

NOVA SCOTIA SANATORIUM

VOL. 53

FEBRUARY, 1972

No. 2

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Health Rays

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Authorized as Second Class Mail, Post Office Department, Ottawa

Published monthly by the Nova Scotia Sanatorium, Kentville, N. S., in the interests of better health, and as a contribution to the anti-tuberculosis campaign.

SUBSCRIPTION RATES 25 cents per copy \$2.00 per year

*Please address all communications to: The Editor, Health Rays,
Nova Scotia Sanatorium, Kentville, Nova Scotia*

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

DAILY: 10:15 — 11:45 A.M.

DAILY: 3:15 — 4:45 P.M.

DAILY: 7:30 — 8:30 P.M.

POINT EDWARD HOSPITAL

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.

Sunday and Holidays: 3:00-4:30; 7:00-8:30 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.

Hospital Work A Privilege

It is always good to pause a bit at the beginning of a new year and consider something of the privileges and opportunities peculiar to one's employment and way of life. This is particularly apt for those of us who are employed at the sanatorium or hospital, for this is a privilege, indeed and the opportunities are great.

First of all, there is the opportunity for individual service in its broader sense, plus the privilege of working as a team member for the benefit of those who come under our care. There is a satisfaction to be had in ministering to the needs and wants of people who are sick in body, and perhaps distressed in mind, that cannot be found in any other kind of work no matter how insignificant our task may appear to be. The satisfactory functioning of a hospital rests not alone on its administrative, medical and nursing services; these could not perform without the maintenance, food, maid, and the many other departments of the institution — the varied and vital, little and great components that make up the whole. Each job is an individual responsibility, a necessary part of the operation.

We who work in a sanatorium today can be thankful for the advantages of modern chemotherapy, anesthesia and surgery, which make it possible for us to do more for the tuberculosis patients than we could even hope to do only a few years ago. Today we can hold out hope for an earlier and more certain recovery and the assurance of an improved means of livelihood for many.

A large measure of the pleasure to be had from one's work is brought about through the mental attitude with which we approach our job. So now is a good time to make a personal assessment of our attitudes, to look at our attitudes and aspirations.

In this new year of 1972 let us try to do our work willingly, cheerfully, with a smile and a pleasant word, a cheery attitude toward those whom we serve and others with whom we work. We can never know how much we influence others — how far-reaching even so simple a thing as a kind word can be. A world renowned psychologist has recommended that each person give three deserved compliments a day. How different this old world would be if each of us would remember to pay even one compliment daily!

It is sincerely hoped that this new year will be a happier one for all of us; not happy in the sense that there will be a surcease of all problems, because this can never be, nor would such a state be desirable even, but in the sense that we shall be more successful than ever before in resolving our problems. We hope this year will be good to and for us all.

The achievement of a great deal of the possible good lies within ourselves — in the recognition and acceptance of our privileges and opportunities.

— Sanatorium Outlook

Time

We know not where "the best is yet to be,"

But this we know, we sow the seed each day

That here and now is for eternity,
Though brief the time we walk this earthly way.

And there is nothing lost—no little thing,
No little word and not one single deed.
We radiate our lives, and they can bring
The good or bad, regardless of our creed.
For life is like a garden that is made—
The seed we plant can only bring its kind.

Our thoughts and words and deeds can never fade—

And they are all we ever leave behind.
All time is God's—O may we not ignore
Each precious hour; we reap forevermore.

—Betty L. Whitsell

Sir Harold Nicolson, British historian, once told his son:

Only one person in 1000 is a bore—and he is interesting because he is one person in 1000.

* * * * *

Albert Schweitzer:

The tragedy of life is what dies inside a man while he lives.

* * * * *

Professor C. I. Lewis, Harvard:

No matter how sophisticated or powerful our thinking machines become, there still will be two kinds of people: those who let the machines do their thinking for them, and those who tell the machines what to think about.

The Camden Story

The "Camden Story" began in January of last year when health nurses heard a rumor that a school bus driver had been hospitalized with active tuberculosis. Though it was only a rumor at the time, the acquaintance who related it was concerned about her grandchildren. They had ridden on his school bus from September until November, when he had become ill. The nurses suggested the woman bring the children to the health office for skin tests. The oldest, an 11-year-old boy, had a positive reaction. He was eventually hospitalized with active TB.

A few days after the rumor first reached them, the nurses received official confirmation of the case. They immediately contacted the school and made arrangements to test all the children who had ridden that particular bus. Of 217 children tested, 23 were positive — 15 of them kindergarteners. The nurses then tested 71 household contacts of the reactors, and found six more positives among the contacts.

Two weeks later, during the routine school testing program, five more positive reactors were found and followup testing of household contacts yielded two additional reactors.

By this time, according to Mrs. Marion Haynes, R.N., public health nurse with the Camden County Nursing Service, the doctor had given the nurses authority to test "anyone, anytime, anywhere." Mrs. Elizabeth Ernst, R.N., also with the Camden County Nursing Service confessed that she had even tested one hard-to-locate family in the parking lot at the supermarket.

As the followup continued and extended into other towns in the country, the bus and school contacts of the 11-year-old were tested, resulting in three new positive reactors and more household contacts to check. A short time later a doctor reported that he had found a positive sputum in a 5-year-old kindergarten child. At about the same time, a junior high school boy was

hospitalized with what was thought to be pneumonia but was later diagnosed as TB. More contacts. Two more positive reactors.

Just before school was out, all students in the schools were offered the test. Happily, there were no convertors, and no new positives reactors. All told, 2,117 skin tests were given in county schools, plus an additional 500 to 600 people who had voluntarily come into the health office requesting skin tests. A total of 33 positive reactors were found with four new active cases, and 28 children placed in INH prophylaxis.

