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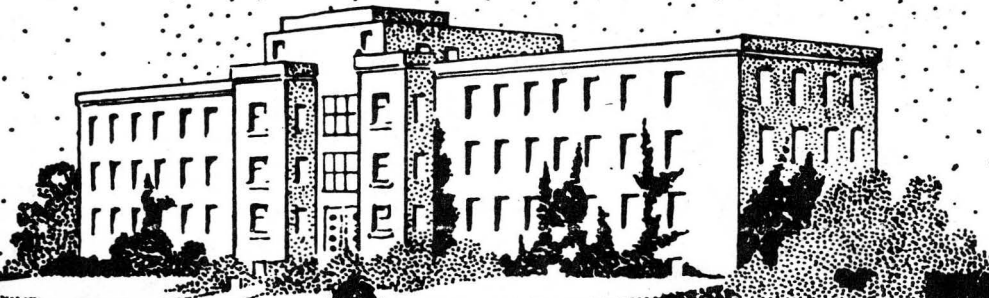
THE NOVA SCOTIA SANATORIUM
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Health Rays



HEALTH RAYS

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Dr. V. D. Schaffner, Pioneer Surgeon Dies

MAY 11 1972

KENTVILLE — Dr. Vernon Douglas Schaffner of Kentville, a Canadian pioneer in chest surgery and one of Nova Scotia's most distinguished surgeons for more than a quarter century, died Thursday, June 29, in Port-Aux-Basques, Nfld., where he was vacationing.

Dr. Schaffner was born in Lawrencetown where he received his early education. He graduated in 1925 from Acadia University with a bachelor of arts degree, and in 1930 received his degree in medicine from McGill University.

He received intensive training at Royal Victoria Hospital in Montreal from 1930 until 1934, studying under Dr. Edward William Archibald, a world-renowned figure in surgery and surgeon-in-chief at the hospital, as well as professor of surgery at McGill.

From 1933-34 Dr. Schaffner was resident in surgery at Royal Victoria Hospital. In the fall of 1934, turning down offers to remain in Montreal, he returned to his native province, beginning a surgery practice in Kentville. There he set up his department of surgery at the 400-bed Nova Scotia Sanatorium.

Until 1936 facilities were not provided at the sanatorium and Dr. Schaffner carried out operative procedures at Eastern Kings Memorial Hospital in nearby Wolfville.

In 1936 the surgeon and the hospital's medical superintendent, Dr. A. F. Miller converted a portion of the third floor into an operating suite and surgery began at the sanatorium.

Dr. Schaffner was chief surgeon at the sanatorium until his retirement, when he became a consulting surgeon. During the same period he was surgeon-in-chief at Blanchard Fraser Memorial Hospital. For 25 years he was part of major advances made in his field, particularly in his specialty of thoracic surgery.

He had many firsts to his credit, especially in the early operations for removal of lung tissue and in November, 1944, the first resection for pulmonary tuberculosis was carried out at the sanatorium.

Dr. Schaffner became an associate member of the American Association for Thoracic Surgery in 1937 and a full, active member in 1944.

In 1937 he received his fellowship in the American College of Surgeons and he served a term as governor of this college for eastern Canada. He received the double

certification in the specialties of general surgery and thoracic surgery in 1944 from the Royal College of Physicians and Surgeons of Canada and in 1949 was a founding member of the American Board of Thoracic Surgery.

He was the author of articles in numerous medical journals in both Canada and United States. In 1969 failing vision forced him to forego active participation in surgery.

Dr. Schaffner was associated with Dominion Atlantic Railway in the medical field and for many years was consultant surgeon to the railway for the entire division.

He was a long-time member of Kentville Rotary Club and in his earlier years belonged to Glooscap Curling Club and Ken-Wo Golf Club. In addition he was active in baseball and for years was an executive member of Kentville Community Baseball Association. He was a member of Kentville Masonic Lodge 58, AF and AM.

The surgeon was also an avid salmon fisherman and small game hunter.

Surviving are his wife, the former Henrietta MacPherson; a daughter, Carole; two sons, Robert and John; a sister, Mrs. Frank MacPherson, and four grandchildren.

The body rested at H. C. Lindsay Funeral Chapel where Kentville Masonic Lodge conducted a service at 7 p.m. Sunday. Funeral service was held Monday at 2 p.m. in the United Church of St. Stephen and St. Paul, Dr. K. G. Sullivan officiating. Burial was in Elm Grove Cemetery.

Dr. Schaffner had continued to attend medical staff meetings at the sanatorium, as a consultant, until his departure on vacation. We at the sanatorium share with his family the feeling of personal loss.

See photo of Dr. Schaffner on back cover. Photo by Harold Bailey.

The art of living lies less in eliminating our troubles than in growing with them. — Bernard M. Baruch.

* * * *

As press agents were sending out some items, one produced a rather startling piece of gossip. The other looked at him wide-eyed and asked if it was true. The first p.a. said, "I hate to admit it, but I made it up myself." His partner replied, "Okay — Just so long as it's from a reliable source." — Bill Kennedy in Los Angeles Herald-Examiner.

Social Problems In Respiratory Disease

Miss Thelma Chute, Social Worker
Nova Scotia Sanatorium

In my remarks I will be dealing with the social factors in respiratory disease. Because of the nature of tuberculosis, and respiratory disease in general, to be relative to environmental factors, both physical and social, persons with the disease have oftentimes already been coping with various social problems.

As in tuberculosis there may have been problems in maintaining a nutritious diet due to either a lack of financial resources or knowledge of proper nutrition, in other respiratory diseases there may be excessive use of cigarettes or alcohol due to personality problems or frustrations at home or work, contributing and influencing the course and recovery of the disease.

The demands for social adjustment that a new diagnosis of tuberculosis can place on a person can create a great deal of anxiety. When problems of fatigue, poor nutrition, lack of adequate space and worry or unhappiness exist, the problems in adjustments are even greater. For the individual patient the infectiousness of the disease, or fear of the same, can mean ostracism and damaged personal relationships. Where there is persistent guilt it can damage work and social activities and require counselling and special supportive measures. For others, having to face the fact that they may become infectious calls for considerable mental adjustment, even while obeying the prescribed safeguards which should put their minds at ease.

