

Stacks

NOVA SCOTIA SANATORIUM

VOL. 52

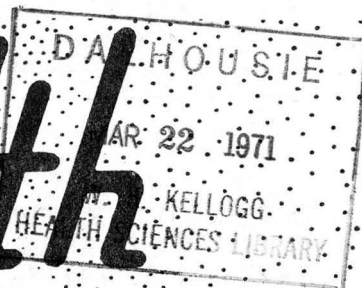
MARCH 1971

No. 3

Dalhousie Medical Lib  
Dalhousie University,  
Halifax, N. S.



# Health Rays



# 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

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DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.  
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## Is This Your Experience

I knelt to pray when day was done,  
And prayed, "Oh, Lord, bless everyone,  
And let the sick be well again."  
Lift from every saddened heart the  
pain,"

And then I woke another day,  
And carelessly went upon my way;  
The whole day long I did not try  
To wipe a tear from any eye.  
I did not try to share the load  
Of any brother on the road.  
I did not even go to see  
The sick man just next door to me;  
Yet once again when day was done,  
I prayed, "Oh, Lord bless everyone."  
But as I prayed, into my ear  
There came a voice that whispered clear;  
Whom have you tried to bless today?  
Whom have you helped along the way?  
God's sweet blessings always go  
To hands that help Him here below,  
And then I hid my face and cried,  
"Forgive me, God, for I have lied!  
Let me but live another day,  
And I will live the way I pray."

—Selected

## You're My Guest In Thought

Once a day, and sometimes more,  
You knock upon my daydream door,  
And I say warmly, "Come right in,  
I'm glad you're here with me again!"  
Then we sit down and have a chat,  
Recalling this, discussing that,  
Until some task that I must do  
Forces me away from you—  
Reluctantly I say good-bye,  
Smiling with a little sigh,  
For though my daydreams bring you near  
I wish that you were really here—  
But what reality can't change  
My dreams and wishes can arrange—  
And through my wishing you'll be  
brought  
To me each day, a guest in thought.

—Mary Dawson Hughes

## This, Too Shall Pass Away

Long ago an Eastern monarch, plagued  
by many worries, harassed on every side,  
called his wise men together. He asked  
them to invent a motto, a few magic  
words that would help him in time of  
trial or distress. It must be brief enough  
to be engraved on a ring, he said, so  
that he could have it always before his  
eyes. It must be appropriate to every sit-  
uation, as useful in prosperity as in ad-  
versity. It must be a motto wise and true  
and endlessly enduring, words by which  
a man could be guided all his life, in  
every circumstance, no matter what hap-  
pened.

The wise men thought and thought,  
and finally came to the monarch with  
their magic words. They were words for  
every change or chance of fortune, de-  
clared the wise men . . . Words to fit  
every situation, good or bad . . . words to  
ease the heart and mind in every cir-  
cumstance. And the words they gave the  
monarch to engrave on his ring were:

### THIS, TOO, SHALL PASS AWAY

Century after century, this old legend  
has survived. Whether or not the motto  
was invented for a troubled monarch, no  
one really knows—nor is it in the least  
important. But this much is certain: **THE  
WORDS ARE WISE AND TRUE AND  
ENDLESSLY ENDURING.** They have  
their power over and over again through  
the centuries, to uncounted numbers of  
men and women, in every land and every  
conceivable situation. They have given  
comfort to the distressed. **THIS, TOO,  
SHALL PASS AWAY.** Poets and philoso-  
phers have stressed these five magic  
words over and over again, each in his  
own fashion, but always with the same  
inspiring influence.

Fame is the scentless sunflower,  
With gaudy crown of gold;  
But friendship is the breathing rose,  
With sweets in every fold.

—Oliver Wendell Holmes

The fragrance of a thought may rise  
To nobler life and subtler guise,  
As still as violets by the brooks—  
A thing too rare to set in books,  
Or cage in song.

R. E. May

Definite work is not always that which  
is cut and squared for us, but that which  
comes as a claim upon the conscience,  
whether it's nursing in a hospital or hem-  
ming a handkerchief.

—Elizabeth M. Sewell

## Early Hospitalization And Tuberculosis

Submitted to The San Echo (McNIGHT TB Sanatorium, Texas) by W. J. Kilman, M.D.,  
Acting Clinical Director

The really critical period in treatment of tuberculosis falls in the first few days or weeks after diagnosis. Into this brief time are crowded the initial clinical findings and decisions, the formation of the patient's attitudes toward his disease, and the establishment of protective measures for the family.

The choice of an effective and tolerated drug regime is of first importance. Inadequate drug administration may result in irrecoverable damage to the patient, resulting in the failure to attain maximum regression or cavity closure, or in early development of bacterial resistance to drugs. The latter may lead to incomplete healing, to relapse at a later date, or to prolongation of the period of positive sputum.

Too often, the desired continuous long-term administration of two anti-tuberculosis drugs is not carried out when the patient remains at home. As humans will, he forgets to take his medicine regularly. He finds one of his medicines disagreeable, so he takes only the other one. He develops gastro-intestinal or other symptoms, leading him to stop all medication without substitution being arranged.

The public health aspects of tuberculosis are well known but often neglected. It seems obvious that the person with active disease should be isolated from his associates. Only rarely is it possible to do this safely in the home. Fortunately, modern treatment often results in conversion of sputum to a negative status within a few weeks or months. In many cases, therefore, hospital care is not necessarily prolonged because of public health considerations.