Both nurses were lavish in their praise of the treatment their young patients received at the State Chest Hospital at Mount Vernon. The mother of a 5-year-old, after leaving him at the hospital, cried all the way home. The next morning she and her husband drove back to Mount Vernon to pick him up. The child's reaction was, "Hi . . . what are you doing here? I have to go now." Whereupon he trotted off to rejoin his new playmates. The mother cried all the way home again, but this time she left him in the hospital.

The mother of another young patient seemed reluctant — for no apparent reason — to send her child to the hospital. Because the family had a good income, it hadn't occurred to the nurses that finances might be a problem. When they told her about the \$50 per month charge at the state hospital, which would be waived if necessary, that made the difference. It seems the mother was thinking in terms of thousands of dollars for months of hospitalization!

Christmas Seal News

Heart of America TBRDA

— via Missouri San-O-Zark

A young friend of mine was enthusiastically enumerating the advantages he enjoys as the owner of a compact car. "It's much easier to park," he said. "It uses very little gasoline. It takes very little time to wash, and requires only a very small amount of wax. The payments are smaller than for a bigger car, and it took a much smaller down payment to buy it."

Then, after a reflective pause, he added, "In fact, the only disadvantage I can think of is that it's so small."

—Contributed by Blanche M. Meritt

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Why Bed Rest After Surgery

By Watts R. Webb, M.D.

Many patients have been somewhat confused by the up, down again, up again routine to which they are subject following their operation for tuberculosis. Immediately after surgery, even the same day, they are called on to leave their beds and begin an active tour of walking, coughing and arm exercises. This activity is continued and progressively increased during their two or three weeks' stay on the surgical ward. Then, on returning to the medical ward, bed rest with only bathroom privileges becomes the order of the day, with activity being gradually resumed over the ensuing months.

Paradoxical as the above may seem, there is a very definite rationale behind these rapid changes of pace. Like so many other things, it represents a compromise between the rest desirable for tuberculosis and the early ambulation which is advantageous in the immediate post-operative period. This early ambulation offers many advantages in the rapid restoration of the patient's normal state of well being. There is an early return to the postural reflexes which maintain normal flow of blood to all parts of the body. Blood flow to the legs and lower body is increased to prevent stasis which might lead to clotting of the blood and subsequent severe damage should these clots travel to the heart or lungs. Breathing is increased and coughing stimulated to prevent congestion in the lungs and possible pneumonia. Strength and appetite return much faster. These factors take precedence over the other considerations which need the reverse.

Removal of a portion of the lung for tuberculosis is not in any way analogous to removal of a gall bladder or an inflamed appendix. In the latter, the offending organ and all attendant difficulties have been removed and the patient is forever rid of appendicitis. Tuberculosis, on the other hand, always occurs in multiple areas in both lungs, even though many areas of involvement may be too small to be seen in an X-ray. Most of these small areas will be arrested or healed by the regimen of drugs, bed rest, etc., which the patient has had prior to surgery. At the time of surgery, only those portions of lung are removed which have been irreversibly damaged.

Many small areas of tuberculous disease are always left behind — some too small

even to be seen or felt and others which will heal on continued medical treatment.

Because of these residual areas of disease, it is always wise to continue the medical treatment almost as if there had been no surgery. Thus, as soon after surgery as is safe to return the patient to bed rest, such is started. Ideally from the standpoint of the remaining lung it would be better not to stir out of bed post-operatively. From the standpoint of the total patient, however, the overall result appears to be much better by utilizing a limited period of early ambulation.

In general, patients are hospitalized for a minimum of six months after resectional surgery. Some patients can safely be released earlier and many should stay longer. This treatment is individualized according to the amount of disease the patient has had and the resistance he has shown.

— Valley Echo

One August evening, a tornado lifted the roof off our house and then set it down half in our front yard and half in a neighbor's. Miraculously, no one was injured, but we lost the contents of a closet which contained, among other things, all my cookbooks.

The next day our neighbor approached, carrying some of the cookbooks which he had found. When I thanked him he said, "Glad to be of help." Then, gazing at the damaged house, he added, "What in the world were you cooking, anyway?"

—Contributed by

Mrs. Robert Thornburg, Jr.

The first time I had to be away on a business trip, my wife drove me to the airport. When it was time for me to leave she said, "Have fun." Then, after a pause, she added, "You won't. will you?"

—Erick Erickson

Return of the Native. "It's good to be home," says a traveler, "where you can be swindled in money you understand."

Personality, South Africa

Who Goes There? In ordering a haircut for a teen-ager who had pleaded guilty to car theft, a judge declared, "I refuse to sentence anyone I can't see."

—AP

Understanding Lung Injuries

The human lung can be injured in many ways, for example, through diseases, air pollution or smoking.

Some types of injury are reversible, meaning that the lung seems to mend itself afterward, and others are not. Injury from pneumonia may heal completely, but there is permanent damage done by tuberculosis and emphysema.

In a research project sponsored by a grant of the Tuberculosis Institute of Chicago, and Cook County, Dr. John R. Esterly, an associate professor at the University of Chicago hopes to determine the difference between lung injuries which will heal and lung injuries which will not heal, and perhaps find a common denominator for all these injuries.

"Only then can we do something about the disease which will not heal and perhaps the ways of encouraging the lung to heal itself," Dr. Esterly explains "You can't have a logical therapy until you understand the problem."

The research being done by Dr. Esterly could ultimately affect research on anything that could cause injury to the lung — including emphysema, bronchitis, tuberculosis, air pollution and smoking.

Dr. Esterly's research will be done on young rats, with simultaneous comparative studies on specimens from human beings who have died.

"This way we will be able to find out if the theories we construct apply to human diseases," Dr. Esterly said.

The research team is inducing diseases they know will not destroy the lung on some of the rats and diseases which they know will destroy the lung on other rats.

Specimens from the rat lungs will be studied to see if digestive enzymes, which normally enter a body organ to break down biological material and defend it against infection, may be digesting the lung itself. This kind of enzyme action may be responsible for the kind of destruction of lung tissue that occurs in diseases such as emphysema, the team has theorized.