The progressive nature of respiratory disease, as compared to more acute illnesses, necessitates advising as early a start on treatment as possible. This tends particularly in Sanatorium cases, to make for a situation where panic or shock demobilizes the patient to deal with social problems pertaining to the acceptance of treatment.

Rest is often a vital stage in treatment of respiratory disease. Reactions to enforced rest, regardless of degree of rest required, vary greatly from individual to individual so that it is difficult to generalize. Most find it irksome at times, at the very least. When strict bed rest makes reading one of the few activities permissible, this gives a great deal of time to thinking, particularly to those who have never found much solace in reading and perhaps not much time for reading. With

unaccustomed time on their hands they are especially apt to get worried and depressed. Fortunately, strict bed rest is no longer required for so long periods.

The possibility of relapse can also have various effects on patients. One of the most valuable lessons taught during hospital treatment is how to keep well after becoming well. Those with energetic or erratic temperaments who must impose limitations on their energies and interests can find it very demanding. Solitude and boredom can result and can be the worst enemies of the patient while he is taking treatment at home.

While on treatment at home the relatively healthy appearance of many patients may lead to social problems being intensified after hospitalization. There being nothing in his appearance that calls for special consideration of others around him, they may mistrust his disability or fear it. Naturally the patient suffers a sense of rejection as a result and may be led to depart from some or all of his treatment. In hospital he is used to objectivity and support from those around him.

The satisfactory solution of the social problems of any individual patient, or of his family, may involve extreme environmental manipulation which in some cases is a practical impossibility.

The Public Health Nurse, being a key professional person in the life of the chronic home patient, can do much to alleviate the personal and environmental problems the patient is attempting to cope with. The patient frequently is unable to identify for himself the relationship that exists between things that are happening to him simultaneously and interfering with his capacity to function. He may appropriately seek a number of resources for individual problems and be able to integrate the help he receives. However, he is indeed fortunate if some objective person like the visiting nurse can listen to him and help him straighten things out. When an immediate problem, such as the need for financial assistance, has to be handled too narrowly or too speedily by the welfare worker there may be great anxiety for the patient who may then be perplexed and confused. To be able to express his feelings of frustration to the one who listens can be the means

(Continued on Page 3)

SOCIAL PROBLEMS—

(Continued from Page 2)

of his being able to use to advantage the help he receives.

When a medical breakdown occurs and a patient has to go into full residential treatment, he may need the special support of the Public Health Nurse in accepting what has happened to him. Otherwise, if disturbed, he may have to hear it on several occasions from different officials before grasping the meaning of it, thus prolonging the delay in beginning hospital treatment. He needs to be able to voice his reaction to the news. We have to recognize, of course, that he may still be unable to accept hospitalization. In counselling him we have to know what the diagnosis means to him. Usually there are many social problems arising at this point. To one person, it may mean the inability to accept a scholarship he has worked hard to obtain; to another that the apartment just rented will not be occupied. On the other hand another patient may be relieved to return to a dependent and protective situation from an already stressful home situation, but carry guilt concerning this.

Misconceptions about his expected treatment can be a problem that needs to be ventilated in order that he may mobilize his resources to act.

The financial situation looms high on the list of things to be considered by any patient when he has to leave his work. Whether he requires social assistance to maintain adequate food for his family or is an executive who is sending his children to college, the problem remains acute. Referral of patients to appropriate agencies should take place when the patient cannot be helped to make satisfactory plans on his own.

When being admitted to hospital it is helpful to many patients to be told that there is a social service in the hospital to help him with any adjustments he is finding difficult to make, as well as providing

information concerning resources for his family's needs.

As serious and difficult as are the problems of the patient in a sanatorium there is still the greater problem of after care. While a patient is in hospital it may become fairly easy for him to follow the prescribed regimen. All patients have something important in common and are doing much the same things. At home he wants to participate in the activities of his friends and family — activities that are not suitable for his condition.

The various needs of the family while he was in hospital can now be seen at closer range and may require more adjustment by him. If the family budget is inadequate for requirements of shelter, food and clothing, then the patient's inability to remain on treatment and receive maximum benefit from it is greatly jeopardized.

When in some instances the patient's previous life stress caused him to use his prolonged hospitalization largely as a sanctuary from his community problems, the patient is thereby prevented from resolving some of the difficulties that have led to hospitalization, and when he returns home he may not be in any better position to deal with them. For others, returning to one's family may be without any particular stress. However, having to remain in the home on modified rest and unable to take work can intensify any problems that do exist. A marginally stable family relationship may weaken and need extra support to prevent deterioration and breakdown. They may have made a satisfactory adjustment to the patient being out of the home and find it very difficult to rearrange their life again. They may not be prepared to adapt to another new situation.

When a family requires financial help from welfare agencies it can be very helpful if someone such as the Public Health Nurse can make a referral, assuring the agency involved of the extra needs the particular family may have due to illness in the family. A welfare agency can sometimes meet the needs of a family more adequately as a result of meaningful support from the community.

In addition to welfare departments offering financial assistance to needy persons, there are also service clubs in many community areas who can be approached for assistance with special items for patients such as respiratory machines and medications. Such items can also be ob-

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CTRD Association Holds 72nd Annual Meeting

(DONALD BROWN)

Your editor had the privilege of attending a number of the general sessions of the annual meeting of the Canadian Tuberculosis and Respiratory Disease Association, held at the Hotel Nova Scotian, June 25-28. The Canadian Thoracic Society held separate sessions during the same period and the nurses, too, held some separate sessions, with all groups joining for the general sessions. The following are some notes and comments on the topics covered:

The developing role of the Association: There were differences of opinion expressed as to the relative importance of tuberculosis. A paper prepared by Mr. F.M. Bradley, President of the Association, indicated that the disease is, for the most part, under control in Canada today although it was acknowledged that there are still pockets of the disease among Indian and Eskimo populations in Northern Canada. The continuing trend is to expand the scope of our efforts to combat all respiratory disease. We were told, in fact, that the National Tuberculosis and Respiratory Disease Association is in the process of changing the name to the American Lung Association. There was some discussion as to whether or not the Canadian Association should follow their lead. The decision was that for a number of reasons, the expense being one of them, there would be no change from the present name for at least one year. The name apparently held most in favour would be the Canadian Lung Association.