Tuberculosis is still not a disease to be treated with only pills and injections. The patient must, for his own protection, learn something of his disease and accept the limitations it imposes for long periods. Experience has shown that the tuberculosis hospital is the place where this orientation can be accomplished best. The practicing physician is usually too busy to devote the time required in education of the new patient. Failure in understanding leads to an excessive incidence of progression and relapse.

If active tuberculosis is present, it should be treated promptly. If not, it is a mistake

to start a long period of rest and antimicrobial therapy. Judgement as to the activity of disease may be troublesome in particular cases. Serial roentgenograms of the chest and bacteriological studies may be necessary to determine the need for treatment in an asymptomatic patient.

Hospital care of the patient permits periodic review of progress by a multidiscipline staff, with a view to needed changes in treatment. Especially important is the consideration of surgical intervention at the optimum time — a phase of treatment commonly neglected in the patient treated at home. Finally, a plan for the patient's social and vocational rehabilitation may be developed when needed and prosecuted by staff members trained in this field.

One may reasonably conclude that prompt hospital care is best for the person with a newly diagnosed case of tuberculosis, so that he may pass through his critical period safely and be on his way toward convalescence with minimum risk to himself and his associates.

— The San Echo via Sanatorium Outlook

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## Cigarettes

Cigarette smoking shortens life. The more cigarettes a person smokes, the more likely he is to die early. The earlier in life a person starts smoking, the more likely he is to die early. And the more a person inhales, the more likely he is to die early.

But — a person who has stopped smoking is much safer than a person who continues to smoke cigarettes.

— The Sanatorium Outlook

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## I'm A Stranger Here Myself

The Chinese have a proverb to the effect that it's easier to conquer a city than to master its customs. A good many patients entering sanatoria will probably go along with this, if they happen to have heard it.

For size the sanatorium is no city but it is a community. Like every other community it has its own ways and those living there have to fall in with them, if they want to be comfortable.

If a newcomer wants to get from here to there in a strange city the smart thing to do is to get a map and if the map doesn't cover everything then ask the policeman or somebody else who seems to know the score. The parallel in a sanatorium is to study the rules and talk over anything that isn't clear with the doctor and nurse.

You may pop a question or two to which there isn't a ready response. Think nothing of it. One of the first questions that people generally ask is, "how long will it take to cure me?" To put it briefly, even the doctor doesn't know. He does know, of course, what is the average length of stay for those who come in with about the amount of disease that you have. But he doesn't know whether you are going to do better or worse than average. He will tell you as much as he can. Harken and heed. It pays.

But listening to the doctor doesn't solve everything for everybody. There may be personal problems on the patient's mind. Money matters may be enough to keep him awake day and night. He may be wondering about getting a job when he leaves sanatorium. If you have worries like this tell the doctor. He doesn't want patients worrying because it interferes with their progress. He will do his best to put you in touch with those who will get busy on doing something to help. More and more sanatoria have rehabilitation, welfare, and medical social workers to help solve such problems.

However, even though doctors, nurses, other staff members and patients do everything they can to put the patient at ease there are times when that doesn't provide all the answers. Human beings are creatures of habit and going to sanatorium means fitting ourselves out with a new set of habits.

All through their lives thousands of people have hated alarm clocks and believed that there would be nothing so wonderful as not to have to get up in the

morning. Many of the very same people, when they find themselves sleeping in every morning, aren't as happy about it as they expected. They feel idle, and ours is a tradition that puts great value on being busy. Long before Solomon said "go to the ant thou sluggard" mankind had started putting a high value on industry, on getting up early and hustling. The result is that for 10 out of 20 people it's a severe jolt to find that there is something that they have to take lying down.

It's true some of them take to it like a duck to water. It throws others. They are like people who have been zipping along the smooth highway who suddenly find themselves on heavy roads where they have to shift to low gear if they are going to make any progress. They may not like low gear but it's the only solution there and then.

The experience of thousands and thousands of patients has been that the best thing to do is to learn to travel in low gear. Whether you like it or not it's the best way to cope with the current situation.

Anybody who has learned to drive a car knows that learning to shift gears isn't done without a certain amount of grinding and scraping and feeling of impatience and exasperation, but in time most people learn to change without taking their eyes off the road or their attention off the conversation. That goes for chasing cure too. One learns to live quite an interesting life while appearing to be doing nothing but getting well. Of course the wise patients put their cases before the rehabilitation officer and he does everything he can to see that they have a busy life in the sanatorium.

Well, good luck shifting gears.

Ann Grant in TB and Not TB

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Anger is a wind that blows out the light of the mind.

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## Taking Pills In Public

The following is a context of an address delivered at the annual meeting of the Livingston County Tuberculosis Association.

R. J. DANCEY, M.D.

Medical Director  
Vermillion County TB Dispensary  
Executive Committee  
Illinois TB Association

As I sat here this evening enjoying the excellent fried chicken and listening to the remarks if my distinguished colleagues, this thought occurred to me—suppose I were here tonight as a tuberculosis patient discharged from the sanatorium only six months ago, fully rehabilitated but still required to take my quota of TB pills with each meal. Can you see me at table after the dessert, a dozen tablets clenched in my fist, pondering whether to follow doctor's orders and face the embarrassment of taking pills in public?

Now you will not believe this, but the average tuberculosis patient today will take more than 20,000 pills in the course of treatment. So you see my dilemma—if I take 20,000 minus the 12 I should take tonight, will I miss the cure by inches and have to start all over again? Why did I come to this meeting in the first place?

