RICHARD RAFUSE, Kings County Hospital, Waterville; RUSSELL STEWART KEDDY, East Inglisville, Anna. Co.; EDWARD BENTLEY BAYERS, R.R.1 East Chezzetcook, Halifax Co.; MRS. ALICE ELIZABETH LOVELY, R.R.1 Wilmot, Anna. Co.; MRS. NINA AMELIA BURGESS, Walton, Hants Co.; ALFRED JOSEPH LeBLANC, 33 Allison St., Amherst; FRANK CHARLES GAUDET, Mil-

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## INS AND OUTS—

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ford, Hants Co.; GEORGE HENRY MALCOLM, R.R.2, Lawrencetown, Anna. Co.; FREEMAN ARTHUR BRIAND, 6072 Cunard St., Halifax; MRS. VENETTA JANE DeWOLFE, 27 Ochternoney St., Dartmouth; HERBERT JOSEPH COMEAU, 175 McKittrick Rd., Kentville. JOHN BERNARD CHAPLIN, Middle Stewiacke, Col. Co.

EARL GARFIELD FROST, Little River, Digby Co.; MRS. VIRGINIA BLANCHE LANGILLE, Box 95 New Minas; VICTOR St. CLAIR HILTZ, R.R.1 New Ross; MRS. ELSIE MAE SILVER, Isaac's Harbour, Guys Co.; RODERICK BERNARD MacDONALD, 339 Marsh St., New Glasgow; DONALD HENRY MORASH, Scotch Village, Hants Co.; MRS. GERALDINE MAY SAMMON, 16 Angus Drive, Greenwood; MRS. HELEN MARIE GRANT, Harmony Col. Co.; RALPH FENTON BAXTER, Woodville, Kings Co.; MRS. LORRAINE DARGUE SURETTE, 183 Forest St., Yarmouth; MRS. ESTELLE MARIE DESMOND, Salmon River, Digby Co.; GUILAUME ROGER LeBLANC, Cheticamp, Inv. Co.; FRANKLYN JAMES SMITH, Torbrook, Anna. Co.; REGINALD HARPER, 149 Commercial St., Middleton; RONALD LeROY TAYLOR, 129 Mutual St., Ingersoll, Ontario; MRS. CATHERINE GRACE MERLIN, % Mr. and Mrs. Lester Steele, Aylesford, Kings Co.; GEORGE BYRON ZWICKER, 15 Orchard Ave., Wolfville; CLIFFORD RUGGLES WHITE, Lakeville, Kings Co.; MRS. MARGARET ELIZABETH MARTELL, Eureka, Pictou Co.

—:o:—

Little Jimmie, aged five, was at the piano and doing his best to play the keys at the same time as he operated the pedals, just as he'd seen his mother do. After many efforts he cried out in disgust: "I can play the keys alright, but I can't reach the gcs."

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## POINT EDWARD HOSPITAL

## ADMISSIONS

## OCTOBER 1 TO OCTOBER 31, 1972

HENRY LEWIS DUPONT, Birch Grove, Cape Breton Co.; WALLACE WILLIAM MORRIS, 9 Jessome St., Glace Bay; GERARD CAMPBELL, 30 Bay St., Glace Bay; CHARLES RAYMOND HOLMES, 756 Westmount Road, Sydney; HENRY JOSEPH DANIEL LAWRENCE, 1793 Oxford St., Halifax; JOHN EDWARD MacINNIS, 61 Steele's Hill, Glace Bay; ARCHIBALD PHILIP BOYD, 26 Boyd St., Glace Bay; DANIEL JOSEPH GILLIS, 33 Reserve Rows, Reserve, Cape Breton Co.; MRS. LOUISE (JOHN B.) ISAAC, Barra Head, Richmond Co.; EDWARD JOSEPH PAUL, 54 Micmac Crescent, Memberton, Sydney; MRS. MARY ISABEL MURRAY, 23 Trinity Ave., Sydney; RENE WILLIAM PAUL, 33 Gallagher St., Memberton, Sydney; LINUS ARCHIBALD FORTUNE, 3594 Plummer Ave., New Watford; MRS. ANNIE HALL, 31 Jessome St., Glace Bay.

## DISCHARGES

## OCTOBER 1 TO OCTOBER 31, 1972

JOSEPH MacNEIL, Spring Garden Villa, Sydney; MRS. ELLEN ELIZABETH HOLMES, 154 MacLean St., Glace Bay; HENRY HILLIER, 116 Vulcan Ave., Sydney; MARY STELLA RYAN, Box 108, Port Hawkesbury; MRS. ANNIE JANE LEWIS, Nyanza, Victoria Co.; GERARD CAMPBELL, 30 Bay St., Glace Bay; MRS. LOUISE ISAAC, Barra Head, Richmond Co.; JAMES HARRISON MURRANT, Box 5, Site 1 (Port Caledonia) R.R. 1, Glace Bay.

