

Stacks

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NOVA SCOTIA SANATORIUM

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A History of Tuberculosis Control

HELEN M. HOLDEN, M.D., C.R.C.P. (C)
 Medical Director, Nova Scotia Sanatorium

The following is the first part of a paper presented at the Annual Institute of the Dalhousie University School of Nursing, Halifax, N. S. February 26, 1971.

At the beginning of the century, the death rate from tuberculosis in Nova Scotia amounted to almost 200 per 100,000. In other words, approximately 1000 persons died of tuberculosis annually in this small province. At the time, tuberculosis was listed as number one in the causes of death, not only in Nova Scotia but also in Canada. During World War I an issue of the Halifax Herald featured a picture of a graveyard filled with stones and the caption read, "Not Flanders Field but peaceful Nova Scotia". Such was the situation then. At the present time, the death rate is about 3 per 100,000; i.e., approximately 22 deaths from tuberculosis annually in Nova Scotia. However, this is no cause for complacency — of all communicable diseases in Nova Scotia and Canada, tuberculosis is still the biggest killer. Imagine the outcry if even one child had died of poliomyelitis in Nova Scotia in 1970! Yet last year, among the 21 deaths from tuberculosis, were two children who died of tuberculous meningitis. One might wonder how such a situation could exist. After all, tuberculosis is a contagious disease. It should be possible to diagnose and treat every case, then there would be no more problem. As Hinshaw states, "There is one — and only one — cause of tuberculosis; the patient with positive sputum. The sine qua non of tuberculosis control is the control of that person".

Wherein lies the difficulty? Why has tuberculosis not only been controlled, but eradicated long ago? Part of the answer lies in the nature of the disease itself, part in the frailties of human nature.

Let us go back into the past and consider the problems that beset our ancestors. This should enable a better understanding of the present. Finally, we will consider the hopes of the future.

There is not much doubt that tuberculosis has existed since the dawn of civilization. Archeological studies have revealed evidence of spinal tuberculosis in Egyptian mummies. The word "phthisis" which is derived from the Greek word meaning to

waste away is credited to Aristotle and Hippocrates. Later, the English word "consumption" was derived from the latin *consumere* — meaning to consume. Though Hippocrates described the symptoms of tuberculosis fairly well in his writings, it was not until many centuries later that there was any actual knowledge concerning the nature and etiology of the disease. In the 17th Century, Franciscus Sylvius, a Dutch pathologist, discovered little nodes or tubercles in the lungs of patients who had died of so-called consumption, hence the modern term "tuberculosis". He believed in a hereditary factor and also in the contagious nature of the disease, as did Morton, an English physician of the same era.

In 1815, Rene Laennec invented the first stethoscope, and in 1819 published his memorable treatise entitled, "Diseases of the Chest and Auscultation". Although this development assisted in the examination of individual patients, there was still no vestige of any actual tuberculosis control measure, as it was not known how the disease spread from one person to another. Incidentally, Laennec himself died of tuberculosis at the age of 45.

In 1865, John Antoine Willeman proved that tuberculosis could be spread by inoculating a rabbit with material from a tuberculosis lung. In 1870, Louis Pasteur, who became known as the father of bacteriology, proved that microorganisms can cause disease. Finally, in 1882, Robert Koch reported his discovery of the tubercle bacillus, and gave a detailed description of this organism, proving it to be the cause of tuberculosis in all its forms. Not long after this, George Cornet proved that tubercle bacilli are spread by the expectoration of consumptives to other individuals, chiefly by the inhalation of tiny dust particles containing the organisms. It was from this knowledge that preliminary mea-

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A HISTORY OF—

(Continued from Page 1)

sures toward tuberculosis control eventually evolved. Up until this time, the general public thought of tuberculosis as being inherited, and almost always fatal.

In 1895, Wilhelm Konrad Roentgen discovered the x-ray which was ultimately to prove of such importance, not only in the field of treatment and control of tuberculosis, but also in all branches of medicine. In 1859, Herman Brehmer opened a sanatorium in Germany, life in the open and rest forming the foundation of treatment. A second institution was established by his patient and student, Peter Dettweiler. In 1882, Dr. Ernest Livingston Trudeau opened his very famous institution in the Saranac Lake region of New York State, the beginning of the sanatorium movement in the United States. In Canada, the Musoka Hospital for Consumptives was founded in 1897. It was operated by a private organization. However, to Nova Scotia goes the credit for the first provincial sanatorium in Kentville, being opened in 1904. Prior to this, a small private institution had been functioning in Wolfville, Nova Scotia, for a period of four years. In 1900, the Prince of Wales, later to be Edward VII, sponsored the formation of the Canadian Association for the Prevention of Tuberculosis and Other Forms of Consumption. This later became the Canadian Tuberculosis Association, and antedated its counterpart in the United States, the National Tuberculosis Association, by four years although local societies had been in existence previously. Dr. Trudeau was the first president of this organization. Both these voluntary health associations have worked together with government agencies throughout the years and proved to be the forerunners of other similar agencies associated with other types of illness.

Therefore we see that, as the century dawned, the first vestiges of effective tuberculosis control were in evidence; i.e., special institutions had been established for the treatment of tuberculosis and voluntary organizations were beginning to take their place, together with official government agencies, in fighting the disease for which the cause and usual methods of spread were now well recognized.

It had been discovered in 1898 by Theobald Smith that there were two forms of the tubercle bacillus, both able to produce disease in the human — that is, the bovine and human types, the latter usually

being transmitted through the drinking of milk from infected cows.

The first efforts toward tuberculosis control were chiefly devoted toward the care of afflicted patients. As the century advanced, so did knowledge of the x-ray which became one of the main keys to diagnosis. Tuberculin had been produced by Koch in 1890 and consisted of a glycerine extract of cultures of dead tubercle bacilli. Koch, and also Trudeau, were bitterly disappointed that tuberculin did not prove to be a cure for tuberculosis. However, it has played an increasing role in tuberculosis control throughout the succeeding years, owing to its value as a diagnostic aid.

Tuberculosis is a complicated disease, and unlike most infectious diseases, it is of long duration. Following the initial, or primary, infection which almost always occurs as a result of droplet spread, the disease may be progressive or it may remain dormant for five, ten, or twenty years, or even longer, before erupting into the so-called adult or reinfection type of the illness. Needless to say, the protracted nature of the process makes control measures more complicated. Early infection can be detected by the tuberculin test — a reaction may be evident three to eight weeks following infection — but follow-up must be a lifelong measure as one cannot foretell which reactors will ultimately break down with the disease. It is important to realize that practically all tuberculous illness is due to a recrudescence of latent foci established at the time of the primary infection; i.e., “endogenous” in origin, and not due to “exogenous” reinfection. When infection occurs via the usual route, i.e., the respiratory tract, the primary focus is usually set up within the lung, but may travel from there to distant organs. When infection occurs via the gastrointestinal tract, as may be the case with bovine tuberculosis, the primary infection may be set up in the gastrointestinal tract,

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hence travelling to more distant parts of the body.