Ah, my friends, the wonders of modern tuberculosis drugs have been extolled to you, but have you never been a patient. Then you know nothing of the heartburns, the itches, rashes, fevers, rigors, vertigos and various allergies which may plague you during your search for the cure.

I am going to digress momentarily and tell you how I really began to think along this line. It was purely an example of free association of Livingston County Tuberculosis Association as it may occur ten years in the future.

The meeting has begun in a dining room adjoining Sam's Feed Mill. You see waitresses bring to the tables heaping platters of nutritious tablets, of various sizes, shapes, colors and odors, but while most of the assembled members hungrily gulp down their pills and tablets with bemused expressions upon their faces, do you notice — off there to the right — a little old lady holding a napkin in front of her face. Look very closely and we see her make chewing motions with her mouth.

Yes! Defying convention, and risking

the embarrassment of discovery, this dear lady is enjoying three fried drumsticks and a sweet potato smuggled from home in her handbag.

A heroine indeed. But until that day comes, let no TB patient be less courageous when his time comes to take pills in public!

—Itam

---

## Mealtime Should Be Pleasant

Restaurant owners pay out a lot of hard cash for attractive decor. Some part with money for music to be wired in—soft, soothing music. The odd one puts well-padded carpet on the floor, at a price to make a housewife swallow hard. In short, they do everything they can to make a pleasant atmosphere for mealtime.

But certain things are up to the diners. If they insist on dragging a disagreeable argument out as conversation the restaurant man can't help what it does to their digestion. If they refuse to part with their worries long enough to appreciate the steak, chicken, scrambled eggs or whatever else they are eating, the poor man can't help it. His attempts to ease them along with music and art having failed, he can but hope they won't blame his chef for conflicts inside their bodies which are really echoes of conflicts outside.

The sad thing is that it isn't only to restaurants that people bring ulcer-provoking stress and strain. They make family meals disagreeable with it. They have the nerve to introduce their complaints at friends' dinner parties. Alas and alack, they even bring up grievances to chew along with their food when orderlies bring trays in hospital.

Eating noisily or untidily is also decidedly aggravating to others and why anyone should be guilty in a place where there is plenty of time to chew food quietly and handle it without hurry is hard to explain.

A great many products are advertised to combat indigestion. They all cost money. Good manners and good humour are free. Have a helping of both with each meal and save your money.

—San Mag Service C.T.A.

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Let me never fall into the vulgar error of dreaming that I am persecuted whenever I am criticized.

—Emerson

## Program For Diabetes Control

By H. E. ROBERTSON, Ph.D.,  
Director of Provincial Laboratories  
Saskatchewan Department of Public Health

Diabetes (uncontrolled high blood sugar) is a disorder which, like tuberculosis, can cause a lot of serious harm to a person before symptoms draw attention. The consistent high blood sugar is an easily recognized sign of a body that is not tuned to properly handle carbohydrates, fats or proteins. One result is a build-up of fatty type deposits in places where they are very undesirable — for example, under the skin, in the blood vessels and in the heart muscle, kidney structure, as well as in other systems of the body. This build-up may go on for years in adults before the late symptoms of diabetes appear.

Any combination of *late* symptoms such as thirst, excessive appetite, frequent urination, sudden weight loss, itching, slow healing of wounds, impaired circulation, or drowsiness, may develop quickly in youngsters but may never appear in adults. However, blood circulation, heart or kidney function may each become impaired. Current research suggests a definite relationship exists between high blood sugar and hardening of the arteries, strokes and heart attacks. It is a fact that "diabetes ranks as the third leading cause of blindness and the eighth cause of death in the United States today."

Certainly it seems prudent to intercept this progression of events. Early detection would allow treatment or diet to better regulate the level of sugar in the blood, and hopefully slow down or prevent the development of such complications. The turn-out of adults at the well-organized surveys for tuberculosis offers a nearly ideal opportunity to carry out the necessary tests.

At the time of the first visit for a skin test for TB, the adults can be invited to have their blood sugar measured two hours after they eat or drink a standard dose of grape sugar. Those that take part are each given a packet of sugar, a registration card on which they name their physician, and an appointment time several days later to return for the blood test and reading of their TB skin test. They are directed to dissolve the sugar in a large glassful of water and drink it exactly two hours before the time of their appointment. Then a drop of blood taken from a finger-tip allows a picture of how well the person's

body handled the known amount of sugar in the two-hour interval. No extra visits and very little extra time are needed. The results of the test are available 60 seconds after taking of the blood.

This technique of "screening" separates those persons in a population who possibly have diabetes from those persons who probably do not. These "suspects" can then be retested, and if, on this second occasion, the findings are similar to those of the first test, the individual can then be invited to see a physician for final diagnosis. The survey office sends the findings of the first two tests directly to the physician and so alerts the physician to expect a call from his patient. Screening for diabetes is thus an extension of a technique that has proven so successful in discovering tuberculosis.

After trial runs in 1965 and 1966, combined surveys for diabetes and tuberculosis have been offered each summer in Saskatchewan. The Saskatchewan Department of Public Health pays for and conducts the tests for blood sugar. The Anti-Tuberculosis League pays for and conducts the tests for tuberculosis. The organizational and administrative costs are shared and so held to a minimum for each.

In the summers of 1967, 1968 and 1969, finger-tip bloods from 96,897 Saskatchewan adults were tested for sugar. On the first test some 6159 individuals were found to have suspiciously high levels of sugar ("hyperglycemic") in their blood. In a second test conducted with more attention to dietary instructions, the number fell to 1371. All of these 1371 individuals were invited to see their physicians and the physicians named by each of them were sent a report on the specific values observed. It is believed that the great majority of these 1371 individuals were confirmed by their physicians to be diabetics or potential diabetics.