Research will be done by a method called histochemistry, which involves the use of a microscope and different color dyes. Diseased lung specimens from the dead rats will be frozen and stained to observe enzyme changes.

Dr. Esterly's research has also led him to believe that some irreversible injuries, like emphysema, may be the result of a number of injuries over a long period of

time—for example injuries from air pollution and smoking.

"There have been many studies on how the lung gets injured, but few studies on how injured cells function," Dr. Esterly said. The project is an extension of work Dr. Esterly has been doing for several years.

A graduate of the John Hopkins University Medical School, he has done research in emphysema at Hammersmith Hospital in London and in tuberculosis at Johns Hopkins Hospital. In July, he received a Research Career Development Award from the National Heart and Lung Institute.

—The Challenge

Hang On To Your Ash Trays

Hang on to your ashtrays, advises Ben D. Kiningham, Executive Director of the Illinois Tuberculosis and Respiratory Disease Association. They are going the way of the bustle, button hook, and wood burning stove. Within a few years you may have a valuable, but useless, antique on your hands.

We are seeing the beginnings of a brand new minority group in the country, he said. They are called "smokers." The tide of opinion is turning, and more and more people are kicking the habit. There are 29 million ex-smokers in the country right now.

This new smoke-free generation has taken the facts of smoking seriously and has decided to do something about it. They have freed themselves, he said, of the physical and psychological addiction of cigarette smoking.

Watching players at ball park, little boy to father: "When do they start shaving and smoking cigarettes and all that?"

—P. Barlow in Good Housekeeping

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When Is TB Not Contagious?

(When it is Atypical TB)

Ray G. Cowley, M.D.

One of the concerns expressed by nurses planning the Public Health Nurses Meeting on August 4 was the growing number of TB patients who come home from the hospital insisting they do not have tuberculosis. Because they have TB in one of its non-contagious forms, they often refuse to take their treatment seriously.

Ray G. Cowley, M.D., Assistant Chief of Medicine and Director of Medical Education at the Missouri State Chest Hospital was asked by the program committee to discuss "atypical" TB, and how it differs from the contagious disease with which people are more familiar.

Dr. Cowley defined atypical TB as TB of a type that is not typical in that it is not contagious, though there are many similarities. The X-ray picture is identical, the clinical picture is the same, and the pathology is the same. All atypical organisms are also strongly acid-fast. The difference comes in the laboratory in identification in treatment, and the fact that it is not contagious.

Dr. Cowley used color slides to show the processes of diagnosing atypical TB in the laboratory, and the effects of various drugs and combinations of drugs on the organisms. Slides of conventional TB cultures were also shown by way of comparison.

The two most common forms of atypical TB are Kansaii pronounced Kan-ZAS-see-eye, which is concentrated most heavily in Kansas, and Battery, found mostly in Georgia. The prognosis is excellent in Kansaii not too good in Battery. Doctors have not seen enough of the other atypical types to know what the prognosis is.

"The patient with atypical TB need not be isolated or confined," Dr. Cowley said. "He can live at home or be treated on an open ward, and will not spread the disease. This often causes concern among patients who do not understand the difference between typical and atypical disease." The treatment is also quite different he said.

Dr. Cowley told the nurses that frequent

follow up of atypical is even more important than with typical, "because with TB we know what to expect and how to treat relapses." He said that atypical TB also relapses more commonly than TB.

— Christmas Seal News
Heart of America
TBRDA

Thoughts

I wonder why it is that we are not all kinder to each other than we are. How much the world needs it! How easily it is done. — Henry Drummond, author.

* * * *

You must see and find God in the heart. — Jean Paul Richter, German novelist.

* * * *

Real equality is not something to be decreed by law. It cannot be given and it cannot be forced. It must be earned. — Raymond Moley, journalist.

* * * *

Truthfulness is a cornerstone in character, and if it be not firmly laid in youth, there will ever be a weak spot in the foundation. — Jefferson Davis, president of the Confederacy.

* * * *

All that a man achieves and all that he fails to achieve is the direct result of his own thoughts. — James Allen, novelist.

* * * *

Man is never helped in his suffering by what he thinks for himself, but only by revelation of a wisdom greater than his own. It is this which lifts him out of his distress. — Carl Jung, German psychologist.

* * * *

This is the only chance you will ever have on this earth with this exciting adventure called life. So why not plan it, and try to live it as richly, as happily as possible. — Dale Carnegie, writer.

* * * *

My great concern is not whether God is on our side, my great concern is to be on God's side. — Abraham Lincoln.

(Continued on Page 15)

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Medical Column

(By Walter C. Alvarez, M.D.)

Emeritus Consultant of
Medicine, Mayo Clinic
And

Emeritus Professor of
Medicine, Mayo Foundation

I read that the 1964-65 epidemic of rubella (German measles) in pregnant women resulted in 30,000 natal deaths or still births and 20,000 children born with severe birth defects. The disease seems to go in six or seven-year cycles, which means there is likely to be another bad epidemic in 1971-72.

For many years, we thought of German measles as a minor childhood disease and it generally is — the child usually has only a rash and slight fever. But when a woman who has recently become pregnant gets German measles, her child may have major and often multiple birth defects, such as blindness, heart disease, deafness and mental retardation.

Now, in a release from the Arthritis Foundation, I read that evidence has recently been found which strongly suggests that German measles is related to arthritis. Drs. P. L. Ogra and J. K. Herd of the Children's Hospital in Buffalo, N. Y., have reported that German measles virus may play an important role in juvenile rheumatoid arthritis (the crippling, deforming type of the disease), that affects a quarter of a million American youngsters. I will doubtless be writing about this again as more evidence comes in.

In order to avoid these bad effects of the German measles virus, American health officers have made a tremendous effort to immunize all children against the disease. If children don't get the disease, they won't be able to transmit it to susceptible pregnant women. Unfortunately, many women, such as those in very poor areas, have no newspapers to inform them, or they cannot afford to go to a doctor. As a result, their children often are not immunized, and the disease continues to spread.