Tuberculin was used originally in testing cattle. In 1907, von Pirquet first used the test for humans, employing the epidermal method. In 1908, Mantoux introduced the intradermal test, later known by his name. The value of the tuberculin test results from the fact that any individual who has been infected with the tubercle bacillus develops an allergy demonstrated by a wheel-like reaction which occurs when tuberculin is introduced into the tissues. During the early years of the century, such a large proportion of the population were infected and, therefore, exhibited a reaction, that the value of the test as a case finding measure did not become apparent until later years when a lesser proportion were infected. With the progress of time, the tuberculin test has assumed a predominant role in the case finding procedures in those countries where tuberculous infection has undergone an appreciable decrease. Various methods of carrying out the test were devised; but ultimately, Mantoux's intradermal route and multiple puncture methods have remained as the established procedures. These will be discussed more fully.

At the same time, progressive improvements were taking place in techniques of x-ray examination. Facilities were very crude for several years following Roentgen's discovery in 1895, but as time went on x-ray films became more and more valuable, not only in the management of patients under treatment, but also as a case finding measure. By 1920, fluoroscopic and x-ray facilities were generally available in sanatoria and other hospitals. X-ray examinations were beginning to assume their future importance in the field of case finding. At the time of the Second World War, x-ray surveys truly came into their own as the enlistment x-ray program demonstrated their usefulness in this regard. Large numbers of cases were diagnosed as a result of the enlistment film program in this country. Mass x-ray surveys eventually became a widespread method of case finding, whole population groups being examined and, for some years, the yield was very productive.

Besides the detection of new cases, and the provision of adequate treatment facilities for those afflicted with tuberculosis, one must also consider methods of prevention. Following the discovery that tuberculosis could be transmitted from infected cows, it was not long until an intensive

tuberculin survey of cattle took place, and nowadays tuberculosis in cattle has been virtually eradicated in this country. If a positive tuberculin reactor is found in a herd of cattle, this animal is slaughtered, thus doing away with the potential source of infection, not only to the herd but ultimately to the consumer. In addition, the pasteurization of milk has been compulsory across Canada for many years and this has also contributed to the decline of the bovine form of the disease, which is usually characterized by bone and joint, or glandular involvement. In fact, these forms of tuberculosis in children dropped off markedly following institution of pasteurization as a compulsory measure.

At the same time as von Pirquet and Mantoux were working on the tuberculin test, Calmette and Guerin were investigating a vaccine in France. This consisted in a living culture of bovine tubercle bacilli which was attenuated by repeated subculturing and, therefore, of greatly decreased virulence. Following experimental studies in animals, human vaccination was first undertaken in 1921. The vaccine ultimately became known as B.C.G. vaccine, being named after the co-discoverers; i.e., the bacillus Calmette - Guerin vaccine. This vaccine has been used to varying degrees in different countries, but has never achieved much popularity in the United States. In Canada, it has been used extensively in Newfoundland and Quebec, and in the other provinces to a lesser degree. B.C.G. vaccine confers a degree of immunity of 80 per cent. However, considerable controversy still exists as to the pro's and con's of this procedure. In addition, B.C.G. vaccination is rather cumbersome as it should be preceded by preliminary tuberculin testing as it is not indicated or advisable in the case of tuberculin reactors. However, mass vaccination has been done in the developing countries without preliminary tuberculin testing. One must also consider loss of the tuberculin test as a case finding measure, as a successful vaccination produces a positive reaction.

By 1960, mass x-ray surveys had become

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A HISTORY OF—

(Continued from Page 3)

far less productive, owing to the decreased incidence of tuberculosis in the general population. For this reason, tuberculin surveys began to replace the mass x-ray programs in many areas, with x-ray examination of the reactors.

In this short summary regarding the history of tuberculosis control, no mention has yet been made of the importance of social and economic factors. When contact with the infective organism occurs, there is no doubt that crowded living conditions, poor nutrition, racial origin, and chronic alcoholism may contribute towards the development of tuberculosis. However, it is still the patient with the disease who remains the prime hazard as exposure must take place in order for infection to occur. This statement certainly applies to those countries in which bovine disease is no longer a factor.

Before turning to the present, it should be stressed that the voluntary organizations and public health services, both in Canada and in the United States, have worked hand in hand throughout the years in an endeavour to improve, not only treatment facilities for tuberculous patients, but also to bring about development of other control measures. Although the contributions toward the construction and operating of sanatoria were of great importance in the earlier years, case finding projects became predominant in the more recent past. In addition, vast amounts of educational literature have been distributed and compiled for the use of the general public, patients with tuberculosis, and professional personnel. Ever since 1908, the Annual Christmas Seal Sales have been largely responsible for the financing of the various projects. The voluntary organization, now known as the Canadian Tuberculosis and Respiratory Diseases Association, is made up of the various provincial branches which are subdivided into local units. As indicated by the name, activities have extended to the sphere of other respiratory diseases. In addition, contributions have been made toward the furtherance of tuberculosis control in other countries in co-operation with the International Union Against Tuberculosis and the World Health Organization.

Regardless of improvement in living standards, mass x-ray programs, tuberculin testing, and B.C.G. vaccination, there had been no real inroads into the control of

tuberculosis until specific drug therapy was introduced into the treatment of tuberculosis. Prior to this, various collapse measures came into use, more and more sanatoria were constructed, especially during and following World War II, when countless veterans were added to the treatment lists. With the advent of drug treatment, there was an appreciable drop in the mortality rate, and the morbidity rate became a better measure of control. Unfortunately, a plateau has been reached and there has been little change in either the morbidity or mortality rates in the last few years. This brings us up to the situation as it is found at the present time.

Your Amazing Lungs

Breathing 25,000 times a day adds up to 175,000 breaths a week, or 9,125,000 a year. And if you're 40 years old now you've already taken some 365 million breaths. By the time you've reached the Biblical three score and ten, you will have taken some 640 million breaths.

Yet for something at which we are expert, it's surprising how many false ideas we have about breathing and the organs that do the breathing — the lungs. For example, are these six questions true or false?

1. The lungs of an adult are red.
2. Both lungs are exactly alike.
3. It is possible to live with only one lung.
4. Coughing does no harm.
5. There's no difference between the way men and women breathe.
6. More air is breathed in than out.

All these statements except number three are false.

A child has pink lungs; an adult has gray or black lungs. And the city dweller, who breathes in industrial fumes and smog has darker lungs than one who lives in the country.

The lungs are similar but not identical. The left lung is smaller and it has two lobes (parts), while the right lung has three lobes.