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## Common Sense Regarding X-Rays

DR. WALTER C. ALVAREZ

Emeritus Consultant in Medicine, Mayo Clinic, and Emeritus Professor of Medicine Mayo Foundation

"During the last few years I have been distressed and annoyed and puzzled by the enormous amount of literature on radiation that has been put out by men who seem to have succeeded mainly in scaring people half way to death about x-rays. I know men and women today who won't even have their chest or stomach x-rayed for fear their children or their grandchildren will be mentally defective!

"I asked one of the ablest students of radiation in the world what he thought about all this and his answer was that he thought it was stupid, if only because the tiny bit of radiation that a man gets from having his teeth x-rayed occasionally is small compared with the stream of cosmic rays that is constantly, day and night, going through us.

"I worked every day with x-rays from 1910 to around 1920, doing my own 'screening' of stomachs, and I cannot get excited about the small dangers of radiation in a doctor's office. For 25 years I worked at the Mayo Clinic alongside men who did an enormous amount of 'screening' of people's stomachs, colons and spines. After failing to see any signs of illness in these men or in their children, I can't get excited about a little radiation . . .

"They have measured the exact amount of radiation to which people are exposed when they have a diagnostic x-ray study, and they conclude that it isn't enough to get excited about. They also cannot get excited about the dangers to future generations.

"As the doctor says. "Those of us who work with radiation every day and accept the occupational risks do not fear radiation, but respect it.' Wonderful is their statement that 'The danger of harm from the average diagnostic exposure to x-rays is insignificant compared with the danger of trying to practice medicine and surgery without their aid.' How I wish this statement could be written on the walls of the office of many would-be science writers."

Though we travel the world over to find the beautiful, we must carry it with us or we will find it not.

—Ralph Waldo Emerson

## Hospital Rules

There are very few things as annoying to a TB patient as hospital rules. Actually these rules are not much different than the standard of conduct we have lived by all our healthy lives and never chaffed under. But here — they are RULES!

These rules — as the laws of civilization — became necessary for the protection and well being of the majority. They have been created because, over a period of many years, it has been proven that most patients who violate such rules jeopardize their chances of recovery.

In every hospital — as in every walk of life — there is always one who must rebel against the rules; one who will throw away his very life to prove that he can break rules. Silly, isn't it?

But almost as silly is the one who abides by the rules and then whines to the sky about the injustice of his having to obey while a wardmate breaks all the rules and "gets away with it." That is like complaining that you are being forced to get well while some lucky cuss who is sneaking around the rules has a chance of killing himself!

There are the same rebels against the rules on the outside — the driver who drives at top speed, passes on curves and hilltops, grabs the right-of-way and forces its rightful owner off the road; the smuggler; the bootlegger, or gangster. But would you complain that the law forces you to stay at home while someone else gets shot in a gang war or killed in a traffic accident.

Be thankful for these rules that help you back to health. Gripe about them if you will. Gripping is a safety valve that's for all pent-up feelings which might blow your stack off if they weren't released. But don't take a chance of retarding your cure by rebelling against these rules. And don't make a fool of yourself by saying: "Why can't I do that? So-and-so's conduct makes you so envious, go ahead and break the rules as he does . . . Maybe you'll have to stick around an extra year or so, too!

— The Link

We need only obey. There is guidance for each of us, and by lowly listening we shall hear the right word.

— R. W. Emerson



## Editorial Comment

By the time you read this another spring will be upon us, or nearly so, and it will be especially welcome after what has been the snowiest winter that most of us can remember. Some would say that it is a sign of aging when we look back at those other winters, before asphalt and salt, when there would be a thick accumulation of ice and hard-packed snow, polished smooth by the runners of sleighs and sleds. Do you remember the crisp creaking of the runners on the frosty snow, and the jingling of the bells?

With the various campaigns for the preservation of all that is best in our environment the general public are becoming more aware of the beauties of nature. Young children are likely more closely in tune with nature, and one of the joys of being with children is to experience, through them, something of the wonder and beauty in what are otherwise commonplace things. One cannot help but be influenced by a child's "Ooh look!" when seeing a flower, a robin's egg, a yellow, fuzzy duckling, a kitten, and countless other wonders. We note that camping is becoming increasingly popular, not only in the summer and autumn but gradually in the winter as well. Families are beginning to enjoy activities together again, although much of it may be on high speed snowmobiles or motor boats from whence one sees nature as a blur, and hears nature as a roar.

There follows an article on enjoyment of the simple things which I clipped some time ago from *The Link*, which is the publication of the Saginaw (Michigan) Hospital for the treatment of tuberculosis.

\* \* \* \* \*

### A PAUSE IN THE DAY'S OCCUPATION

Adapted from Beth Williams

No matter what task awaits you, it will be more easily accomplished if you take time to reflect, take time to raise your eyes to watch a bird outside the window. If you will take a look, there is great beauty in a tiny sparrow—the sleek, fineness or its features, the graceful, exuberant way it has of flying and hopping. How perfectly it is put together.

Stop and take a look at those plants you treasure so much. Have you ever seen the equal of the softness of the

Gloxinia? What a marvel to behold! There it is, right in front of you for the seeing—so symmetrically formed it might be artificial. What wonders are performed in each tiny leaf, and in each sturdy stem!