Also, there are several blood tests to show whether or not a woman is immune to German measles.

Although nationally, it is estimated that only 10 to 20 per cent of women are susceptible to the disease, in some states the figure goes as high as 50 per cent. These susceptible women can be identified most easily by premarital screening, or by

testing them when they first become pregnant. Routine premarital blood tests for rubella are now required in four states—Colorado, Iowa, Oregon and South Dakota.

Public health officials hope that by using these blood tests and by immunizing as many school children as possible, they can cut down greatly on the dangers of the epidemic. This is so important, because the suffering of children born with grave defects is great, as is that of their parents. Also, the cost of supporting the 1964-65 children born with serious defects is estimated by the Center for Disease Control to be about \$110,000 for each child over his lifetime.

Surely, every woman, especially if she thinks she might become pregnant in the next two years, should have the test to see if she is susceptible to rubella, and if so, she should be vaccinated.

Today, every mother who loves her children will get them vaccinated both against rubella and against ordinary measles, which also can sometimes cause an encephalitis (inflammation of the brain) that can leave permanent damage. In a year, measles can kill 400 children in the United States.

In the Journal of the American Medical Association, there is an enthusiastic report of a new triple vaccine—for German measles, regular measles, and mumps, another "mild" childhood disease that can sometimes have serious consequences. Mumps is dangerous when it attacks an adult man, because it can injure or almost completely destroy his testes.

This new vaccine has been given to 715 children in one city, and has been found to be safe. It is hoped that these three "childhood" diseases can now be wiped off the face of the earth.

A couple of hundred physicians were attending a meeting of the Pima County Medical Society at one of Tucson's older hotels. An officer of the society finished reading his report, sat down—and crashed to the floor as his chair collapsed. After it became clear that the doctor was unhurt, a voice from the rear of the room called out: "Is there a carpenter in the house?"

—Don Schellie

* * * * *

Wife greeting husband at front door: "Hello, dear — where's for dinner?"

—Salo, Chicago Tribune-
New York News Syndicate

Editorial Comment

It would not seem quite right to submit the material for our February issue without making some reference to Valentine's Day, even though our readers won't be seeing it until two weeks past the date. Certainly we are frequently reminded of the approaching day by the quantity and wide selection of goods being featured in the stores. Valentine's Day is likely second only to Christmas in terms of the volume of sales in the merchandising business. It is interesting to look back upon the origins of some of our celebrations and observances, and here are a few notes pertaining to the subject:

On St. Valentine's Day in ancient Rome, according to most accounts, eligible maidens would place their names in an urn. Eligible men would pull them out. Norman F. Rowland, a spokesman for Hallmark Cards Inc., a leading manufacturer of greeting cards, says the men are committed to court for a whole year the girls whose names they pulled out. For reasons that seem obvious, later observances have been much less stringent.

St. Valentine, a third century Roman martyr, seems to have had little to do with it. One story says that while in prison awaiting his death he sent a note to a lady, thus starting the card-sending custom. But other accounts say that the Christians of Rome, in an effort to stamp out paganism, merely substituted St. Valentine for the gods Pan and Juno, thereby giving the custom Christian overtones.

In 1862, R. Chambers, editor of the Book of Days, a miscellany of popular antiquities published in London, wrote: "Valentine's Day is now almost everywhere a much degenerated festival, the only observance of any note consisting merely of the sending of jocular anonymous letters to parties whom one wishes to quiz, and this confined very much to the humbler classes."

Chambers observes that at no remote period was it very different. Samuel Pepys, the famous diarist, wrote that he had given his wife a turkey-stone set with diamonds for Valentine's Day in 1668.

"And I am glad of it, for it is fit the wretch should have something to content herself with," Chambers quotes Pepys as saying, and adds: The reader will understand wretch as a term of endearment.

Valentine's Day has obviously come a long way from what it was when Chambers

wrote about it. Mary Fauquier, a designer for Demmie Blackistone and Associates, Florists, thinks the day is growing in popularity.

It's sentimental, she says. People have more education, more money, and flowers take the place of diamonds, which they can't afford.

The fact that St. Valentine was dropped from the liturgical calendar of the Roman Catholic Church last May has made no difference. The Vatican's action simply means that masses in his honor are no longer obligatory, but can be celebrated at the discretion of individual priests.

* * * *

Most of us are interested in the weather at any time, and perhaps more so on February 2nd when the groundhog is to determine for us whether the worst of the winter is yet to come. Dr. Archibald was reminding us that it is whether or not the groundhog at a certain place in Pennsylvania sees his shadow that is important. Who does said groundhog think he is to tell us what our winter is going to be like in Nova Scotia.

Do you believe in the reliability of some signs and perhaps not others? At home we used to enjoy reminding each other of the various signs which pointed to a mild or a severe winter. Such as whether the wasps built their nests high or low, whether the woollybear caterpillar had wide or narrow black divisions. It therefore interested me to see in the local paper early in the winter reference made to these and many other signs. A Mrs. Baker, c/o D. S. Gray Management Research, 601 Merton Street, Toronto, had asked for readers to send their favorite signs to her so that she might include them in a book which she was compiling.

* * * *

It is interesting to note that some things change less than we realize. Here, for example, is a commentary on the changing times, as written by Socrates, who lived from 469 to 399 B.C., "The children now love luxury. They have bad manners, contempt for authority, they show disrespect for adults and love to talk rather than work or exercise. They no longer rise when adults enter the room. They contradict parents, chatter in front of company, gobble

(Continued on Page 8)

EDITORIAL COMMENT—

(Continued from Page 7)

down food at the table, and intimidate teachers"

Here is another quotation that has a modern ring to it, this one by Emperor Julian in the 4th century B.C., "Nowadays, any young man who does not choose to study or work grows a beard, insults the gods, and calls himself a cynic."