The two organs, in proportion to their size, are the lightest ones in the body (they float on water. In women, they average two and three-fourths pounds, in men three and a half pounds. The lungs are located in the chest cavity, one on each side of the heart, and above the diaphragm, the muscle that helps them expand and contract.

The purpose of the lungs is to bring oxy-

gen to the body's cells and to take away a waste product, carbon dioxide. It's the air cells inside the lungs that do this—699,000,000 of them, each of which measures 1/250th of an inch.

The size of the lungs is surprising. Their surface is 50 times that of the skin. And if their walls were spread out flat, they would cover some 2,600 feet.

Yet, as important as the lungs are, some people have lived for years after the removal of one lung.

A person generally coughs for the same reason that he breathes: A part of the brain called the medulla oblongata (the medulla also controls your heartbeat and your swallowing) takes care of it automatically. Coughs can be voluntary.

The air that enters the lungs is partially purified by hairs in the nose; nonetheless foreign matter does enter. And that's the reason for the cough, to get the foreign matter out of the lungs. The air that rushes out of the lungs during a cough can reach the velocity of a hurricane.

According to Dr. Andrew Banyai, an expert in chest disease, coughing is a device to clean the lungs, and a good one. On the other hand, coughing should be "purposeful," that is, it must be doing something. For as Dr. Banyai has pointed out, violent coughing spells have fractured peoples' ribs, brought on fainting spells that lasted up to three minutes, strained hearts, caused headaches, led to fatigue, and even torn holes in the diaphragm.

Over the centuries, all kinds of bizarre cough remedies have been employed. An effective approach came with the use of medicines containing narcotics.

Any time that coughing is persistent, it is wise to see a physician, for coughing is sometimes a sign of significant trouble. According to a survey made in the state of Washington, respiratory diseases—colds, flu, bronchitis, and pneumonia—are among the most common cough-causing ailments.

Curiously, men and women do not breathe alike.

The women's ribs move more than the man's in breathing. The child's breathing also differs from the adults'; the child's diaphragm moves more.

If you have always suspected that people are full of hot air, you are right. People can breathe out more air than they can breathe in, because their lungs hold an extra supply of air.

The average person normally breathes in only 20 cubic inches of air, one-seventh

of the capacity of his lungs. If he forces himself he can breathe in an additional 120 cubic inches. And if he then forces all the air he can out of his lungs, he will exhale 20 cubic inches plus 120 cubic inches plus an additional 90 cubic inches, a total of 230 cubic inches. This, of course, only holds true for one breath. Normally, however, about the same quantity of air is exhaled as is inhaled.

Though the normal breathing rate is 18 times a minute, it drops to 12 or 15 times a minute when sleeping and to 70 to 80 times a minute when you're "out of breath."

Quite a hardy organ, the lung.

—Royal Neighbor

—via Itam

Easter Bonnet

She studied fashion's forecast
With an Easter hat in mind,
Allowed six weeks for shopping
The perfect one to find;
She weighed with many pros and cons
Advantage of flowers,
Or ribbon bows, or feathers,
Through countless worried hours,
At last she settled for that one
That seemed to reach perfection —
A bit of straw and lace and veil,
A delectable confection!
On Easter morn she wore it
The one man to beguile;
He didn't see the hat at all —
He was captured by her smile!

— Sanatorium Outlook

NOW, SUSIE, BEHAVE

It was a wonderful summer night, just made for romance; the girl was lovely and the young man was sentimental. "What," he sighed, "do you think counts most in this world?"

"Well," she said slowly "There's the adding machine."

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Question Box

By J. J. Quinlan, M.D.



Q. What is Cheyne-Stokes breathing?

A. This is a type of breathing seen at times in patients who are in coma from various causes. It takes its name from the Scottish physician, John Cheyne (1777-1836), and the Irish physician William Stokes (1804-1878), who first described it.

The patient begins by taking a very shallow breath, but then the depth of respiration increases in intensity with each breath, up to a maximum. This is followed by a gradual decrease in the depth of respiration until eventually there is a space of time from about 5 to 40 seconds when the patient does not breathe at all. The cycle is then repeated. Usually, Cheyne-Stokes respiration is a very bad prognostic sign.

Q. At various times, and over a number of years, I have used a 1% yellow mercuric oxide ointment on my eyelids. With so much publicity against all, or most, forms of mercury would you advise against the use of this?

A. Yellow oxide of mercury ointment in the strength of 1% has been used from time immemorial for eye irritation. Frequently, it is a very effective measure and, with the exception of the occasional patient who may be allergic to it, it will cause no harm.

Q. Is there any danger in the prolonged use of nasal sprays for nasal congestion? I find them helpful for a time, but then have to rely upon them more as time progresses.

A. Much would depend on the contents of the spray. Many of these preparations contain potent drugs which affect the heart and the blood vessels and, used to excess, these may be harmful. A person who has to use these products for any length of time would be well advised to consult the family physician, who will be able to investigate the cause of the nasal congestion and properly assess the safety and effectiveness of the spray that is being used.

Q. Does one tend to become more and more dependent upon his respirator (the Hand-E-Vent, for example), or is it more likely that a person's condition will im-

prove so that its use may be less frequent?

A. Most patients who have a Hand-E-Vent or similar home respirator find that at first they use it on a regular basis but as the condition improves they may require it less frequently. Much will depend on the type of chronic obstructive lung disease present. For example, in the patient with bronchial asthma, the Hand-E-Vent will be used only during an attack, whereas in the more chronic conditions of bronchitis and emphysema it may be necessary to use it regularly two to three times a day.

Q. When a patient is discharged six months after a resection, how much danger, if any, is there to family members? For example, should children be permitted to sleep with the discharged patient?

A. An individual whose tuberculosis has been brought under control by drug therapy and whose sputum no longer contains tubercle bacilli does not transmit tuberculosis to any contacts. This is so whether or not a resection has been performed, as surgery will only be necessary in from 15 to 20 per cent of patients. There is no reason why children should not be permitted to sleep with a patient whose disease has been adequately treated with drugs.

In the years following the discovery of the tubercle bacillus by Robert Koch it was extremely difficult to persuade the general public, and even some physicians, that tuberculosis was spread from person to person by the germ-laden spray produced by the cough of the tuberculous patient. It is now proving just as difficult in some cases to convince people that the tuberculous patient who is receiving effective anti-tuberculosis drugs may still have tuberculosis but does not have contagious tuberculosis.