Dandelions in the lawn? A nuisance, yes. But how beautiful! Imagine that you have never seen a dandelion, and someone presents you with one all planted in a lovely delft blue bowl! A Weed? You would never believe it, for it is a shaft of true captured sunlight. The fluffy, soft ball seems so delicate you would not wish to touch it for fear it would collapse. It is one of the world's loveliest flowers. It is still a weed in the lawn, but stop and take a look!

There are clouds in their never-ending patterns and colors and moods. Stop and take a look at the sky, and at the sunset. Every look presents a different scene. Even in the storm there is great and moving beauty. We may have to rush to get in from its fury, but stand and watch the brilliant struggle between the darkness of the storm and the brightness of the sun. Listen to the wind that rustles with a new display of power, and how atmosphere changes in a moment. There is a sense of majesty all about you. It brings to mind that majestic melody that sings so impressively in the finale of Tchaikowsky's Fifth Symphony. Whatever it may mean, the thing that matters is that you have paused and experienced a sense of wonder and grandeur.

Whatever pleasure you may experience when you pause and reflect, you will find that pleasure doubled and redoubled as the days and years ago by. For once having seen and experienced the mysteries of a living thing, it has become a part of you, and never again will you pass by without a sudden warming of the heart as you think, "This thing I have seen." Ah, yes and even Ice and Snow.

---

The doctor's wife, who enjoyed being hostess to the soldier boys, sent an invitation requesting Captain Brown's company at dinner on the twentieth."

Captain Brown's reply gave her quite a shock. It read:

"With the exception of two sick men. Captain Brown's company accepts your kind invitation with pleasure."

## Times Change — So Does TB Treatment

If you had had tuberculosis in the early 1900's, the treatment you would have received in a typical TB sanatorium would cause raise eyebrows, at least, by today's standards!

You would have lived in a small cabin-like building, possibly on a mountain top. Even though you were seriously ill, you would have slept outdoors in the coldest of weather. Your diet would have been made up almost entirely of raw eggs and milk.

As time went in, however, doctors began to realize that TB could be treated in any climate and sanatoriums were built closer to sea level—and to home. Complete bed-rest was the rule, and patients were fed a carefully balanced diet.

In the mid-1940's a quiet revolution began, with the development of the first effective anti-tuberculosis drug, streptomycin. Then came PAS in 1948, and isoniazid in 1952; and the revolution was on in earnest.

Isolation, preferably in a hospital, is still an important part of the treatment. But today's hospital is a far cry from the wide-open shack on the mountain top. Drugs have become a vital factor in treatment. The patient's stay is measured in months, not years. And the chances for complete recovery are usually excellent.

From raw eggs to modern drugs means we have come a long way since those first early years.

So-Ca-San Piper

---

Two thoroughly inebriated men were driving like mad in an automobile.

"Shay" one mumbled his words. "be sure to turn out for that bridge that's coming down the road toward us."

"What do you mean me turn out?" the other retorted. "I thought you was drivin'."

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## Miracle In The Offering

Don't bet on miracles. It's a dependable rule, provided we don't get too rigid about it. Even in an age of great skepticism, miracles (or reasonable facsimiles) have been known to happen in the very bosom of Science.

There are, for instance, the "miracle" drugs. Like isoniazid, whose use along with some others dramatically changed the sickness and death rates in tuberculosis. Just a little white pill.

Now doctors have confirmed another valuable function for isoniazid. It not only helps people recover from TB. When properly used for prophylaxis (disease prevention) it can help stave off illness in people who have the TB germ in their bodies but do not have the active disease.

The exciting possibilities that lie ahead in the use of isoniazid were emphasized by Dr. Alfonso H. Holguin, the nation's chief tuberculosis control officer, before a meeting of TB association executives. "We now can solve the problem of TB," he said, "before it becomes a problem."

Unfortunately there is a hitch.

Isoniazid, in order to do its job of disease prevention, must be taken every single day for at least a year — maybe longer. It may sound like a trifling problem; but TB doctors and nurses will tell you from their sad experience that it's one of the greatest roadblocks to the final wiping out of the disease. People who aren't sick can get awfully bored and negligent when it comes to taking medicine day after day.

Just the same the National Tuberculosis Association, and the whole anti-TB movement including your Christmas Seal organization, are determined to find an answer. They're embarked on a study of the way people behave during long range treatment for the cure or prevention of TB. It will take lots of time, work and expense; but what they find can bring important benefits to mankind.

— The Link

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Occasionally he stumbled over the truth but he always picked himself up and hurried on as if nothing had happened.

— Winston Churchill

## Chaplain's Report — 1970

Nova Scotia Sanatorium,  
Kentville

As this brief report is being written I am well into my fourth year as the United Church Chaplain at the Nova Scotia Sanatorium. It is the kind of work to which you look forward each day, for you soon come to regard many of the patients as good friends on whom it is a pleasure and privilege to call twice weekly.

The yearly estimate for new patients suffering from tuberculosis in Canada is in the vicinity of 5,000, and Nova Scotia shares in the responsibility for the treatment of its proportion of these. Then there are always a certain number of former patients who come back to go on the cure again. We can readily see that this disease is far from being wiped out, although recent years have seen a lessening of the time needed to effect a cure. In addition, the Sanatorium has been treating patients suffering from various chest ailments. As a disease, tuberculosis is no respecter of persons. Its victims come from every walk of life and encompass all ages from tiny infants to persons over the four score years.

We are fortunate to have in Kentville such a place for the treatment of this disease, as well as other chest conditions. Here the professional care is the best. Everything possible is done for the curing of the patient in the shortest time and his return to his work and home again. Of course, in some cases, the cure must go on for many months and even years, and in such cases it is understandable if the patient at times grows restless, especially if there is a young family at home.