Readers will recall some of the articles in past issues of this magazine which were written by Dr. Sidney Gilchrist, medical missionary, who devoted many of his 69 years to service in Angola and the Congo. In honor of Dr. Gilchrist, who was killed in a highway accident in Alberta, on June 13, 1970, a preventative medicine award was established at Dalhousie University. The first recipient of this award was Ewart A. Morse, a third year medical student, who is the son of Dr. and Mrs. W. I. Morse of Yarmouth. Dr. Morse is originally from West Paradise, where his mother, Mrs. Ewart Morse, and his two sisters now live. Mrs. W. I. Morse is a social worker at the Yarmouth Hospital.

There have been a few more changes taking place at the Sanatorium. During January patients representing the various floors have been getting together, first with the Administrator, Doctors, senior nurses, and members of the Rehabilitation department, and later by themselves. The patients appointed spokesmen from each ward to serve as their representatives in any discussion of policy and programs which directly concerns the patient body.

How much would you consider as a fair and reasonable welfare allowance for one who is not working, for one reason or another? Ask this question and you receive a wide variety of responses. Some would say that if the person is off work through no fault of his own he should not receive less than what he was receiving on the job. Others would argue that the ones who have lost their incentive to work, together with those who are sick, and those who are in prison, should fare equally well if they have families to support.

In any event, the different forms of welfare assistance certainly take a large

bite from federal and provincial funds. In a report given by Dr. F. R. MacKinnon, Deputy Minister of Public Welfare he gave the figure for the welfare budget for 1971 in this province as 13 million dollars. This was compared with \$350.00 in the year of 1958. It takes a great deal of money to provide services today. I think that in the same paper there was the report that the C.B.C. was given an operating grant of 116 million dollars in 1971, speaking of huge sums of public money.

Parents and Children

The ancient commandments included the exhortation to honor father and mother. And St. Paul, writing to the Ephesians on the subject of parents and children, reiterated the timeless teaching, "Children, obey your parents in the Lord." Continuing the theme, he adjured, "... fathers, provoke not your children to wrath; but bring them up in the nurture and admonition of the Lord."

Parenthood is one of life's more difficult occupations. It involves more people than does any other full-time activity yet it is a vocation upon which the vast majority embark without any training or preparation.

Perhaps that suggests part of the explanation for many of the problems which plague the homes of today. Some of them grow from juvenile rebellion. Some derive from parental over-indulgence or, at the other extreme, over-protection.

The Biblical position stresses obedience on the part of children and, by implication, the exercise of discipline by adults. The discipline, of course, must be firm and intelligent — always tempered by love.

The great temptation facing parents is to pursue the easy way with their children. For the young folk, the temptation is to think that they, in spite of their immaturity and inexperience, are capable of correct and wise decisions.

Children need parents not only to feed and clothe them but to guide and teach and, when necessary, to discipline. They need parents whose lives are based on the standards which are set before the youngsters. They need parents who are worthy of obedience.

Long ago, the Rabbis said, "Whoever fails to train his son in a trade, trains him to be a robber."

Contributed

RON ILLSLEY
ESSO SERVICE STATION

Emerging From The Hard Shell

By Sydney Harris

We older folk like to prate a lot about the "duties" and "responsibilities" of young people, but have we ever thought of the obligation that is entailed upon us by growing older?

I don't mean the financial and social and family obligations, which we all accept and understand, but the obligation to become more appealing on the inside as we become less attractive on the outside.

An older person who gets all dried up and brittle and wrinkled and full of complaints is just a total drag, no matter how rich or influential he may be. Most people allow age to do awful things to them.

It seems to me that growing older imposes a duty upon us to get more like a peach on the inside as we get more like a prune on the outside; otherwise, what's the point of it all?

We have to get cuter and funnier and mellow and more tolerant and more perceptive and wiser, simply to compensate for the external ravages of the aging process. Instead, most older people allow themselves to become more rigid, more disapproving, more psychically constipated more narrowly opinionated, and more querulously self-centered as they pass from childhood to senescence without ever having arrived at maturity.

Actually, young people have a natural love and affinity for oldsters who have maintained the spirit of youth within themselves; what they reject and resent are old people who have forgotten what it was to be young, who have discarded their earlier stages of life instead of incorporating them into the total personality at some deep and permanent level.

Our desperate quest for youth must be turned inside out, an older person who tries to look and act and dress like a junior is simply an object of fun or pity. "Youth" is an emanation from the inside, not a cosmetic application, and it is the inner spirit of the person that youngsters respond to, not the surface appearance.

Old people who feel alienated from the young tend to blame the "changing times," when in reality it is their own inability or unwillingness to deepen their perceptions and broaden their sympathies. Most of us get worse as we get older, when we should get better — we settle into our individual deformations, instead of emerging from

the hard shell of self to meet the new world at least half-way.

School Days

The school house sits upon a hill,
Not far from off Main Street.
I like to watch children day by day,
They look so nice and neat.

The tiny ones especially,
Who know no cares nor woes,
Just dressing up in pretty clothes,
Then off to school they go.

I would like to see the older boys
Cut their hair off short;
I think they'd feel much better
And look like a regular sport.

Fashions change, they come and go
And none go on forever.
We hope hair styles will change as well—
A big change for the better.

Some think the young folk are all bad,
But I don't agree with them there,
For there's many a very brainy head,
Under that mop of hair!

Mrs. Grace L. Reid
10 School Avenue,
Kentville, N. S.

Lorraine Hansberry in her play, *A Raisin in the Sun*:

When do you think is the time to love somebody the most? When they done good and made things easy for everybody? Well then you ain't through learning—because that ain't the time at all! It's when he's at his lowest and can't believe in hisself 'cause the world done whipped him so. When you start measuring somebody, measure him right, child, measure him right. Make sure you done taken into account what hills and valleys he come through before he got to wherever he is.