It was resolved that the association would take a firm stand on educating the public regarding the hazards of cigarette smoking. It was felt that the present legislation on cigarette products is not likely to be passed in this session of Parliament and the Association will "reiterate to the new government its affirmed stand." A resolution also called on Canadians to recognize their responsibility in eliminating health hazards such as air pollution.

Dr. J. S. Robertson, being honored upon his retirement from a lengthy career in the Public Health field, during the last twenty—some odd years in which he was Deputy Minister of Public Health for Nova Scotia, expressed the feeling of many present regarding statements from several association officials suggesting that the problem of tuberculosis has been beaten.

It is felt that the goal which has been long sought by many dedicated public health workers—both in the government and in the volunteer agencies—is finally within reach and tuberculosis can be effectively controlled.

Regarding tuberculosis among the Eskimo population, it was stated that tuberculosis is still a major problem in Northern Canada but the various programs are beginning to pay off. Last year, for example was the first that no new cases were reported among children under ten years of age. As an indication of the seriousness of tuberculosis in the Northern population, the rate for Eskimos is 948 cases for every one hundred thousand population, and for the Northern Indians the rate is 466. These figures are compared with the national average of 24 cases per one hundred thousand.

The method of treatment in the north is changing as it is elsewhere. Until five years ago all active cases of tuberculosis were brought from the north to treatment centres in the south. The program usually involved a 24-month stay but, since 1969 the Home Prevention and Treatment Program has been paying off. Selected cases of active tuberculosis are brought to the south for preliminary treatment and returned to the north in two to six months for continued care at home.

SHORT OF BREATH? EXERCISE! According to Dr. D. J. Mertens of Toronto, even those with chronic respiratory disease and shortness of breath can benefit from an exercise program. He says that the program works with patients who have chronic lung disease just as it does with normal, healthy persons. Exercise can help an individual expand his breathing capacity so that he can breathe deeper and more powerful breaths.

Home Care Programs: Most of Monday afternoon was devoted to the organization

(Continued on Page 5)

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CTRD ASSOCIATION—

(Continued from Page 4)

and follow-up program for the home care of chronic respiratory patients. Representatives from Winnipeg, Toronto and Quebec told us of the availability of financial assistance for such programs through the Federal and Provincial Governments and from the CTRD Association. Through such a program it has been possible to provide sufferers from RD with respirators and other needed equipment. Also, in cases where it is advisable to have out-patient treatment on a regular basis there are funds available for paying taxi fare. Apparently handcraft material can also be provided as a means of diversional therapy. Some indication was given as to the tremendous saving in public funds, together with an increase in the well-being of the individual, when chronic cases can be treated in the home rather than in a treatment centre.

Rifampin—Wonder Drug! Delegates were cautioned by Dr. Owen Clarke of the University of Western Ontario against looking upon rifampin as a wonder-drug. He warned that rifampin is no more wonderful than the old main line drugs and must be used just as carefully. Tubercle bacilli can readily become resistant to the drug, he said.

The testing and immunization program: Dr. H. B. Colford, Director of Communicable Disease Control for Nova Scotia, stressed the importance of continuing, and making more effective, the programs for testing and for immunizing against the communicable diseases of small-pox, diphtheria, whooping-cough, tetanus, polio, measles, and German measles. He said that it is essential that all children be present on the days the testing and immunization are being carried out and again on the day the tuberculin tests are being read.

Dr. Colford emphasized that contrary to popular belief, tuberculosis is still a disease to be reckoned with and he urged public cooperation in the department's efforts to detect new cases in the earliest stages.

Dr. Hiltz honored: The Dr. Earle J. Hiltz Memorial Lecture—Today's Trends in the Management of Chronic Lung Disease Em-

phasis—Prevention, was given by Professor R. C. Dickson of Halifax. This session was very well attended and the delegates were asked to stand in a moment of silent tribute to Dr. Hiltz.

Elsewhere in the program it was mentioned that this year had been no request for the one thousand dollar Dr. J. E. Hiltz Continuing Medical Education Award — or for the two bursaries offered by the Nova Scotia branch of the CTRD Association.

Tributes: Tribute was paid to Dr. C. W. L. Jeanes, Executive Secretary of the CTRDA, who is leaving shortly for a posting with the Federal Government.

Three persons were honored with Life Memberships from the Canadian Tuberculosis and Respiratory Disease Association. The awards went to Dr. A. B. Colohan, Assistant Deputy Minister of Health for Newfoundland; Mr. Alfred C. Milner, Amherst; and Dr. Herman Gauthier of Mont-Joli, Quebec.

At the annual meeting of the Nova Scotia Branch, tribute was paid to Dr. C. J. W. Beckwith who was present as a guest of honor. It is to be noted that Dr. Beckwith's association with the Nova Scotia Sanatorium dates from 1921 when, as a medical student, he was a patient here for some six months, and was later well known as a staff member. Still later, as Superintendent of the Halifax Tuberculosis Hospital and Associate Professor in Medicine at Dalhousie University.

Participation by Sanatorium Staff Members: It should be mentioned that Dr. J. J. Quinlan is chairman of the Medical Advisory Board of the N. S. TB and RD Association. Also, Dr. Helen M. Holden presented an interim report on the Chronic Obstructive Pulmonary Disease Survey which she is carrying out, assisted by Hector MacKean.

It should be mentioned, too, that Dr. E. W. Cosson made a presentation "Inhalation Therapy, Its Uses and Abuses." Mrs. E. Jean Dobson, Director of Nursing, chaired the nurses business meeting, and a Canadian Thoracic Society Presentation by Professor Lynne Reid entitled "Sputum—The Effects of Drugs and Disease."

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Nobody is wholly tolerant. The more you believe in tolerance, the less you can tolerate the intolerant. — Robert Quillen.

Question Box



By J. J. Quinlan, M.D.

Q. Several years ago I found out that what I had previously thought of as occasional summer colds was hay fever. Allergy tests showed that I was allergic to grass pollens. Now, since coming to the Sanatorium, I find that I am seemingly allergic to spirea, geraniums, and likely some other flowering shrubs. I understand that quite a few patients and staff members are troubled by hay fever. Have the flowers and shrubs been considered as being any problem to patients here who are suffering from breathing difficulties?