The Church, through the Chaplaincy, comes into the picture and has a tangible work to do. It means much to many of the patients to know that the Church has not forgotten them, for the Chaplain, by his visits, attempts to encourage them and be their friend in any way he can. Visiting takes up the greatest part of one's time. One must always be ready to stop and listen as a patient often has some problem which needs to be talked out and shared.

In other years I have gone into detail about the different groups one contacts. There is, of necessity, a large staff and, in addition, the school for training Nursing Assistants. Consequently, there is a large

number of people other than the patients to whom one tries to make oneself available if, and when, needed.

As a Minister I know the number of demands made on Presbytery funds but it is only as you help the Chaplain with a contribution that he, in turn, is able to provide the Church papers and devotional material to the patients, as well as to help out needy patients from time to time.

I am very grateful to the Church for making it possible for me to carry on the work of a Chaplain at the Sanatorium for I feel that as long as our Lord's command is to visit the sick we have a responsibility and opportunity in a much needed area of service.

One last word, patients like to hear from their own Minister and to receive their home Church Bulletin.

Respectfully submitted,  
J. Douglas Archibald,  
P.O. Box 686,  
Wolfville, Nova Scotia

February 1971

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### DON'T QUIT

When things go wrong as they sometimes will,  
When the road you're trudging seems all up hill,  
When the funds are low and the debts are high,  
And you want to smile, but you have to sigh,  
When care is pressing you down a bit,  
Rest if you must, but don't you quit,  
Life is queer with its twists and turns,  
As everyone of us sometimes learns,  
And many a failure turns about  
When he might have won had he stuck it out;  
Don't give up though the pace seems slow—  
You may succeed with another blow.  
Success is failure turned inside out—  
The silver tint of the clouds of doubt,  
And you never can tell just how close you are,  
It may be near when it seems so far;  
So stick to the fight when you're hardest hit—  
It's when things seem worst that you must not quit.

Author Unknown



## Chaplain's Corner

How many of us are truly aware of the influence, for good or for bad, that we may have upon other people with whom we are in daily contact. Some, indeed, have a more overwhelming influence so that even a briefer contact will leave a lasting impression. The following are examples of this:

Henry Ward Beecher was a kindly, pleasant, heart-warming man, in addition to being one of the nation's great and unforgettable preachers in his day. The famous Yale lectures were named in his honour and are still being given each year at Yale Divinity School. He still lives in many forms but perhaps lives longest of all because of his kindness and his love.

One cold, bitter morning the great man was walking down a street in New York when he stopped to buy a newspaper from a shivering poorly-clad boy. But Henry Ward Beecher was not content just to buy a newspaper. He had great respect for human personality, and every man, woman and child was a distinctive individual to him. That is the mark of true greatness in any man—his reverence for personality as such. He paid for his paper, which concluded his business deal with the newsboy, and then he stopped to talk with him for a minute and to inquire about his home, his goals, and his feelings. As he turned to leave, he said out of the fullness of his heart, 'Poor little fellow! Aren't you cold standing on this corner unprotected?'

Looking up at the big man, a radiant smile on his face, the boy replied, "I was, sir—before you passed this way."

Another story is told of the influence of John Wesley, who went through many English villages on his preaching tours. One day Cardinal Newman noticed that in certain villages in the coal-mining section the people were happy, the houses pretty with geraniums and other flowers outside their homes, and the women dressed neatly. It was surprising because they lived in an atmosphere of coal dust. He asked a villager, "Why is this village so clean and everything so well taken care of by the people, when other coal-mining villages are so dirty?"

The villager replied, "It is because several years ago a man named John Wesley passed through this village."

And so it is that the influence upon others may outlive our mortal lives. Can

we not think of the many times in the past when the words and deeds of others had a very lasting effect upon our lives? Let us be ever mindful of the feelings and needs of others, for in this way we may truly follow the Golden Rule.

---

### Tuberculosis Is Caused By A Germ

This puts us all in the target category—no one is safe. Every case comes from another.

When signs of TB appear, the disease is harder to control; in many cases extensive lung damage has already taken place before symptoms tell you that something is wrong. Symptoms of tuberculosis including extreme tiredness, poor appetite, loss of weight, frequent colds, persistent cough, indigestion, fever, night sweats, and blood spitting. These, of course, may be symptoms of other diseases—only a thorough checkup will prove the cause.

Misinformation or lack of information will cost more lives—for TB is still a leading killer of men, and it's sneaky—TB is an ever-present danger.

Don't let TB catch you unaware—get a tuberculin test and/or an X-ray at regular intervals. When did you have an X-ray? Why not get one today?

That "tired feeling" may not be spring fever, after all.

—The Link

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Trouble has a trick of coming

Butt end first;

Viewed approaching then you've seen it  
At its worst.

Once surmounted, straight it waxes  
Ever small.

And it tapers till there's nothing  
Left at all.

So, when're a difficulty

May impend,

Just remember you are facing

The butt end

And that looking back upon it,

Like as not.

You marvel at beholding

Just a dot!

— Selected

## Valentine Party

The theme was hearts and cupids, the scene, the patients dining room; the date, February 12, 1971; and the occasion a card party sponsored by the Sanatorium staff.

The dining room had been decorated under the direction of Mrs. Mary MacKinnon with the help of some patients and staff.

About forty-eight persons gathered for an evening of games. There were several tables made up of auction forty-fives, as well as a table of bridge. Games of cribbage, checkers and crazy eights were also played by those present.