—:o:—

The conceited rookie was pitching his first game. He walked the first four men, and the manager pulled him out of the game.

As he slammed his glove to the ground, he was heard to mutter: "Yanked out of the game just when I had a no-hitter going."

\* \* \*

"I've a job as a pilot."

"With an airline?"

"No, a horse stable — pile it here; pile it there."

"Hello, is this the Pet Shop? Do you have any dogs going cheap?"

"No, but we've got some going 'Bow-wow'."



## Notes And News

Mrs. Madelon Misner, school teacher with the Rehabilitation Department, is on leave of absence this year while studying at Acadia University toward a Junior Diploma in Education.

Mrs. Mary MacKinnon, Principal school teacher with the Rehabilitation Department, has been on sick leave since late in October and it is not expected that she will be able to return to work until after the end of March, at the earliest.

Mrs. Harriett Campbell, part-time Sewing Instructress with the Rehabilitation Department, has been a patient at the Sanatorium for some weeks due to an attack of pneumonia.

Charles Sheffield, Chief Engineer, has proceeded on sick leave which is expected to keep him from work until his pending retirement.

Mrs. Jean Ells, Head of the House-keeping Department, is also on sick leave until her retirement.

James Lightfoot, Dietary Department, recently retired, having been on sick leave for some months.

At the Nova Scotia Branch of the Canadian Public Health Association Annual Meeting, held in Truro early in October, papers were presented by Dr. Crosson, by Wilson Brown, Chief Respiratory Technologist, and by Dr. Holden.

\* \* \*

Mrs. Basil Elliot, R. N., from New Ross, has resumed work following a lengthy absence. She and Mrs. Gladys McKean are looking after the Out-patient Department. Welcome back to the Sanatorium, Mrs. Elliot! We hope that you will again be enjoying the drive between Kentville and New Ross. Regardless of how icy it was she always seemed to enjoy the scenic part of the drive. She would say, "Everything was a sheet of ice this morning but oh, wasn't it beautiful!"

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## OLD TIMERS—

(Continued from Page 12)

retirement. She also visited Frances Carr in Weymouth North. Fran has just returned from a holiday in Copenhagen, Denmark.

\* \* \*

Claudia Putman, also of Masstown, who was a patient here in 1970, was in for a check-up recently. She looked very smart, and is kept busy keeping house and looking after her two children.

\* \* \*

Rosemary Baas, formerly Trenholm, who was here in 1953, has moved from Vineland, Ontario, to Masstown, N. S., her former home. She has been keeping well.

\* \* \*

While on vacation in Antigonish, Mary Livingstone visited a former porch-mate of hers, Peggy MacIntyre, formerly of New Victoria. Peggy was here in 1948 and has been well ever since. She works in Antigonish.

Mary also visited Mrs. Elizabeth Ross who, according to the former, looks 10 years younger than when she left here. She sent her regards to her friends at the San.

\* \* \*

Mary and Percy Doucette also visited in Antigonish on their way to Tracadie, N.S., where they visited Mary's relatives. In Antigonish, they spent an enjoyable afternoon with Sister Francis Xavier at Bethany.

—:O:—

## Which Are You

A lot of people are like wheelbarrows—not good unless pushed. Some are like canoes—they have to be paddled. Some are like kites—if you don't keep a string on them, they fly away. Some are like footballs—you can't tell which way they'll bounce next. Some are like balloons—full of air and ready to blow up. Some are like trailers—they have to be pulled. Some are like a good watch—openfaced, pure gold, quietly busy and full of good works.

—B. F. Goodrich Citizen

—The Iowa Stethoscope

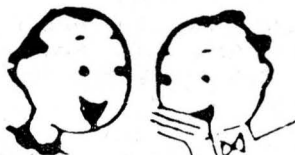
—:O:—

"Look what I got for my wife," exclaimed Jones as he pointed with pride to a brand new convertible.

"You lucky dog!" Smith said with envy.

"Where did you make a trade like that?"

## Just Jesting



During a conversation with an old friend I hadn't seen for some time, I asked him how he was sleeping. He replied: "I sleep alright at night, and pretty well in the mornings, but in the afternoons I just seem to toss and turn."

\* \* \*

"Any traffic behind us, Joe?"

"No, man, just a dog."

Bang! Crash!

"I thought you said there was nothing behind us but a dog!"

"Yeah, man, like a Greyhound."

\* \* \*

A teacher noticed that one little boy always used a black crayon for his drawings of horses, cows, barns, and whatever else, and she became very disturbed about the state of the boy's mind. She called a meeting of his parents, the school principal and a psychiatrist. They finally got to the root of the trouble. It was his only crayon.