Q. We read that in some contries INH has been administered to wide segments of the population as a preventative measure. How effective has this proven to be, or is its effect still being evaluated. Would it be possible and desirable to administer INH to all school-age children who show a positive tuberculin test? If it could be given for the prescribed period of one year or more, would this likely give life-long protection against tuber-

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Editorial Comment

Easter is less than three weeks away as I write this and although the snow is falling there is definitely the promise of spring in the air. This sounds familiar to me and I suspect that I said the same last year for the April edition. Probably the year before as well—so much for my originality of thought. Easter comes at a reasonable time this year, considering that it can occur as early as March 22, or as late as April 25. All of this possible variation is due to the fact that Easter depends on the moon. Easter is the first Sunday after the full moon which occurs on or near March 21, that being the spring equinox. If the full moon falls on a Sunday, Easter is the following Sunday.

We are told that all of this was determined in olden days because pilgrims travelled to the shrines at Easter. Presumably they travelled night and day, possibly because the more arduous the journey the more virtue in it. When they travelled by night it was essential that there be moonlight for many of the trails were such that travellers could easily become mired, lose their way, or attempt to ford streams at the wrong point. Also, darkness increased the threat of being fallen upon by highwaymen who added greatly to the other hazards of travel.

It seems strange that the date of Easter is still determined by the full moon, but the Western World has carried through the centuries quite a selection of customs which are based upon earlier practices, customs or beliefs. For example, there is the attention given to the egg and the rabbit. The egg had long been a symbol of the renewal of life and the rabbit, presumably, is a symbol of productivity. Both were especially appropriate in times when famine, war, epidemics and plagues could decimate the population of a country.

Hot cross buns are another symbol carried over from ancient times. One theory is that the custom of marking buns baked on Good Friday with a cross was representative of the five barley loaves with which the five thousand were fed. A second legend is that the custom came from the belief that bread baked on Good Friday had a special virtue. When crumbled into water the resulting mixture was supposed to be a specific medicine for some ailments. Some of the buns would

be kept for use through the year as the need arose.

Whatever the form of the observance Easter has long been the most universally celebrated of our holidays. Anglicans, Protestants, Roman Catholics, Jews and Moslems all hold the spring festival in great reverence.

Aside from the religious observance, it is a time of gladness for all, for all nature is awakening and we are filled with a feeling of optimism.

At the Sanatorium, as elsewhere, spring marks a time when many of our older residents will be able to get outside after being housed during the winter months. It is also a time for Easter passes and the time when a good number will be looking forward to their discharge from the Sanatorium. Happy Easter to all!

* * * * *

During the month of March we were sorry to lose Mrs. Eleanor (Archibald) Chase from our Rehabilitation Staff. Eleanor has been with us as a Social Worker since July 1969 and has indeed been an asset to our Department. Having herself been a patient, as a high school student, Eleanor later returned to the Sanatorium for her field work during her first year at the Maritime School of Social Work. Her understanding of the problems involved in undergoing treatment for tuberculosis, her desire to help others, her pleasant disposition and attractiveness are all qualities which have made it pleasant to have her as a member of the Rehabilitation Department.

For those who may not realize this fact, the Rev. Dr. Douglas Archibald, United Church Chaplain at the Sanatorium, is Eleanor's father. It should also be mentioned that we now have a third member of the family, in the person of Dr. Douglas Archibald, Psychiatrist at the Fundy Mental Health Clinic, who is Consultant Psychiatrist at the Sanatorium. We extend our welcome to the second Dr. Archibald.

Our sincere best wishes to you, Eleanor, as you devote your full time to being a home maker. It should be mentioned that husband Ned Chase is a lawyer in the town of Kentville, associated with lawyers Taylor, MacLellan and Cochrane.

There is no love without a little jealousy, but there is lots of jealousy without much love.

The Nervous Patient Must Learn To Relax

Tension Produces Disease Which Cause

Needless Worry

Samuel T. Sandell, M.D.

Tuberculosis usually creeps up on an individual without much warning. The "Shock" of learning one has the disease is often way out of proportion to the seriousness of the disease. Each of us responds to the "shock" according to his individual temperament, which is an embodiment of heredity, education, and past experiences. Why does one patient become extremely morbid and depressed, assume the defeatist attitude while another takes it as another obstacle that must be overcome, and proceeds to surmount that obstacle with all the resources at his command? Why does one patient retain his equanimity, while another becomes nervous? The answer is that we are different, our nervous systems have all been differently conditioned; hence, we respond differently to a given stimulus or situation.

Physicians doing tuberculosis work have long recognized the value of rest in affecting a "cure". Experience has also revealed that mental rest and relaxation are indispensable to physical rest and relaxation. Physical rest is impossible in a patient whose nervous system is working at a furious pace, both day and night sending stimuli to muscles, heart, lungs, gastrointestinal tract, eyes, etc. These are not purposeful or synergistic, stimuli. They tug at this muscle and that one, producing a feeling of tension. They irritate the pacemaker of the heart and send the pulse to abnormally high levels. They stimulate the blood vessels to raise the blood pressure. They irritate the stomach and bowels, causing "gas," "indigestion", cramps, constipation, diarrhoea. They throw the eye muscles out of balance, produce visual disturbances. And finally, but not least important these jangled stimuli cause headaches.

What is the result? The heart works

harder, the muscles are contracting for no purpose, the stomach is upset, and the patient has headaches. These in turn produce an increased oxygen demand, and the lungs are put to work to supply the extra oxygen. This means several extra breaths each minute. The patient can't sleep because he doesn't relax. When he does fall asleep he wakes up little refreshed and rested because his nerves keep stimulating him even when asleep. Soon the patient becomes cross and irritable, and begins to quarrel with his roommates and nurses. Finally the patient becomes conscious of his heart or stomach, head or back, as the case may be, and begins to complain that something is wrong. A vicious circle is formed. The more he concentrates on the workings of his insides, the worse they get. One symptom leads to another, and one complaint to still more. Finally the patient is ingesting most of the drugs in the pharmacopoeia, usually with only temporary relief. The patient gets a reputation of being a complainer and is told so by the people around him. This bothers him more until the situation gets desperate. Little does the nervous patient realize that the trouble lies within himself; that most of his aches and pains are due to a lowered threshold of sensibility to visceral stimuli (increased sensitivity to the workings of his internal organs) and that his troubles are aggravated by concentrating his attention on them. Usually one or several unpleasant incidents start the vicious process. Some patients have enough insight into their trouble to realize what is going on. Others do not, and blame all their symptoms on some illness.

What then can be done for these introverts who prefer to concentrate their thoughts on their illness, the function of their organs, and their troubles in general rather than in pleasant thoughts of the world about them, or in some constructive mental pursuit? That is one of the biggest problems the tuberculosis physician has to face. Most of the patients' complaints and symptoms could be entirely remedied if the patient would have a heart to heart talk with his doctor. All of us need someone to whom to tell our troubles. "Confession is good for the soul" is familiar to us

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(Continued on Page 16)

At Wit's End

By Erma Bombeck

I have always said if the Good Lord had meant for me to speak in the mornings, He'd have put a recording in my chest and a string in the back of my neck.