A. Hay fever is an extremely common condition, and its instance among the staff members and patients at the Nova Scotia Sanatorium is no greater than in the general population. In this Country and in the United States, approximately 10 per cent of people have some form of hay fever. In most cases, it is of a very mild type and requires little or no treatment.

In general, only the plants depending on the wind for cross pollination and producing abundant wind-borne pollen are important factors in causing hay fever. These include grasses, many families of weeds, and most of the trees of temperate climates. Plants which depend on insects for pollination rarely cause hay fever; therefore, we have no reason to believe that the flowers and the shrubs which are in abundance at this season of the year on the grounds of the Sanatorium have anything to do with our patients' respiratory problems.

Q. What is the usual expectation in hay fever — does a person tend to become allergic to a wider variety of allergens? Does it tend to develop into a chronic respiratory condition if not treated?

A. As hay fever is a manifestation of allergy, people afflicted with it often develop other diseases of this type, in particular, bronchial asthma, which may occur in up to 30 per cent of untreated patients. Moreover, patients with hay fever are unusually susceptible to upper respiratory infections and frequently develop sinusitis. While the hay fever itself does not

cause chronic respiratory disease, the other conditions mentioned may well lead to a chronic bronchitis or emphysema.

Q. Is there any meaningful way in which the length of stay at this Sanatorium can be compared with that of other treatment centres? If so, how does the length of treatment for tuberculosis at the Sanatorium compare?

A. The length of stay at various institutions for tuberculosis throughout the Continent is well documented. At the Nova Scotia Sanatorium we tend to keep our patients somewhat longer than is usual in most parts of the Country. We have no rigid schedule, and each patient is judged individually. The length of his stay will depend on the stage and activity of his disease, his response to drug therapy, and the availability of proper medical supervision when he returns home.

Q. Upon being admitted to the Sanatorium I received a very thorough physical examination and I feel much reassured concerning a number of things I had sometimes worried about. My family doctor does not believe in investigation in the absence of symptoms. Do you feel that a person should have a periodic check-up? Is this type of investigation covered under M.S.I.?

A. Many physicians, as is intimated in the question, have little faith in so-called "routine physical examinations." It is true that a great many diseases are not apparent on the simple physical examination, but on the other hand, many abnormalities will come to light if the patient is carefully examined, and I see nothing wrong with the time-honored annual appraisal that many people receive from their family physicians. Unfortunately, this examination is not covered under Medical Services Insurance.

Q. I notice that some patients have had many re-admissions and it has been suggested that this is a seasonal occurrence with some of the older tuberculosis patients. Is this use of the Sanatorium on the increase or on the decrease?

A. It is true that a number of individuals have repeated re-admissions to the Sanatorium. Some of these are for tuberculosis, but it must be remembered that the great majority nowadays are for exacerbations of chronic obstructive lung

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Editorial Comment

There were many interesting, informative, and thought-provoking presentations at the 72nd Annual Meeting of the Canadian Tuberculosis and Respiratory Disease Association, and elsewhere in this issue are some notes on the meetings. Here is a further one that I found very interesting. The title was "Influencing Attitude Change", by Dr. R. W. Dent of Toronto, formerly with the Psychology Department at Acadia University, and he raised a number of questions such as, how do infants learn to attract the attention of their parents — the answer being, of course, by crying. So, we have the conditioned response: the child cries (or misbehaves) and he gets attention. Similarly, the child who has hemophilia is often said to be accident prone, and Dr. Dent questioned whether this, too, may be an attention-getting mechanism. For example, the child is holding a soft toy and asks father, who is reading his paper, to play with him. No response. However, if the child is playing with a sharp object the parents will come running.

Dr. Dent suggests that among adults as well, the same attention-getting mechanisms may elicit the same conditioned response. Relating this to a hospital or institutional setting, the patient who follows the rules and is pleasant and co-operative is liked and accepted, and taken for granted. Who gets the attention? The one who threatens to walk out, the one who drinks, and even the one who smokes when it has been forbidden. True, the attention that the child or the adult gets may not be the kind hoped for, but to him it may be better than no attention at all. And he may have derived some measure of satisfaction from doing just as he wanted to and still having received what he asked for. Which is another way of saying that "the squeaking wheel gets the grease." We were told that in the marital relationship there is also a tendency to reward unacceptable behavior by bringing a gift to restore harmony and keep peace in the family!

What incentive is there, then, for the anti-social member of society to change his attitude. Relative to this, Dr. Dent told of a man whose behavior had landed him in prison. There, his continuing unco-operativeness had resulted in the loss of privileges, stretches in solitary confinement, etc. Having plenty of time to think, he came to the conclusion that his attitude was get-

ting him nowhere. He singled out the guard whom he hated most of all and went out of his way to be pleasant to him. The guard began to treat him somewhat more kindly. He then worked on the guard who was next on his "hate list", with the same eventual result. And so on, down the list, until the warden and parole board members heard only of the commendable change in his attitude. He was released early for good behaviour, and had the satisfaction of knowing that he had "conned" a good number of people into believing that he had reformed. In telling his story he admitted, however, that he had "conned" himself, for he had learned to like people — which was a result that he had not planned on. Which serves to reinforce the conviction that unacceptable behavior can change — when it becomes clear to the individual that there is some reason for changing.

* * * *

We are becoming quite accustomed to reading of the possible undesirable side effects of various chemicals, food additives, etc. Here is another which is somewhat disquieting — especially for those who still have an abundance of hair to lose:

London: "A member of Parliament warned that a chemical which makes the wool drop off sheep so that they need not be sheared might also cause baldness in Humans who eat lamb and mutton . . . He said he will urge the government to ban the introduction of Instant Shear into Britain. He said that the product, which contains the chemical cytoscan cyclophosphamide, is being tested extensively in the United States. "The sheep is sprayed with this chemical and within a matter of weeks all the wool just falls off. This saves shearing expenses and means that the wool is in better form for manufacturing purposes. This is fine so far, but if it makes the sheep go bald it might easily have the same effect on humans if any residue is left in lamb or mutton."

You don't eat lamb or mutton, you say. Then I wonder what they have to say about beef tenderizing agents!