\* \* \*

The cat had been watching at the mouse-hole for some time, but the mouse wouldn't come out. Suddenly the cat barked, and the mouse, thinking a dog had frightened off the cat, came out. The cat pounced on the mouse, and cleaning off his whiskers after his tasty meal, said: "It sure pays to be bi-lingual!"

\* \* \*

Did you hear about the two rabbits that went into the woods? They had a hare-raising experience.

\* \* \*

Teeth is very nice to have;  
They fills you with content.  
And if you doesn't know it now,  
You will when they has went.  
I'm very careful with my words;  
I keep them nice and sweet;  
I never know from day to day  
Which ones I'll have to eat.

Author Unknown

\* \* \*

\* \* \*

Saint Peter: "How did you get up here?"  
New arrival: "Flu."

An elderly man of very convivial habits, but also learned and bookish, was hailed before a judge in a small country town.

"Ye're charged with being drunk and disorderly," snapped the magistrate. "Have you anything to say for yourself?"

"Man's inhumanity to man makes countless thousands mourn," began the prisoner, soaring into a flight of oratory. "I'm not so debased as Poe, so profligate as Byron, so ungrateful as Keats, so intemperate as Burns, so vulgar as Shakespeare, so —"

"That'll do," interrupted the judge, "Ninety days for you, and, officer, take down them names he mentioned and round 'em up. I think they are as bad as he is."

\* \* \*

Get the habit of saving string when you are young, and when you are old you'll have a ball.

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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 October 31, 1972:

Previously acknowledged:	\$4,194.53
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Fred Hill	
Miscellaneous	
Total:	40.00

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Grand Total \$4,234.53

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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

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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. Charles Broughton

#### CHRISTIAN REFORMED

Minister—Rev H. Vander Plaats

#### 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.

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## Autumn Prayers

God of the Harvest, Thou, whose sun  
Has ripened all the golden grain,  
We bless Thee for Thy bounteous store,  
The cup of plenty running o'er,  
The sunshine and the rain!

But our united voices blend  
From day to day unweariedly;  
Sure as the sun rolls up the morn  
Or twilight from the eve is born,  
Our song ascends to Thee.

Where'er the various-tinted woods,  
In all their autumn splendour dressed,  
Impart their gold and purple dyes  
To distant hills and farthest skies  
Along the crimson west.  
—From "Harvest Hymn" by Charles  
Sangster, Canadian poet, 1822-1893.

'Tis winter now; the fallen snow  
Has left the heavens all coldly clear;  
Through leafless boughs the sharp winds  
blow,  
And all the earth lies dead and drear.

And yet God's love is not withdrawn;  
His life within the keen air breathes;  
His beauty paints the crimson dawn,  
And clothes the boughs with glittering  
wreaths.

O God! Who giv'st the winter's cold,  
As well as summer's joyous rays,  
Us warmly in Thy love enfold,  
And keep us through life's wintry days.

—Samuel Longfellow

\* \* \* \* \*

## Pause At The Door

He wiped his shoes before his door,  
But ere he entered he did more:  
'Twas not enough to cleanse his feet  
Of dirt they'd gathered in the street.  
He stood and dusted off his mind  
And left all trace of care behind.  
"In here I will not take," he said  
"The stains the day has brought to me.  
Beyond this door shall never go  
The burdens that are mine to know.  
The day is done, and here I leave  
The petty things that vex and grieve;  
What clings to me of hate and sin  
To them I will not carry in;  
Only the good shall go with me  
For their devoted eyes to see.  
I will not burden them with cares,  
Nor track the home with grim affairs;  
I will not at my table sit with soul unclean,  
and mind unfit;  
Beyond this door I will not take  
The outward signs of inward ache;  
I will not take a dreary mind  
Into this house for them to find.  
He wiped his shoes before his door,  
But paused to do a little more.

—Selected

## Freedom Is Not Free

A moment of silence drifts once again  
O'er a glory-haunted place.  
And Fields of Flanders bear no more  
The jagged scars of war.  
Where lands are fair and rich and broad,  
And children run with care-free feet  
Amid the scarlet poppy blooms  
In sun-lit, lush green fields  
Here, they lie at rest  
In heart's unfathomed sleep,  
Beneath the peace-filled stars,  
Untroubled by a fearful, restless world.  
Earth still feels the imprinted fangs of  
war,  
And bears its burdens, one vast, awesome  
Trench of pain, it cannot cast away.  
While Memory knits the unravelled threads  
of broken hearts,  
And Peace stands . . . silent  
Holding in its trembling hand  
A tear-stained, tattered flag,  
Waiting . . . Wondering . . . why it should  
be so?

Anne Kaye, Digby, N. S.

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