I don't understand people who can hop out of bed and synchronize their lips with words to form sentences and communicate ideas. I don't reach this point until after lunch.

I have a basic morning vocabulary of 20 words: No. I don't care. It's in the dirty clothes hamper. What's your name? Mustard or catsup. In your father's billfold. There have been no subtractions or additions in 21 year's.

The other morning I shuffled to the kitchen and mechanically did my thing. My daughter said, "I need to buy. . ."

"In your father's billfold," I interrupted.

"Where's my favorite V-neck sweater?" said a son.

"In the dirty clothes hamper."

"Can I wear it?"

"No."

"Then I'll sit by an open window and probably die before lunch."

"Mustard or catsup?" I muttered holding his sandwich.

"Catsup."

As I opened the sandwich and tried to force the catsup out, the phone rang.

"Hell," said my daughter. "Just a minute. It's for you, Mom."

I shook my head.

"She can't come to the phone now," she said tartly, "She's hitting the bottle."

"What's your name? I asked my youngest. He told me and I scribbled it in his lunch bag.

"Wilma Whiplash called," said my daughter pressing a message in my bathrobe pocket. "She'd like to meet you for lunch at one at the House of Chicken."

I nodded mutely. All morning I thought about Wilma Whiplash. Who was she? Had I met her and couldn't remember? Was she an old schoolmate? An Avon lady? A program chairman? An editor's wife? One of my children's teachers? A

secretary trying to pedal underground pictures of the office Christmas party?

"I'm Wilma Whiplash," said a voice at 1 p.m. at the House of Chicken. "I know you don't know me, but I read your column in the newspaper and figured you'd be a scream at lunch."

"What's your name?" I asked dryly.

"Wilma Whiplash," she smiled. "Your dress is darling. Where did you get it?"

"In the dirty clothes hamper."

"Ah . . . what are you drinking?"

"I don't care. Mustard or catsup."

"Where do you get all your wild ideas?"

"In your father's billfold," I said numbly.

"I felt sorry for her, but it served her right.

Evening Telegram
St. John's, Nfld.

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 survive.

The standing of this Fund as of March 24, 1971:

Previously acknowledged: \$3,318.86

Recent contributors:

Century Patrons:

Nil

Patrons:

Anonymous

J. Laurence Brown

Miscellaneous, including
Interest

Total 138.89

Grand Total \$3,457.75

QUARTER PAGE SPONSORED BY
RON ILLSLEY
ESSO SERVICE STATION

The young son of a well-known television star came home from school with his report card at the end of the year.

"Well, son," said his father, "were you promoted?"

"Better than that, Dad," replied the youngster, "I was held over for another twenty-six weeks."



Chaplain's Corner

REV. W. A. TRUEMAN

Rector, St. John's Anglican Church
Wolfville, N. S.

It is the first day of spring as I begin to set down a few thoughts to share with you in this issue of Health Rays. Spring! How our spirits revive and soar as we contemplate the rebirth of all nature. What a miracle. And yet how often we fail to see it as a miracle. Who could really believe, if he had not witnessed previous springs, that those dead brown fields will soon be shooting up bits of green, a blade here and a blade there, and then, almost before one realizes what is taking place the whole field is a carpet of green, alive and waving in the sunny breezes.

Yes, what a miracle! And one we believe too. Life is reborn right before our eyes, and God in his mercy provides for our daily needs.

There is another miracle, witnessed by men, and recorded in his account of God's Word, that Christians the world over will soon be celebrating, the Resurrection of our Lord on that first Easter Day. How fitting that it should be observed in the Spring. For our Lord, who had been crucified, dead and buried, on the third day rose again from the dead, winning the victory over death and for us the gift of eternal life.

Now this is wonderful news! So good in fact, that men, believing it too good to be true, continually reject it, choosing darkness rather than life, oft times considering themselves wise in comparison to those 'naive' souls who actually receive the Good News with joy. May we be included in the number of those 'naive' souls.

For, if we are included in that company, then we have a hope not granted to unbelievers, a hope particularly poignant, surely, to those in trouble, sorrow, need, sickness, as, no doubt, is the case with many who read these words. A poignant hope because all sufferers have an affinity with Jesus in that all we have had to bear on the pilgrimage of life He has already borne. This is what makes His rising from the dead on Easter Day such unbelievably good news. All had seemed lost when he stood condemned by the powers of the land, and was deserted by his closest friends. God had placed Himself, in His Son Jesus, completely in the power of men to do with Him what they would. We all know

man's response. He Who was without sin they crucified.

Surely this was man's darkest hour. But even as darkness settled over the land a spiritual light was dispelling the gloom, as our Lord, high and lifted up, victorious even in death, prayed "Father forgive them, for they know not what they do". And God in His love, forgave, and in the raising of His Son from the dead, gave to all men the opportunity to share in that victory.

There is much suffering in the world. Many are forced to tread in the way of the Cross, sharing in His suffering, offering it in His service, knowing that perhaps in this life He may offer them ease from its burden, but certain that beyond the grave He is waiting for them in His glory.

In 2 Corinthians 1:5 we read: "The sufferings of Christ, it is true, overflow into our lives; but there is overflowing comfort, too, which Christ brings to us."

As we witness the miracle of Spring with unquestioned belief, and trust that God will renew the well-springs of all nature, let us with the same faith believe in the resurrection of our Lord on Easter Day and renew our life in Him who "is the Resurrection and the life".

Easter Message

Almost two thousand years ago today the stone upon His grave was rolled away and in the blending darkness of the tomb He rose and shattered there the grief and gloom within the hearts of those who worshiped Him. Although that day and time have now grown dim, one message through the ages has been hurled: His love is hope and light for all the world, and as the dawn of Easter fills the skies we, too, with Him in spirit must arise; For even underneath us in the earth there is a faithful promise of rebirth. If there's a stone against your heart today, look up to Him and it will roll away.

—John Van Brakle

* * * * *

"The resurrection is God's 'Amen' to Christ's, 'It is finished.'"

The Easter Message. Easter is the outstanding day of the year for every believing Christian because it represents triumph. We live in a world where sooner or later we find ourselves bruised and

torn by its circumstances and sorrow. Easter tells us not that we triumph in spite of these difficulties but because of them.

In other words, Easter vindicates Good Friday. When the best man that ever lived was cruelly put to death and all Israel's hopes in a divine Saviour seemed blasted, God performed the stupendous miracle of resurrection. This was his way of saying that the seeming triumph of the men who put Jesus to death was in reality a bitter defeat for them, and for all men like them. Jesus had been triumphant. Salvation was to be won through suffering. The pathway of pain is the pathway to peace. What men called death is but the opening of a door to life at its highest.

—Earl Douglas
Religion by the Day



**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.

This Is My Story (Station San)

Tuesday 7:00 p.m.

Communion is served quarterly in the East and West Infirmaries.

ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)

Sunday: 7:00 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.

The Glory of The Risen Saviour

"The Lord is risen! Alleluiah! This is the glad tidings announced by the angels on Easter morn. Jesus, our beloved Redeemer, whose bitter passion filled us with grief and sorrow, has returned to life, to die no more. Having concerned death and all His enemies. He now enjoys inexpressible glory in His holy humanity.

How glorious must have been the divine splendor of the sacred Body of Our Lord! His divine countenance illumined with heavenly glory, His sacred wounds so radiant!

We will rejoice with our Redeemer in His unsurpassed glory, which He willed to merit by His manifold sufferings, in the measure of our renunciation of sensible gratifications. We must strive with all our energy to circumvent the snares of the devil, who, by enticing us to sensible gratifications and the false fleeting pleasures of this world seeks to hinder us from fixing our attention in the things of heaven.

Christ had merited this glory by the sufferings which He endured in order to make reparation to the outraged honor of the heavenly Father.

—Sister Rosemarie

Nothing heals a wound as quickly as the right kind of word; but nothing causes a wound as deeply as the wrong kind.

Spring's Arrival

Spring is coming, is coming, I say,
I can tell by the smell of the sod;
The daffodil's blooming, yes blooming, to-
day;
There's a path where the springtide has
trod.

Springtime is coming, yes, coming this way,
I can tell by the green in the trees;
The small brook is bubbling, yes, bubbling,
today,
There's the soft crooning sound of a
breeze!

Springtime is coming, yes, coming to stay,
I can tell by the song of the birds;
The clear sky is shining, yes, shining
today;
There's a feeling expressed beyond words.

— Dorothy Denny VanDeman

OLD TIMERS

Notes from Anne Marie:

Allister MacFarlane, Seal Harbour, renewed his subscription to Health Rays and sent in some news of Old Timers. Allister, himself, keeps well and still works at the store in Seal Harbour. He had had a recent visit from his daughter and her husband, Mr. and Mrs. John Durant. John was a patient here last year and is doing fine.

Allister also had a visit from Mr. and Mrs. Byron Corkum of Halifax last summer, Jim Dooley and his wife, and Simon Rhude and his wife. He reports that they are all fine and looking well.

Buddy Boudreau, formerly of our Nursing Staff, sent in his subscription from Sarasota, Florida, where he and his wife are spending the winter. He reports that they visited the Virgin Islands, Puerto Rico and Haiti during the winter and really enjoyed their trip. They expect to be back in Kentville in May.

Another Old Timer who has just returned from a holiday in Barbados is Joan Walker. Her tan would make anyone envious. She was accompanied by Helen Morse, Chief Laboratory Technician. Both enjoyed their trip very much.

Another former patient and staff member who took a trip overseas is Marguerite (MacNamara) Parker who has just returned to her home in Ottawa from a one week tour of London, England. Marguerite still works at the Rehabilitation Centre in Ottawa.

Bert Outhouse, formerly of Little River, Digby County, who was here in 1944 was visiting at the San recently. He now lives in Windsor and wished to be remembered to his friends who are still here.

Frances Carr of Weymouth North, Digby County, was in for a check-up in March and was given a warm welcome by her former fellow workers. Fran was a patient here in 1950 and worked in the Physiotherapy Department before going home.

Hugh Cook of Bible Hill, looking the picture of health, was in for a check-up while in the Valley on business. Hugh was

here in 1962 and has been an auctioneer since discharge.

Vincent Raymond, Digby, accompanied by his wife, was visiting friends at the San in March. Here in 1957, Vince has been fishing since discharge.

Beulah and Andy Doherty of Baddeck were visiting at the San in March, having just returned from a three-week holiday in Bermuda. Beulah's sister, Frances Gates of Wolfville, accompanied them to Bermuda. Fran, a patient here in 1939, has recently retired from the staff of the Eastern Kings Memorial Hospital. She was a popular charge nurse on East III in the 1940's.

Marguerite MacLeod sent some further news regarding Robbie Stalker. Robbie was chosen by his school to go to the Canadian Government Voyageur Trip last summer. He and about twenty other Grade XII students from Nova Scotia went to Weyburn, Sask., for a week. They had a wonderful time, going on a tour every day, and also spent a day in Ottawa and Hull.

Easter greetings to all of our readers.

QUESTION BOX—

(Continued from Page 6)

culosis? Would it serve to protect against any other disease?

A. It has been well established that INH is very effective in preventing the development of active tuberculosis in the individual who has a positive tuberculin test. The drug, in these cases, does not prevent tuberculous infection; this has already occurred as evidenced by the tuberculin reaction. However, it does ensure that tuberculous disease will not develop.

In Nova Scotia it has been the policy for some years to administer INH to all so-called recent converters, particularly in the school-age group. An example of a recent converter would be a child who, for example, last year had a negative tuberculin test and this year has a positive reaction. It would also include all children under 5 years of age with positive tuberculin reactions. These little ones are, by necessity, recent converters as they have been alive only for five years. There are many other situations where it is advisable to employ Isoniazid prophylaxis. The course of treatment is usually 300 mg of the drug in a single daily dose taken for a period of one year. Isoniazid is of benefit only in tuberculosis; it does not protect against other diseases.

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St. Patrick's Day Party

On Wednesday evening, March 17, the St. Patrick's Day party was held in the patients' dining room, appropriately decorated for the occasion with emblems of the Emerald Isle. Sponsors for the party were members of the Olympic Chapter, I.O.D.E., Kentville, and as usual they provided a most enjoyable evening. Those present as representatives of the I.O.D.E. were: Mrs. H. Buntain, president; Mrs. G. Kloss, convener; Mrs. A. Lindsay, Mrs. C. Eaves, Mrs. T. Dok; Mrs. A. F. Miller, Mrs. T. P. Calkin, Mrs. W. Steadman, Mrs. M. MacLellan and Miss Irene White. The genial and humorous Jack Bowser was in charge of Bingo playing.

Prizes for Bingo went to: Miss Margaret Jardine, Henry St. Peters, Raymond Venedam, Stuart Naas, Walter Bona, Judy Bennet, Ada Martell, John Doucette, Annie Moulaison, Mary B. MacDonald, Roderick MacPherson, Anne Moody, Mrs. Alice Noble, Ruby Charlton, Mrs. Adora Phillips, Anne Dube, Joan MacKay, Daisy Mah, Special prizes were awarded to Victor Arsenault, William Welsh, Dorothy Anderson, Linda Murphy, Faye Leach, Alfred Osgood, Edith Digdon, Dean Tidd, Marguerite Comeau, Jean McDougall, Amanda White, Judy McKenzie, Freeman Denton, Alystair Pelton.

Mary MacKinnon represented the Rehab Department.

A delicious lunch, provided by the sponsors, was served by the Dietary Department.