On a U. N. questionnaire: "If your answer to the above question is Yes, explain why not." — Betty Stones in United Nations World.

Thoughts At Large

It is not what he has, nor even what he does, which directly expresses the worth of a man, but what he is. — Henri Frederic Amiel, Swiss philosopher.

* * * *

God asks no man whether he will accept life. That is not the choice. You must take it. The only choice is how. — Henry Ward Beecher, Clergyman.

* * * *

No man or woman can really be strong, gentle, pure, and good without the world being better for it. — Phillips Brooks, Clergyman.

* * * *

There are times in a man's life when, regardless of the attitude of the body, the soul is on its knees in prayer. — Victor Hugo, novelist.

* * * *

Nature itself has made women "unequal" in that they alone are charged with the responsibility for bearing children; and all efforts to achieve parity are simply attempts to redress this biological disparity between the sexes.

* * * *

Some people are so ridden with unconscious guilt feelings that they seem to sin joylessly for the subsequent pleasure of suffering and repenting, in an endless cycle.

The worst snobs by far are those on the next to the lowest rung, looking down at the one rung below them.

* * * *

Whenever I hear someone refer to Latin as a "dead language," I am reminded of Frank Moore Colby's pertinent observation that "Colleges which teach the dead languages as if they were buried, teach the living ones as if they were dead."

* * * *

The measure of success is not whether you have a tough problem to deal with, but whether it's the same problem you had last year. — John Foster Dulles, former U.S. secretary of state.

* * * *

I love to think of nature as an unlimited broadcasting station, through which God speaks to us every hour, if we will only tune in. — George Washington Carver, agricultural scientist.

Without the Way there is no going; without the Truth there is no knowing; without the Life there is no living. — Thomas a Kempis, German theologian.

* * * *

The psychodynamics of some kinds of militants were neatly pinned by Wieslaw Brudzinski, the modern Polish aphorist, when he observed: "There are defenders of the oppressed who feel sad when no one is being oppressed."

* * * *

The superiority of science over ideology is that any fanatic can have the courage of his convictions, but only the scientist has the courage of his doubts.

* * * *

Virtually everyone north of the Mason-Dixon line makes the implicit assumption that the Union was "right" in the Civil War; given the time and space, I think I could make out a persuasive case that, if the South had been permitted to secede, everybody would have benefitted more today — the North, the South, and the blacks as well.

* * * *

Continual good climate is as hostile to the creative juices as continual good fortune; it is changeability that generates the creative tension and produces the best effort.

* * * *

If we would guide by the light of reason, we must let our minds be bold — Louis D. Brandeis, former U.S. Supreme Court justice.

* * * *

God governs in the affairs of man; and if a sparrow cannot fall to the ground without His notice, is it probable that an empire can rise without His aid? — Benjamin Franklin.

* * * *

Don't be fooled by the calendar. There are only as many days in the year as you make use of. One man gets only a week's value out of a year while another gets a full year's value out of a week. — Charles Richards, educator.

* * * *

Keep your fears to yourself, but share your courage with others. — Robert Louis Stevenson, novelist.

* * * *

The universe is centered on neither the earth nor the sun. It is centered on God. — Alfred Noyes, poet and novelist.

* * * *

To fulfill the dream of one's youth; that is the best that can happen to a man. No

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worldly success can take the place of that.
— Willa Cather, novelist.

* * * *

I can see how it might be possible for a man to look down upon the earth and be an atheist, but I cannot conceive how he could look up into the heavens and say there is no God. — Abraham Lincoln.

At Wit's End

ERMA BOMBECK

I have a neighbor who, when she goes, will not only take it with her, she'll have it discounted, standard gift wrapped and delivered for nothing.

I've lived next to her for six years and she's made more deals than Monty Hall.

"Is that a new sweeper?" she asked the other morning.

"Yes," I said shoving it in the closet.

"You didn't pay full price for it, did you? I saw the exact same sweeper across town for \$10 under the retail price. It was made in Estonia, but . . ."

"Isn't it tough getting parts from behind the Iron Curtain?"

"Not if you know the right people," she smiled.

"And the ham? Don't tell me you bought it without getting a ham? Leroy and I never buy anything without a bonus. When we bought our refrigerator we got a year's supply of dog food."

"You don't even have a dog," I said tiredly.

"Which is exactly why we are buying a new power mower. We not only get a dog with it, but a set of plastic dishes. Honey, you gotta bargain these days what with prices and all. Hey, I hope you weren't crazy enough to pay cash for the sweeper, were you?"

"Well . . ."

"I mean, the bank is declaring dividends now and if you withdrew to pay cash, you'd stand to lose 50 to 60 cents. Pius, if you leave your money in until the end of the month, you get a plastic rain bonnet and a waterproof checkbook."

"What would I do with a waterproof checkbook?"

"Give it to your sons teacher for Christmas next year," she said. "Hey, let's see how your new sweeper works."

She grabbed it from the closet. "Poor baby. You didn't make 'em throw in the light, did you? But you did make 'em give you a six months supply of sweeper bags

and a hurricane warranty? Hey does your sweeper pick up pennies? I saw one just like this on television that picks up pennies, Let's see . . ."

"No really," I insisted as she dropped a penny on the floor. The sweeper sucked up the penny and grinded to a halt.

Maybe it's true. The meek will inherit the earth. But if it comes with a crazy woman tearing a sweeper apart for a penny, I don't want it. — St. John's Evening Telegram (Submitted by Doug Hallomere).

Breathes There The Man

Breathes there the man with soul so dead
Who never to himself hath said,

This is my own, my native land!

Whose heart hath ne'er within him burned,
As home his footsteps he hath turned

From wandering on a foreign strand?

If such there breathe, go, mark him well;
For him no minstrel raptures swell;

High though his titles, proud his name,

Boundless his wealth as wish can claim,

Despite those titles, power, and pelf,

The wretch, concentrated all in self,

Living, shall forfeit fair renown,

And, doubly dying, shall go down

To the vile dust from whence he sprang,

Unwept, unhonoured, and unsung.

— Sir Walter Scott

In the crush of people exchanging gifts in a large department store, a disgusted husband was heard to ask his wife, "Are you at least going to keep the baby?" — Edith Schwartz, quoted by Matt Weinstock in Los Angeles Times.