—Random House

In a good seamanly manner I was painting my boat. As I neared the completion of one side, putting a final sweeping flow to the stem before rounding it to begin the other side, I bumped head-on into a stranger painting the other side. He thought it was his boat, a similar one cradled several yards away. I would have laughed — except that he was painting black while I was painting white.

—Richard McIntyre in *Motor Boating*



Chaplain's Corner

Msg. J. H. Durney
(from The Veteran)

CHRIST THE WORKER

When Christ the Redeemer came to the world which had awaited Him for centuries, He came to a very small town; He came unannounced, and He came in poverty. He spent His life working with His hands, trying to help the meager budget of His family by carpentry work.

The life of Christ as a laborer was a hidden life, but, none the less, a life of merit. Most of us will lead lives hidden to men, but not to God. Whether we live our lives in accordance with His laws, or contrary to His laws, they will be known to God, because with God there is no hidden life.

Christ's years as a laboring man were wholly uneventful and unsuccessful in the eyes of the world. But He was an everlasting model of patience in those years before His public life and the life of the Holy Family was a happy life even though it was poor.

There are many lessons which we may learn from the life of Christ the Worker. Christ gave dignity to work and hard work at that. He also taught us that while the state of poverty is no virtue it is the proper spirit in which we accept poverty which is virtuous.

There are however a number of misconceptions which arise in this matter. To be an irresponsible parent and neglect work will lead to poverty. One would be very misguided should he consider himself in holy company simply because he is in poverty as a result of laziness or a poor sense of responsibility. God gave each of us gifts and we are to use them to the fullest. Those who have been blessed by God with a family have a moral obligation not to sit back and revel in poor circumstances but to try to provide their Christian families with decent comforts and with opportunities to develop as full human beings.

Poverty in itself is neither good nor bad morally. Only a human being can act morally and poverty is a state. Neither is money in itself morally good or evil. Like poverty so too with money; you and I are morally good or bad depending upon the use we make of both.

We are here for a short while and while we are here we must work. Let Christ the Worker be our model; let Christ be the reward of our work and of

our use of creatures.

* * * *

WORRY

Many of us do a good deal of unnecessary worrying. Students grow frantic at examination time; mothers and fathers grow gray worrying about how to meet the current bills; everyone worries about something. No one denies of course, that we need to be concerned about various temporal problems that confront us; no one denies that we should plan sensibly and shrewdly for our future needs; but planning for the future and worrying about the future are very different. Planning helps us and brings peace of mind; worry hinders us and destroys our tranquility. Unfortunately many of us do not stop with planning for our needs; we go on to worry about them. We rumple our hair and chew our nails and pace up and down. If the problems are big enough, worry will rob us even of our necessary sleep.

To help us solve the universal neurosis of worry, we must put into practice a basic principle of our religion: TRUST IN GOD. Even though we personally cannot foresee the solution to all our problems, Somebody can—and that Somebody will solve them because He loves us. Relying on this TRUST IN GOD we beg Him to free us from all temporal worries, because unless we have peace of mind, we shall not be able to attend to His business; we shall not be able to worship Him as we should.

We all realize, as Our Lord Himself did, that we have real temporal needs. We must be able to pay our bills, to buy the things we need for the health and well-being of our families. We must be prudent in taking care of our temporal wants; but at the same time we must not worry uselessly about these temporal wants. We must do the best we can to provide for our needs and then TRUST IN GOD. We must realize that our main work on earth is to praise and serve God, and when we do this God will see that we have these other things necessary for our temporal well-being.

Each day we should give some time and attention to God's business. A few minutes each morning and evening, spent on our knees in prayer, will do much to keep our thinking straight in this matter. If we put a little more prayer and a little less worry into our lives, we shall not

only please God; we shall be happy, because we shall have "the peace of Christ that surpasses all understanding."

The Art Of Failure

By Wilfred A. Peterson

He who hopes to avoid all failure and misfortune is trying to live in a fairyland; the wise man realistically accepts failures as a part of life and builds a philosophy to meet them and make the most of them.

He lives on the principle of "nothing attempted, nothing gained," and is resolved that if he fails, he is going to fail while trying to succeed.

He does not set for himself the impossible ideal of always being successful. He does the best he can and then with a serene spirit accepts what comes.

He learns from the scientist who said, "At best, research is about 99 per cent failure and 1 per cent success, and the 1 per cent is the only thing that counts.

He finds courage in the pages of biography which indicate that our greatest men failed many times. For instance, Louis Pasteur was described as "a scientific Phoenix who arose triumphant from the ashes of his own mistakes."

He recognizes that, although he cannot always control what happens to him he can always control how he responds to his failures.

He observes that the only water that can sink a ship is water that gets inside of it, and so he strives to keep all thoughts of failure out of his mind. He knows that as long as a man keeps his faith in God and in himself, nothing can permanently defeat him.

He knows that when the blows of life knock a man down, the important thing is not to stay down. He develops the quality of bounce, rebounding from a defeat as a rubber ball rebounds when you throw it to the floor. He knows that life has its rhythms, as the ebb and flow of the tide, so he learns to "labor and wait", giving time a chance to work its miracles.

He uses the lessons of failure to build for the future; his mistakes become red stoplights warning him away from highways that lead to defeat.

He learns to fall forward like a good ball carrier in football — to make the most of every failure.

He rises to the challenge of failure as did Mark Twain when he wrote, "A few



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 Infirmarys.

ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)

Saturday: 4:15 p.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.

fly bites cannot stop a spirited horse."

He keeps on keeping on.

He adopts as his talisman the magic words of the ancient seer: "This, too, shall pass away."

The plane had started to taxi toward the takeoff strip when suddenly the motors were cut. Figures were seen sprinting from the terminal toward the plane—a man carrying a baby and a woman carrying a briefcase. A ramp was brought up, and the plane door opened. The man ran up the steps and took the empty seat. The door had been secured again and the motors started when the late arrival stood up and shouted, "Good Lord, I've got the baby!" The stewardess told the pilot, motors were shut off again, the ramp was rolled up, the door opened. The baby was exchanged for the briefcase—and routine returned to the airways.