Mrs. Violet Joudrey circulated with her camera and we hope that we may soon see some pictures of the players in action.

Dr. Holden and Mr. Mosher came to spend the social hour visiting with those present. A delicious lunch which followed through the theme of Valentine's was served by members of the Dietary staff.

Prizes were awarded to the following persons: Auction forty-fives: Men's high—Mr. George Rafter, Men's low—Mr. J. A. Poirier, ladies' high—Mrs. Alice Noble, ladies' low—Miss Ada Martell; Bridge: high—Mrs. Violet Joudrey, low—Mrs. Greta Fisher; Cribbage: Mrs. Daisy Mah and Miss Joan McKay; Checkers: Mrs. Faye Leach; Crazy eights: Randy Crossman.

Mrs. Anne Dube and Mr. Elvin Poole, who were celebrating birthdays near to Valentine's Day, were awarded special prizes. Judy MacKenzie was also awarded a prize as the youngest girl present.

Mrs. Joudrey, on behalf of the patients graciously thanked the staff for sponsoring the evening of games. Mrs. Mary MacKinnon and Mrs. Eleanor Chase represented the Rehabilitation Department at the party.

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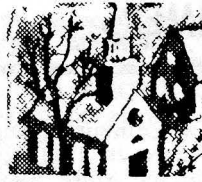
They were under the moon, with a few stars thrown in. He was the great lover of the San., and she was radiantly beautiful.

"Really, dear, do you love me?" she murmured.

"You bet I do".

She: "And do you think of me night and day — all the time?"

He: (after a hesitation): "I'll be honest with you — I think of my pleurisy once in a while."



## 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.

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## Each A Part Of The Plan

Slowly, through all the universe, that temple of God is being built. Wherever in any world, a soul, by free-willed obedience, catches the fire of God's likeness, it is set into the growing walls, a living stone. When, in your hard fight, in your tiresome drudgery, or in your terrible temptation, you catch the purpose of your being, and give yourself to God, and so give Him the chance to give Himself to you, your life, a living stone, is taken up and set into that growing wall. Wherever souls are being tried and ripened, in whatever commonplace and homely ways; — there God is hewing out the pillars for His temple. Oh, if the stone can only have some vision of the temple of which it is to be a part forever, what patience must fill it as it feels the blows of the hammer, and knows that success for it is simply to let itself be wrought into what shape the Master wills.

— Phillips Brooks

## OLD TIMERS

First of all we have some notes from Anne Marie:

Ted Amirault of New Edinburgh, Digby County, who was here in 1943 was visiting Carl Wagner in the Store Room recently. Ted has kept well and does lobster fishing. His wife, Catherine, who was here in 1955 accompanied him and visited her sister, Helen Smith, Payroll and Personnel staff.

Lillian Legacy, Amherst, a patient here in 1942, wrote Steve Mullen her annual newsy letter. We are always happy to get news from that section of the Province. Lillian does voluntary work for the Cumberland County TB. Society. She is still a keen bridge player. She sees Rose Milner and Irene MacDormand who were here in 1942 and reports that they are fine. Also, she heard from Stella McKean of Aspen, N. S., and Myrtle Rathburn of Downsview, Ontario, who were here in 1943. Myrtle works in a bank in Downsview. Lillian sent her greetings to patients and staff.

Next some news from Marguerite:

About two weeks ago a very interesting letter arrived from Robbie Stalker of Barney's River, Pictou County, and I thought some of the highlights would be of interest.

Robbie is taking Grade XII this year, and has been making very excellent marks. He hopes to enter university—preferably Dalhousie—as a pre-med. student, in the fall. Robbie's time is well-filled, for in addition to his academic studies he is studying piano (Grade IX), history, harmony, and pipe organ, and accompanies several glee clubs and about ten soloists in New Glasgow. At the fairly recent Halifax Music Festival he made a very creditable showing, but hopes "to be better prepared" for the New Glasgow Festival in April. Robbie finds his typing "extremely useful," and plans to take his typewriter along with him to university.

Robbie says that his father is well, and

is "chief cook" while Mrs. Stalker is attending Teachers' College in Truro.

Matilda Burke, R.R. 4, St. Peters, renewed her subscription, sent a contribution to the Golden Jubilee Fund, and writes, "I haven't missed a copy since I was in Point Edward, and that was in 1954. All the best to everyone up there."

Peggy MacEachern tells us that she received a card and note from Ann Standish, whom many will remember as our very popular Rehab. handcrafts instructor in the late 1950's. Ann is Mrs. J. David Robinson, Beaconsfield, Quebec, and has two children about age four and two.

Stan Robichaud, Rehab. Department, tells of talking with John O'Leary, following a church service in Spryfield early in February.

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## HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to this Fund may be addressed to:

**Health Rays Jubilee Fund**  
Nova Scotia Sanatorium  
Kentville, N. S.

An official receipt will be sent to all contributors, and all contributions are tax deductible. Your contribution will help **Health Rays** to survive.

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

Previously acknowledged: \$3,300.86

Recent contributors:

Century Patrons:

Nil

Patrons:

Daniel J. D. MacNeil

Matilda Burke

Ann MacCarthy

Miscellaneous

Total

18.00

Grand Total

\$3,318.86

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Love's secret is to be always doing things for God, and not to mind because they are such very little ones.

— F. W. Faber

\* \* \* \* \*

"Your're a liar."

"Say that again and I'll bust your jaw."

"Consider it said again."

"Consider your jaw busted."