* * * *

Nothing has more lives than an error you refuse to correct. — O. A. Battista.

* * * *

Overheard; "I bought a mini-skirt in London — and when I came through customs, they never looked at the luggage." — Vogue.

* * * *

Exhilaration is that feeling you get just after a great idea hits you, and just before you realize what's wrong with it. — Changing Times, The Kiplinger Magazine.

* * * *

The police can't use clubs or gas or drugs. I suppose they will have to use poison ivy. — William F. Buckley, editor of National Review, quoted in Time.



Chaplain's Corner

Msgr. J. H. Durney
from The Veteran

COLD WAR AGAINST THE SPIRIT

In chapter 6 of St. John's Gospel we read the story of Christ's feeding the multitude with a few loaves of bread and two fish, and as we meditate on this example of Our Lord's goodness and compassion for the people we are apt to overlook a lesson the Master wishes to teach us. "Gather the fragments that are left over lest they be wasted." Christ cautioned that wastefulness is never countenanced. There is no justification for dissipating food or anything else in careless squander, and today's picture of world-wide frustrations is the story of spiritual wastefulness.

Aid from God is judged unnecessary by too large a segment who place reliance upon human nature alone. Interest in things of the soul, spiritual values, and the security of eternity — none are given precedence over temporal well-being. Secularism with its selective morals, negative dogmas, and worship of the idol, Man, has invaded all areas of life. Modern intellectual inflation exaggerates the potential of the human mind and turns skeptical eyes upon all principles, dogmas and rulings of God calling for submission, unless they meet the "scientific" test. In areas of behavior, the moral code becomes a thing for the popular mind to decide and makes relative all moral obligation. The supernatural motive for obedience being absent, grace from heaven is easily dispensed with. Our weakened nature, endeavoring to go it alone, neglecting, even wasting graces offered, finds it is wholly unequal to the task of dealing with the problems and difficulties which are faced today. A composite picture of present-day man does not offer assurance of abundant graces being abundantly used.

Prodigality as shown by Christ is establishing a treasury of graces for humankind is matched by the Holy Spirit in bountiful distribution. There is, there always will be, a superabundance of this manna from heaven, and it is there for the asking. Because of this abundance of grace, however, we dare not belittle its need and carelessly set it aside. "Gather the fragments that are left over lest they be wasted." They therefore gathered them up; and they filled twelve baskets with the fragments of the

five barley loaves left over by those who had eaten."

Clinical Pastoral Education

The Sanatorium welcomes the students of the Institute of Pastoral Training summer course which commenced on twenty-sixth of June. They will continue with us until August the fourth. This is the twentieth summer that these programs have been held at the Sanatorium.

This year the program is being directed by Chaplain Howard Taylor, Executive Director of the Institute of Pastoral Training and presently interim co-ordinative Protestant Chaplain in the Sanatorium.

Students attending this year cover a wide geographical area of Eastern Canada from Montreal to the sunny banks of Newfoundland. They are: Lic. Steven Canton, Berwick student chaplain; Rev. Hugh MacPhee, Loyola College, Montreal; Rev. Stewart Payne, Saint Anthony, Newfoundland; Rev. Cye Pitman, Flower's Cove, Newfoundland, and Deacon Lloyd Ripley, Rawdon, N. S. Rev. Cye Pitman attended a course here at the Sanatorium in the summer of 1966.

They have all expressed their appreciation for the warm hospitality which is being extended to them by the members of the staff and patients in the Institution.

SOCIAL PROBLEMS—

(Continued from Page 3)
tained from the Department of Veterans' Affairs for persons with qualifying service with the armed forces.

The Nova Scotia Tuberculosis and Respiratory Disease Association, 17 Alma Crescent, Halifax, have a number of respiratory machines that are placed on loan to persons requiring them in their homes.

Fortunately, with more insurance-based programs coming into effect in recent years, there are fewer persons who are dependent on social assistance when becoming ill. Some of these programs are the following: (1). Unemployment Insurance Benefits, (2). Workmen's Compensation, (3). Employment based insurance plans, and (4). Canada Pension Plan.

(Presented at a Staff Conference for Public Health Nursing Personnel of the Fundy Health Unit — Nova Scotia Sanatorium, March 16, 1972.)

A Person Not A 'Case'

(By SYDNEY J. HARRIS)

There have been a lot of advances in "medicine" in the last half-century, but not nearly as much progress in "doctoring." The treatment of diseases has made great strides; not so the treatment of patients.

If I were running a medical school, the first thing I would do is institute a course in "communications" for entering students. By "communications," I mean not only teaching the medical students how to talk to patients, but, more importantly, how to listen.

Some 50 years ago, Dr. Joseph Collins pointed out to his colleagues that a patient may have a very common disease in his own very personal way; and that it may be less important what disease he has than how he has it. Some doctors, he said, plot their "cures" after the names of illness—which is like judges who decide cases after the names of crimes.

Psychiatry, which should know better, is often even guiltier than general medicine. Terms such as "schizophrenic" and "involuntal" may say more about our present ignorance than about the patient. Labels belong on bottles, not on people, but how often will a doctor refer to "the cardiac" in 913 or "the gallbladder in 610b.

What medicine needs—in terms of effective communication — is two sets of languages, one for internal use among the profession, and another for external use with patients and their families. The layman simply does not understand medical terms, and is only confused and frightened by them—as he should be, because medical terms deal only in generalities, and he feels himself to be a specific person, not a "case."

Indeed, there should be no "cases" if medicine were as rational as it pretends to be. There are only particular persons who respond to particular illnesses in particular ways; and the kind of person who gets an ailment is as important to the full diagnosis as the ailment itself. And it is in this area that conventional medicine falls short.

What we call "the healing process" is a seamless web of the physical, the mental, and the social. The total personality, and his life-setting, is what is being treated, not just the disease. And in this holistic approach, the communication between the doctor and the patient is at least as im-



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.

portant as the drugs or the injections.

There is enormous public resentment against the medical profession for its alleged placing of profit above the patient's welfare. I think this resentment is largely what psychologists call "displacement"—it is not really the fee the patient objects to, but the feeling that he is just a number or a "case," and that nobody is listening to him.