—Carla Anderson

* * * * *

Triumphant father to mother watching teen-age son mow lawn: "I told him I lost the car keys in the grass."

—Dick Turner,

Newspaper Enterprise Assn.

OLD TIMERS

First there are some notes from Marguerite MacLeod: Old Timers of the early and mid-thirties will remember Dagny Anderssen, the Swedish girl who became Mrs. Karl Svenson, several years ago, and returned to her native land to live. Dagny's Christmas letter, written in November, reached me on January 21st!! Happily, all is well with her and Karl. Last summer they spent part of their vacation in a delightful spot on the shores of a mountain lake in Norway. If all goes well, the dual delights of beautiful scenery and fishing will lure them to the same spot next summer.

Joan Daurie, of Clearland, Lunenburg Co., now Mrs. Peter McCarthy, of Stapleford, Nottinghamshire, England, was at the Sanatorium in 1950, Joan and Peter also travel a bit and last summer visited the New Forest in which they found Canadian trees, one of which was planted back in 1849. They also visited the Isle of Wight, which, Joan says is very similar to Prince Edward Island. Joan hopes to spend this coming July and August in Nova Scotia.

Bertha (Nickerson) Allen, of Shelburne, an old timer of about that same era, has moved to a home in the centre of town, and is very happy. Her two sons are fine young men now.

Hazel Duran, of Weaver Settlement, Digby Co., writes that she is keeping fairly well.

Anne LeBlanc, of Grosses Coques, worked at the Acadian Textiles, Belliveau Cove, all last summer. Her particular job was sewing and she enjoyed it very much. Ada Church of Martock, although not in robust health, is living quite a full life. She is very proud of son, Peter who is now in school, Peter by the way was a "Sanatorium baby."

Bobby Melanson, of Belleville, Yarmouth Co., is well and busy. He didn't visit around much last summer as he hosted a lot of visitors from the U.S.A. Letters from Rita MacKenzie of Sydney and Marie (Legere) Morehouse of Lower Sackville bring reports of them. Both

were Sanatorium staff members a few years back.

Emilie Pothier, of Wedgeport, who was a patient in Roseway Hospital, is well and happy. She had a very interesting visit to Ontario last summer.

Evelyn Hiltz, of Chester, ever and always a bundle of energy and ambition, is reviewing her typing course, taken at Roseway Hospital so that she can type the notes on a family tree she is compiling. Her older daughter is doing well as a commercial student at the Kings County Vocational School. During the past summer Evelyn either heard from or visited a number of ex-Roseway patients who are doing well. Frances Romkey and her husband; Mervyn Hebb, who lives in Moncton; Barbara Nowe, Arlean Carew, Madge Cooke (who has gone back to college) Mildred Thibodeau and Madge King.

Next some notes from Anne-Marie: Mary Doucette had a note from Florie (Moulaison) Faulkner at Christmas. Florie who was here in 1960 now lives in Delta, B. C. She has two children but finds time to go to art classes.

Jacques LeBlanc of Saulnierville who was a patient here in 1967 during the Clare epidemic was visiting friends at the Sanatorium. He is a student at Acadia University, taking Computer Science, and likes it very much. He plays hockey as an extracurricular activity.

Florence Belben heard from Irene Knight just recently. Irene still works at hairdressing in Halifax and is well.

I took charge of 50 boys for two weeks at scout camp. Knowing that many of the boys would not write home often enough, I had post cards printed listing items regarding their progress, attitude and welfare, which I could simply mark with a check and then mail for the parents' peace of mind.

One morning, when I laid the usual stack of cards on the camp director's desk for mailing, he glanced at the top card and remarked that it was a poor report to be sending a parent. The items checked were: "Your boy is homesick; your boy misses you; your boy wants to come home."

I explained that he had made a mistake. The top card was the one I was sending to my wife.

—Milton H. Schertle

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(Continued on Page 14)

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(Continued from Page 13)

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Contributions to the fund may be addressed to:

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Nova Scotia Sanatorium
Kentville, N. S.

An official receipt will be sent to all contributors, and all contributions are deductible for Income Tax Purposes. Your contributions will help **Health Rays** to remain healthy.

These tanding of this Fund as of January 31, 1972:

Previously acknowledged \$3,666.39

Recent contributors:

Century Patrons:

Nil

Patrons:

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Miscellaneous 40.30

Grand Total **\$3,706.69**

MIGUEL DE UNAMUNO:

It is not usually our ideas that makes us optimists or pessimists. It is our optimism or our pessimism—of physiological or perhaps pathological origin, as much the one as the other — that makes our ideas.

—Fifty Years, edited by
Clifton Fadiman (Knopf)

* * * * *

Loan officer to customer: "And one of life's disappointments, sir, is discovering that the man who writes the bank's advertising is not the one who makes the loans."

—Lichty,
Publishers Newspaper Syndicate

At Wit's End

During the past few years, the entire country has been riding high on horoscopes. You cannot open a magazine without discovering what foods are best for you to cook, how your finances will go, whether or not it is safe to entertain, and what is in your travel future.

Last year, when I reached 44 and became old enough to buy *Cosmopolitan* without a prescription, I was intrigued with their sexy horoscopes. I would read through Aquarius, Gemini, Taurus and Capricorn and literally blush at what was in store for them.

However, when I reached my own zodiac sign, it was always the same. "A new hair color could get you a cab. From the 10th to the 15th, it might even get you mugged (on a slow night). Stars born under your sign: Minnie Pearl, Wally Cox and Walter Hickel."

This month I opened the magazine and was thrown into shock. My sign read, "Mr. Sex and Vitality will come into your life around the second of the month."