A little boy came in much the worse for wear. Bigger boys had been throwing rocks at him, and he was cut and bruised. "Why didn't you call me?" demanded his mother.

"What good would it have done?" asked the little fellow. "You know Mommy that you can't hit the side of a barn."

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Mrs. Grace L. Reid, 10 School Avenue, Kentville, sent us some more of her poems for publication in *Health Rays* and writes:

"I am an elderly lady, 85 to be exact, and cannot do much in active church work now as I am a shut-in — not out this winter. I find time rather long but I have been making poetry for quite a few years. It is a help to me and hope some others can enjoy them too.

"May God bless all who care for the sick, and may some life be helped by loving care and attention."

* * * * *

MEMORIES

When we grow old we can look back
So many events recall.
The things that happened years ago
When we were very small.
In after years with toils and cares
Our minds seem to fill
Our weary brain seems clouded
As we have to climb life's hill.
But we're not alone on the journey.
God is always by our side
If we but only trust in Him.
And in His love abide.
So though the way seems very steep
And the end far out of sight
Just trust our Heavenly Father
And He'll make our burdens light.

Grace L. Reid

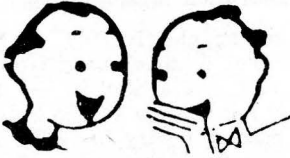
* * * * *

THOUGHTS

Some days are sad and gloomy
Others filled with pleasures bright
But whether dark or gloomy
We can always see some light.
In the year ahead I'd like to help
Some one who's gone astray
That they may change their way of life,
And from all evil turn away.
To help some little children
To love God and be good,
To grow to men and women,
When as the Bible tells us
To live the way they should,
He called children to His side
But some of the elders drove them back
He wished them with Him to abide.
Today He lives and loves each one
The old, the young and small.
He has our names in His book of life
And room for one and all.

Grace L. Reid

Just Jestng



A woman driver ran into an embankment and bent a fender. It worried her. She went to a garage and asked the mechanic: "Can you fix this fender so my husband won't know it was bent?"

The mechanic looked at the bent fender and then at her, and said:

"No, lady, I can't. But I'll tell you what I can do. I can fix it up so that in a few days you can ask your husband how he bent it."

* * * *

Posted on a door in the medical building: "The doctor is on vacation. Stop smoking, eat sensibly—and stop by again in a month."

* * * *

Money does make all the difference. If you have two jobs and you're rich, you have diversified interests. If you have two jobs and you're poor, you're moon-lighting.

* * * *

A family of tourists stopped their car at a farmhouse to buy a few eggs.

"Are those eggs strictly fresh?" one of them asked the farmer.

"Feel those eggs, Jenny, and see if they're cool enough to sell yet."

* * * *

Pity the sales manager in Chicago who hired a new secretary the day before he had to leave on a sudden trip to New York.

"Drop a note to Allis Chalmers in Milwaukee, Wisconsin," he told her, "and make it clear I won't be able to keep our appointment this Wednesday."

He returned to work Monday to discover a carbon of the letter addressed to, "Alice Chalmers . . ."

"Dear Alice, I've been called to New York suddenly and won't be able to keep our date . . ."

He immediately sent a wire to the Milwaukee company, asking them to disregard the letter.

"Too late," read the reply by wire. "It's been on our bulletin board for three days."

"So what do you want old newspapers for anyway?" the guy asked his wife as he let her off at the New York Times office. "Never mind," came the reply.

He found out rather pointedly later that day when he was about to enter the house after slogging through a lot of slush from the garage. At the threshold stood his wife, her newly-scrubbed floor mulched with a protecting cover of the newspapers. Said she solemnly, "These are the *Times* that dry men's soles."

* * * *

A fellow not known for his agile brain, came back to his locked car and found the keys not in his pocket. Looking into the car he saw them dangling from the ignition. He decided to call the dealer where he had purchased the auto and ask him what to do.

"Tell me, he asked, "which window should I break to get in?"

"Hold on," said the dealer. "We'll send you a set of duplicate keys."

"Hurry", replied the not-so-bright one. "It looks like rain and the top is down."

**THIS HALF PAGE SPONSORED BY
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Some people are so congenitally unfair-minded that when they dial a wrong number they get mad at the voice that answers.

APRIL

April, you are just a vixen
Flashing impish bright green eyes,
Now smiling and now weeping,
I can see through your disguise.

When you ask poor Old Man Weather
To choose a hand on hunches,
You may be playing havoc
With a million picnic lunches.

'Tis an old skin game you're playing
On an unsuspecting fella.
Your left hand holds sunbonnet,
But the right hides an umbrella.

— Doris Christine Everley

Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS:

February 16 to March 15, 1971

ROBERT LAWRENCE HANCOCK, Black River, R.R. 2, Wolfville; MRS. MINNIE FLORENCE COOK, East River, R.R. 1, Hubbards, Halifax Co.; LUPEAN LEON CONRAD, Conquerall Mills, R.R. 4, Bridgewater; JOSEPH ELDRIDGE ERNST, P. O. Box 16, Blockhouse, Lun. Co.; MRS. ETHEL MAUD BALTZER, Aylesford, R.R. 2, Kings Co.; TANYA MARIE MacDONALD, 49 Walker Street, Truro; GRANVILLE VICTOR ARSENAULT, 1 College Rd., Rockingham, Halifax Co.; THANE TALBOT MacDONALD, 49 Walker Street, Truro; MRS. MAY VICTORIA CLEVELAND, 175 Montague St., Lunenburg; GORDON MURRAY HALL, R.R. 6, Kingston, Tremont, Kings Co.; JAMES GAUDET, St. Bernard's, Digby Co.; RALPH WILLIAM HILL, South Williamston, R.R. 1, Lawrencetown; DEAN WINSTON TIDD, Smith's Cove, Digby Co.; PERCY STANFORD WENTZELL, 132 Woodworth Rd., Kentville; WILLIAM DANIEL LYNCH, Torbrook Mines, Anna, Co.; RODERICK JAMES MacPHERSON, 77 St. Mary's St., Antigonish; SYDNEY ROBERTS, 80 Belcher St., Kentville; MRS. ANN BURTON, 6144 Willow St., Halifax; ELIZABETH GAIL CARTER, 20 Whitman Court, Truro; CLARENCE WILLIAM MARSH, 4 Clovis Ave., Spryfield, Halifax Co.; DENNIS WATSON ALLEN, Cheverie, Hants Co.; MRS. ELLA ALAAN HOUGHTON, Blandford, Lun. Co.; FRED COOK, 17 Gibbon St., New Waterford.