Patients Picnic

Plans are presently underway for the annual summer picnic. This year the route will follow the scenic coastline of Blomidon. Cars will leave the Sanatorium at 3:00 p.m. on Friday, July 28 travelling via Jo-El Farms, Canning, Kingsport, Perceux, Blomidon, Look-Off and Scott's Bay.

Weather permitting a picnic lunch will be enjoyed on the sunny sands of Scott's Bay.

Students attending the Institute of Pastoral Training course will make their cars available with several staff members for this outing.

OLD TIMERS

Many of our readers, especially the men who have done woodworking at the Sanatorium, will remember Alfred Osgood who looked after our Rehab woodworking shop for a good number of years as a patient. Alfred was discharged on June 21, 1972, having been a patient since November 11, 1954. He has now returned to his home at Cambridge and we wish him good luck and good health. We are sure that many new patients through the years have experienced a sinking feeling when porch-mates tell them of the length of time that a few patients such as Alfred have been with us!

Though not quite competing for the questionable honor of being among the patients who have been here the longest, Miss Florence Belben also was discharged in June (16th) of this year. Florence had merely been with us for 11 years. Well, 11½ years — but in that time she became acquainted with a great number of shorter-term patients. We wish you good fortune and good health as well, Florence. Florence and her mother live at 85 Webster Street, Kentville.

Some of our readers who have renewed their subscriptions since our last writing have been: Matilda Burke, Cannes, RR 4, St. Peter's; Roland Comeau, 3179 Connaught Ave., Halifax; James J. Comeau, Meteghan; James Green, Barney's River; Miss Clara Quinlan, Mahone Bay; Mrs. Ralph Logan, Kentville; Roland Zinck, River John whose wife reports that he has made a wonderful recovery, has been lobster fishing since May, but lobsters are scarce; William Pellerine, Larry's River; Mrs. Raymond Longley, Paradise; Mrs. Joan Pettigrew, RR 2, Halfway River; Victor St. Clair Hiltz, RR 1, New Ross; H. Noble Ayer, Amherst; Angus Rankin, RR 2, Mabou; Mrs. Daisy Mah, RR 7, Amherst, who continues to do very well in her studies at Mount Allison University, has notified us of her change of address to c/o Scottish Mariner Restaurant, RR3, Sackville, N. B.; Clyde Higgins, Meaghers Grant; Mrs. Gertrude Smith, RR 1, Bridgewater; Mrs. Euphemia

Jollimore, 30 Windsor Drive, Truro (new address); Mrs. W. K. Cowan, 712 East 12th Ave., Vancouver, (Mrs. Burdena Cowan), who says that she is pleased to occasionally see familiar names in Health Rays; Mrs. Mildred Schofield, RR 1, Centreville, Kings Co., who used to be Canteen Manager; Amedee Dugas, Church Point; Mrs. Greta Fisher, Great Village; Mrs. Lloyd Pelton, RR 3, Middleton; Mrs. Walter Munroe, 42 Winston Ave., Amherst; Wesley L. Burns, RR 1, New Germany, who says that he was a patient from November 1968 to May 1970 and sends his regards to his friends; Cecil Jones, Upper Ohio, Shelburne Co.; Miss Catherine McFarlane, Pictou, who says that she looks forward with pleasure to receiving Health Rays, and wishes to extend her best wishes for a speedy recovery to our patients; Phares Warren Judge, RR 2, New Germany; Fred A. Morrison, Lower Onslow; Basil Whalen, 336 Vale Road, New Glasgow; Dr. Ruth S. Faulkner, 1959 Connaught Ave., Halifax; and a note from Mrs. William Huddleston, Lower White Head, Guysborough Co., advising that her husband, an ex-patient and subscriber, had passed away on May 9.

From James R. Marshall, Box 925, Digby, we have the following note with his renewal: "Getting Health Rays is like getting a letter from home. I was in the Sanatorium for nearly two years. The first week was rough but the nurses and doctors were so kind and good — they do everything to make life pleasant at the Sanatorium. I was on Second West for a long time and Mrs. Zirkel, Mrs. Woodman, and all the other nurses were so kind I shall never forget them." And thank you, Jim, for your kind words and thoughts.

A note from Sister Calixtus shows her change of address from Church Point to Meteghan.

During a vocabulary lesson on prefixes, the teacher explained, "One prefix we often use is 'Trans.' It means 'Across' and we use it in words like 'transAtlantic,' meaning across the Atlantic. She looked around the room and then asked, "Now, can any of you think of other words that use the same prefix?"

A little boy raised his hand.

"Yes, Tommy," smiled the teacher.

"How about 'transparent'?" volunteered the child, "meaning 'a cross parent.'"

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Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS:

MAY 16 to JUNE 15, 1972

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HARDING CONLEY, Walton, Hants Co.; MRS. HELEN MARIE GRANT, Harmony, Col. Co.; MRS. ELIZABETH DIANE GRAY, 79 Lake Crest Drive, Dartmouth; HARLEY LESLIE BOND, 202 McKittrick Road; MRS. URSA MADELINE BASSETT, Stanburn, RR 2, Lunen. Co.; MRS. HELEN BERTHA SAULNIER, Church Point, Digby Co.; HELEN MARGARET WOLFE, 80 Windmill Road, Dartmouth; ALLISON FREDERICK CLARKE, RR 3, Cambridge Station, Kings Co.; JOHN DAN MACDONALD, Antigonish; ALFRED HOPTON, Foster Ave., Stellarton, Pictou Co.; WILLIAM BENJAMIN DESMOND, RR 1, Monastery, Ant. Co.; MRS. MILDRED MADELINE MYLES, Avonport, Kings Co.; MRS. GERTRUDE LORENDA BROWN, Hants Co.; MRS. DOROTHY MARGARET KERSHAW, Margaretsville, Anna. Co.

DISCHARGES:

MAY 16 to JUNE 15, 1972

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(Continued on Page 14)

INS AND OUTS—

(Continued from Page 13)

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POINT EDWARD HOSPITAL**ADMISSIONS:****JUNE 1 to JUNE 30, 1972**

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QUESTION BOX—

(Continued from Page 6)

disease. We have recently undertaken, with the co-operation of the Public Health Nurses, a program of supervision and treatment of many of these individuals at home. In this way, we hope to prevent many of the exacerbations which necessitate returning to hospital for further treatment. There are still a few patients with chronic tuberculosis, usually in the older age group, who get along reasonably well at home during the summer but who require closer supervision in the winter months. These patients return to the Sanatorium, not because they have reactivation of their disease, but so that they are under our constant care during the period of the year when respiratory infections are most common.