On the morning of the first, I was quivering at what I knew would happen. Arising early, I fixed breakfast, sent the kids off to school and sat down to wait for Mr. Sex and Vitality. At ten, the doorbell rang. It was the garbage man telling me he had a rule about picking up more than five cans. I couldn't question his vitality, but how sexy can a man be who smells like cantaloupe and wilted lettuce at ten in the morning.

At 11:30, as I was eating lunch, the phone rang. The voice at the other end wanted to make a house call and talk to my husband and me to see if we would like to spend our retirement managing a motel. He didn't sound sexy or vital, but then how could anyone get worked up over wrapping all those bathroom glasses in see-through bags . . .

That evening I stayed dressed just in case Mr. S and V rang my chimes.

"What are you dressed up for?" asked

my husband. "You going bowling or something?"

"My horoscope said Mr. Sex and Vitality would enter my life today."

"That reminds me," he said, "Did you take my suit to the cleaners?"

"Do you want to nibble on my ear or something?" I asked.

"Are we out of chip dip?" he asked absently.

Within minutes, he was dozing in the chair, his paper on his chest, his can of beer balancing precariously on the arm of his chair.

I wondered how Wally Cox, Minnie Pearl and Walter Hickel made out.

Erma Bombeck

St. Johns "Evening Telegram"

THOUGHTS—

(Continued from Page 5)

* * * *

When you're afraid, keep your mind on what you have to do. And if you have been thoroughly prepared, you will not be afraid. — Dale Carnegie.

* * * *

Victory at all costs, victory in spite of all terror, victory however long and hard the road may be; for without victory there is no survival. — Sir Winston Churchill.

* * * *

You cannot teach a man anything; you can only help him to find it for himself. — Galileo, Italian astronomer.

* * * *

The vision that you glorify in your mind, the ideal that you enthrone in your heart — this you will build your life by, this you will become. — James Allen, novelist.

* * * *

Today we are afraid of single words like goodness and mercy and kindness. We don't believe in the good old words because we don't believe in the good old values any more. And this is why the world is so sick. — Lin Yutang, Chinese philosopher.

* * * *

Truth is the foundation of all knowledge and the cement of all societies. — John Dryden, English poet.

Woman golfer to mate: "Now if there's anything I do wrong, or you see something you can correct for me—just keep your big mouth shut!"

—Mady Merah, General Features Corp.

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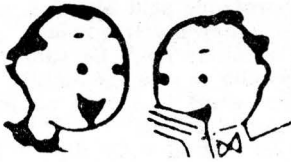
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Just Jesting



Reverse Rile. My husband proved to be a wonderful partner while I was convalescing from major surgery. He would rush home from the office at noon and evening to cook, wash dishes and care for my needs, and on weekends he took on many additional household duties.

After several weeks of this, as we were sitting at the dinner table, he slumped down and with a long, heavy sigh said, "The next time we play house, I don't want to be the mother."

—Contributed by Mildred Aspinwall

* * * * *

Doctor to obese patient: "I've done all I can to get your weight down, Mr. Murphy — I suggest that you just learn to be jolly."

—Ed Reed,
Register and Tribune Syndicate

* * * * *

Waiter, with water pitcher in each hand, to diner: "Are you fluoride or anti-fluoride, sir?"

—Taber, Gates Features

* * * * *

Wakened out of deep sleep, man answering phone: "You have the wrong idiot, you number!"

—Chon Day in Look

* * * * *

FIRST BLUSH

When a young, crew-cut fellow stopped in to order an engagement ring, the jeweler asked, "What sort of setting do you have in mind?"

The young man looked startled, then flushed and said, "Well, probably her living-room couch."

—Bill Kennedy in Los Angeles
Herald-Examiner

* * * * *

My daughter's algebra teacher was giving out the homework assignment. "Do the first ten problems on page 116"—ballpoint pens jotted that down swiftly and silently—"and from one to 15 on the next page"—more jotting, with some audible sighs—"and . . ." Here one young miss said, in a magnificent stage whisper, "My poor father!"

—Contributed by Montgomery Browne

Engaged to a Navy Nurse of the same rank, a Navy Lieutenant arrived at their wedding to find his bride wearing a new stripe, thereby outranking him. After a double take, he clicked to attention and announced tenderly, "Bridegroom reporting for duty now, sir."

* * * * *

Tommy: "Mom, is it true that we came from dust and will return to dust?"

Mom: "Yes, dear, that's what the Bible says. Why?"

Tommy: "Well, I just looked under my bed and there's somebody there, either comin' or goin'!"

* * * * *

A newspaper was running a competition to discover the most high-principled, sober, well-behaved local citizen. Among the entries come one which read:

"I don't smoke, touch intoxicants or gamble. I'm faithful to my wife and never look at another woman. I am hard working, quiet and obedient. I never go to movies or the theatre, and I go to bed early every night to rise with the dawn. I attend chapel regularly every Sunday without fail.

I've been like this for the past three years. But just wait until next spring when they let me out of here."

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TODAY

Let yesterday go on its way
Behind its time-tight seal,
Remembering it is today
With which you have to deal.

And let tomorrow stay right there;
It will not go away
You cannot live its joy or care
Until it is today.

For if we give to hours gone by,
Or, yet to come we may,
Have but a weak-kneed alibi
To not give our best today.

* * * * *

When they clean up all the comic books and literature that might be harmful to children, adults won't have anything to read.

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
V. D. SCHAFFNER, M.D., C.R.C.S. (C), F.A.C.S.	Consultant Surgeon
D. M. MacRAE, M.D., C.R.C.P., (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.	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 JOYCE LEWIS	Dietitian
MRS. ELIZABETH REID, R.N.	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

PENTECOSTAL

Minister—Rev. Robert Cross

ANGLICAN

Rector—Archdeacon 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. 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.



The Canteen . . .

IS OPERATED FOR YOUR CONVENIENCE
AND BENEFIT

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- A good stock of all occasion cards and stationery
- Gift suggestions, Novelties, Cups and Saucers
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- A wide variety of grocery items
- Ladies' and Men's wear — Nylons