DISCHARGES:

February 16 to March 15, 1971

EDITH LETITIA AMBERMAN, Paradise, Anna, Co., (Expired); WILLIAM ALEXANDER FRASER, Green Hill, R.R. 1, Westville, Pictou Co.; MRS. VIOLET JOUDREY, 440 Main St., Kingston, Kings Co.; ARNOLD FRANK O'NEILL, R.R. 1, Aylesford, Kings Co.; WILLIAM REGIN-

ALD ROBAR, North River, Lun, Co.; LINDA LOUISE PHILLIPS, Woodville, Hants Co.; WALTER DUDLEY LEWIS, 381 Park St., Kentville; BABY TAMMY LYNN ANDERSON, 4 St. George St., Moncton, N. B.; HENRY JOSEPH SAULNIER, Meteghan, Digby Co.; ROY WILLIAM FREDERICKS, R.R. 1, Bedford, Halifax Co.; GEORGE ALFRED RAFTER, Fall River, Halifax Co.; THORNTON LAUDER HERGETT, Upper Dyke, Kings Co.

POINT EDWARD HOSPITAL

ADMISSIONS:

February 16 to March 15, 1971

WILLIAM RANWICK MacLEOD, Port Caledonia, Cape Breton; JOHN JACOB PETITE, 21 Seaview St., Glace Bay; JOHN ALEXANDER MacINTYRE, Sydney Forks, Cape Breton; ALLISTER MORRISON MacLEOD, 260 King St., New Waterford; FREDERICK BENJAMIN WARREN, 69 Douglas Ave., Glace Bay; MRS. ELIZABETH BERTHIER, West L'Ardoise, Richmond County; HENRY JOSEPH SAULNIER, Meteghan River, Digby Co.; MRS. JEAN LORETTA MacDONALD, Brook Village, Inverness Co.; RICHARD CHARLES ISADORE, Nyanza, Victoria Co.

DISCHARGES:

February 16 to March 15, 1971

HELEN CLAIRE MacDOUGALL, Centre Ave., Donkin, C.B.; ANGELA MAE BOWERING, 6 MacKeen St., Glace Bay; JOSEPH NELSON JOHNSTON, 6 Hankin St., Sydney Mines; CLINTON WELLINGTON GEORGE, Janvrins Harbour, Richmond Co.; JAMES JACKSON, 73-4th St., Glace Bay; JOHN KENNETH FRASER (Expired), Cheticamp, Inverness Co.; FREDERICK MATHESON (Expired), 129 Emery Crossing, Reserve Mines, C.B. Co.; FRANK MELVIN CLARK, 10 View St., Sydney Mines; MRS. AGNES FLORENCE DIXON, 38 Water St., Glace Bay; ANGUS BENNINGTON MacAULAY, Baddeck, Victoria Co.; MRS. MARY CATHERINE GILLIS, 231 Upper Main St., Glace Bay; RONALD

(Continued on Page 16)

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PETERS' LUNCH



NURSING NEWS

AWAY:

Miss E. Jean Dobson, R.N., B.Sc.N., Director of Nursing, is attending a C.N.A. Conference, Ottawa. Miss Dobson is Acting Public Relations Officer for R.N.A.N.S. at the C.N.A. Conference March 18th and 19th. While in Ottawa Miss Dobson is a guest at the Chateau Laurier. Following the conference Miss Dobson will proceed to Toronto and Fonhill to spend a few days vacation with her sisters Mrs. C. Douglas Cameron and Mrs. Charles Davis, before returning to Kentville.

Mr. Peter Mosher, Administrator; Miss E. Jean Dobson, Director of Nursing; Mrs. Catherine Boyle, Director of Nursing Education; met with officials of the Kings County Hospital re arrangements for the Student Nursing Assistants Psychiatry Affiliation.

NEW STAFF:

Mrs. Mary Buckley, R.N., and Mrs. Josephine Mitchell, G.N., are welcomed to our casual staff.

LEAVING THE STAFF:

Mrs. Mabel D'Eon, C.N.A.

ON SICK LEAVE:

Sorry to report Mrs. Irene Wallace, N. Aide on ill list. We wish her early recovery.

CONDOLENCES:

To Dr. E. W. Crosson on the passing of his brother-in-law.

INS AND OUTS—

(Continued from Page 15)

ALLISTER GRANT, 190 Brookland St., Sydney; RODERICK JAMES MacPHERSON, 77 St. Mary's St., Antigonish; ALEXANDER WARD, 181 Mitchell Ave., Dominion, C. B.; ALEXANDER HECTOR MacKENZIE (Expired), Benacadie West, Cape Breton; JOSEPH KLEMENT BABIN, Port Hood, Inverness Co.; WILLIAM RANWICK MacLEOD, Port Caledonia; PHILIP POIRIER, 37 Henry St., Sydney.

THE NERVOUS PATIENT—

(Continued from Page 8)

all. Merely to "get it off the chest" is all most people need. Others need reassurance that their fears are unfounded or magnified. Some will have to have explained the mechanism of their troubles. Still others may need special studies to rule out organic troubles, and in the absence of any, be assured that they need no longer worry.

— The Link

Hard-Earned Wages

An old church in Belgium decided to repair its properties and employed an artist to touch up an old painting. Upon presenting his bill, the committee in charge refused payment unless the details were specified, whereupon he presented the item as follows:

ITEMS

To correcting the ten commandments	\$5.12
Embellishing Pontius Pilate and putting ribbons on his bonnet	\$3.02
Putting new tail on the rooster of Saint Peter and mending his comb	\$2.20
Repluming and gilding the left wing of guardian angel	\$5.18
Washing the servants of the high priest and putting carmine on their cheeks	\$5.02
Renewing heaven, adjusting the stars, and cleaning up the moon	\$7.14
Touching up purgatory and restoring lost souls	\$3.00
Brightening up the flames of hell, putting a new tail on the Devil mending his left hoof, and doing several odd jobs for the damned	\$7.17
Rebordering the robes of Herod and adjusting his wig	\$4.90
Taking the spots off the son of Tobias	\$1.30
Cleaning Balaam's ass and putting one shoe on him	\$1.70
Putting earrings in Sarah's ears	\$1.71
Putting new stone in David's sling, enlarging the head of Goliath and extending Saul's legs	\$6.13
Decorating Noah's ark and putting a head on Shem	\$4.31
Mending the shirt of the prodigal son and cleaning his ear	\$3.39
	<hr/>
	\$60.45

My landlord stopped me on the street yesterday and said, "I'm afraid I'll have to raise your rent, Sandy."

"I wish you would," I replied; "I'm sure I can't."

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—Rt. Rev. J. N. Theriault
San. Chaplain—Rev. G. E. Saulnier

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

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

UNITED CHURCH
Rev. Robert Jones

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 . . .

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AND BENEFIT**

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- Gift suggestions, Novelties, Cups and Saucers
- Clocks, Watches, and Costume Jewellery
- A wide variety of grocery items
- Ladies' and Men's wear — Nylons