Humility leads to strength and not to weakness. It is the highest form of self-respect to admit mistakes and to make amends for them. — John J. McCloy, American diplomat.

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 contribution will help Health Rays to remain healthy.

The standing of this Fund as of June 30, 1972.

Previously acknowledged:	\$3,917.64
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Harold A. Webster	
Mrs. Anna C. H. MacLean	
Miscellaneous:	
Total:	23.00

Grand Total	\$3,940.64
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When I called a department store to inquire if it had any plastic covers for dining room chairs, the clerk informed me that none were on hand. "We had them before Christmas", she explained, "but they were a sellout. You know — grandchildren coming to visit." — contributed by Mrs. C. H. Shaffer.

* * * *

A barber reports that one Saturday a long haired teenager came into his shop and sat in a waiting chair. Each time the boy's turn came, he let someone else go ahead of him. After two hours, the barber said, "Sport, you might just as well get it cut now."

Replied the boy, "I'm not waiting for a haircut. I'm hiding from my father — and this is the last place he'd think to look for me." — Contributed by Gary L. Judge.

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ROAD TO SAINTHOOD. Why were the saints, saints? Because they were cheerful when it was difficult to be cheerful, patient when it was difficult to be patient; and because they pushed on when they wanted to stand still and kept silent when they wanted to talk, and were agreeable when they wanted to be disagreeable. That was all. It was quite simple and always will be. —Published by Morehouse - Barlow.

* * * *

After the blizzard, my husband's mother phoned and I lamented that we were almost snowed in. "Whatever you do," she cautioned, "don't send Jack out to shovel snow. It's too dangerous. The radio reports that several people have dropped dead of heart attacks."

"I'll probably end up doing the shoveling myself," I sighed.

"Well," she cautioned, "don't forget to bundle up good." — A. T. Finn.

* * * *

VAULT'S ALARM

Having to go to the bank vault one day and unable to find a babysitter, I was forced to take my four small children with me. There were nine other people in the central room of the vault. Not wanting my children to cause any disturbance, I turned to them and said in a loud voice, "All of you line up against the wall and don't say a word!"

There was a sudden silence. Everyone stopped dead in his tracks. Then came a collective gasp as nine people and the teller were absolutely positive there was about to be a bank robbery. — Ann Augustin in Chicago Tribune.

* * * *

One afternoon near the end of my shift of nursing duty at the hospital, I was checking the temperature, pulse and respiration of the patients. I had taken the thermometer from one elderly woman and was still holding onto her wrist, counting her pulse, when my mind wandered momentarily.

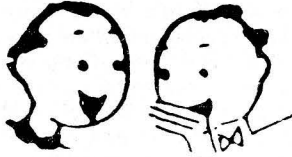
Noticing my hesitation, she looked up at me apprehensively and asked, "Ain't it goin'?" — Contributed by Sara Wilson.

Those obsessed with health are not healthy; the first requisit of good health is a certain calculated carelessness about oneself. — Sydney J. Harris, Last Things First (Houghton Mifflin).

* * * *

One of life's puzzling oddities is that every centenarian has either used alcohol most of his life or has let it strictly alone. — Arnold H. Glasow.

Just Jesting



RETURN TRIPS

For Christmas a man who lives near San Diego gave his wife a suit he had bought for her while he was in San Francisco on business. And with it, because nothing he has ever bought her yet has been quite right, he enclosed a round-trip plane ticket to San Francisco. — Neil Morgan in San Diego Tribune.

Under the new math, 2 and 2 sometimes make 22. Obviously the new math is well suited for interpreting the new economics. — Harry Karns in Garden City, N.Y., News-day.

When science finishes getting man up to the moon, maybe it can have another try at getting pigeons down from public buildings. — Changing Times, The Kiplinger Magazine.

It may take forever to win men's minds by persuasion, but that's quicker than you can do it by force. — Frank Clark, Register and Tribune Syndicate.

The barbarism of our time is the more appalling because so many people are not really appalled by it. — Herbert J. Muller, Freedom in the Modern World (Harper & Row).

Not what you say, or what you think, or even what you feel, but what you choose, determines what you become.

Men are so made that they can resist sound argument, and yet yield to a glance. — Honore de Balzac.

Be highly suspicious of any political or social group which never thinks there is anything funny about itself and its program. — Harry Reasoner.

Christians are supposed not merely to endure change, nor even to profit by it, but to cause it. — Harry Emerson Fosdick.

A woman, asked by an interviewer about her television habits, replied, "Oh, I never watch television. I turn it off more than I turn it on." — A. R. Bee.

Teacher to class: "Children! You're teenagers now, so please act like adults!" — Contributed by Andrew Costello.

BORN TO SOON

One old codger to another: "If they'd had electric blankets and sliced bread when I was a lad, I'd never have got married." — The English Digest.

CARTOON QUIPS

Man showing doctor his wife's hand: "She did it preparing dinner — it's frostbite." — Ed Reed, Register and Tribune Syndicate.

Editor's secretary to angry man: "He's busy at the moment. Would you care to sit and fume?" — Alan Capen in Extension.

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We had just spent our first night as army recruits. The barracks sergeant marched through at 5 a.m., shouting his "greetings" to awaken the men. The soldier in the next bunk muttered loudly, but only burrowed deeper beneath his blankets. The man in the bunk above him rolled over and, with a slow, sleepy yawn, said, "That's all right, dear. You stay in bed. I'll make the coffee this morning." — Richard C. Young.

- These words Say it All
- The five most important words; "You did a good job."
 - The four most important words; "What is your opinion."
 - The three most important words; "If you please."
 - The two most important words; "Thank you."
 - The one most important word; "We."
 - The LEAST important word; "I."

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. Howard Taylor

PENTECOSTAL

Minister—Rev. Robert Cross

ANGLICAN

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

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.

In Memoriam



DR. VERNON D. SCHAFFNER
April 16, 1904 - June 29, 1972