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## NURSING NEWS

### FEB. 3rd — CAPPING CEREMONY

Twenty-nine student nursing assistants received their caps, signifying successful completion of the first phase of their twelve month course.

### FEB. 5th

The Ladies Auxiliary of the Gideon's International in Canada, were with us once again and presented Gideon New Testaments to the newly capped student nursing assistants. This took place in Miller Hall at 1430 hours.

Miss E. Jean Dobson, Director of Nursing, extended a welcome greeting before turning the program over to Mrs. Eva Moore. Mrs. Moore gave a short talk on "Who are the Gideon Auxiliary Workers." New Testaments were presented to each student by Mrs. Maizie Prest, R.N., who is also a Public Health Nurse in Kentville area.

The Brace sisters rendered a lovely duet, "Ten Lepers" and Miss Andrea Myra sang "Great Is Thy Faithfulness."

A prayer of dedication was given by Mrs. Dorothy Myra.

Benediction, pronounced by Mrs. Louise Brace, concluded the program.

### VISITORS FEB. 5th —

Here for a day — Miss Beryl Arkwright, Co-ordinator Community Health Nursing, Basic Degree Program, Dalhousie School of Nursing.

Condolences from the staff are extended to Mrs. Grace Nickerson, C.N.A., on the passing of her mother and Mrs. Violetta Hunter on the passing of her father. Also Mrs. Mary Anne Spencer, C.N.A., on the loss of her brother.

### WELCOME TO STAFF

Mrs. Janet Calder, R.N., joined the Teaching staff on February 15. In a re-

cent letter from a former staff member Robert MacKenzie, R.N., returned to his home in Victoria, B.C., after a six month tour of Southern United States. He wishes to be remembered to his friends at the San.

### ON LOAN

Miss Linda Cann, C.N.A., to Physical Medicine Department.

### CAREER COUNSELLOR

Miss Vilda Skerry, R.N., Head Nurse on 3rd East Infirmary visited Bethany Baptist Church Youth Group, to advise interested young people on choosing nursing for a career.

### TO HALIFAX

Mis E. Jean Dobson, R.N., B.Sc.N., Miss Vilda Skerry to attend Provincial Executive Meeting of R.N.A. of N. S., February 17, 18 and 19. Mr. Peter Mosher, Administrator, to Halifax, Feb. 18, 19. We welcome Mrs. Catherine Boyle from sick leave.

### TO BLANCHARD FRASER MEMORIAL HOSPITAL

On February 1st, Mrs. Doris Glavine, R.N., B.Sc.N., and Miss Beverley Gardner, R.N., B.Sc.N., and Mrs. Winnifred Protheroe, R.N., from Teaching Department spent a week's orientation at this hospital preparatory to taking the first group of student nursing assistants for their affiliation in Medical-Surgical Nursing, Obstetrics and Pediatrics, on February 8.

### TO SEMINAR

To Halifax, Several nurses from our staff attended an Institute, "Breath of Reassurance" sponsored jointly by C.T.A., N. S. TB and RD Association and Dalhousie University, School of Nursing, on February 24, 25 26. We are especially proud that several of our Medical Nursing and Rehabilitation staff are contributing to this Institute.

Dr. Helen Holden, Medical Director, spoke on Tuberculosis Control Program, past, present and future, on Friday morning, Feb. 26, while Miss E. Jean Dobson, R.N., B.Sc.N., Director of Nursing, and Dr. John J. Quinlan and Mrs. Eleanor Chase, Rehab. and Ralph Doherty, Ex-patient, were on a panel discussion with Miss Arkwright as co-ordinator and chairman on "Care of Tuberculosis Patient In Hospital."

Nursing Care—Miss E. Jean Dobson  
Medical Care—Dr. John J. Quinlan  
Community Aspects—Miss Arkwright  
Social Aspects and Rehabilitation—Mrs. Eleanor Chase

(Continued on Page 16)

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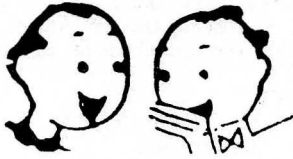
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### Just Jesting



Maike (who had been courting Maggie for several years): "Well, Maggie, let's be getting married,"

Maggie: "Shure, and who would be having us?"

\* \* \* \* \*

"There's a fly in my ice-cream".  
"Let him freeze, and teach him a lesson. The little rascal was in the soup last night."

\* \* \* \* \*

Inquisitor (after helping a kid out of a well): "How did you come to fall into the well. "I came for a drink of water!"

\* \* \* \* \*

Mother: "Were you a good little girl at church today?"

"Yes, Mother. A man offered me a big plate of money, and I said, "No, thank you."

\* \* \* \* \*

Soon after she went on board, the nervous young lady approached the ship's doctor and said: "If I feel sick, doctor, will you tell me what to do?"

"It won't be necessary," replied the doctor. "you'll do it."

\* \* \* \* \*

"Will you pass the nuts, Professor?"  
Absent-minded professor: "Yes, I suppose so, but I really should flunk all of them."

\* \* \* \* \*

"I forgot my umbrella this morning."  
"How did you remember you forgot it?"  
"Well, I missed it when I raised my hand to close it after it stopped raining."

\* \* \* \* \*

Teacher: "Why were you late?"  
Student: "Well, a sign —"  
Teacher: "What has a sign got to do with it?"  
Student: "The sign said "School Ahead, Go Slow."

\* \* \* \* \*

"Out of work, are you?" said the farmer's wife. "Well, I was just going to send for a man to split this load of wood."

"Fine," said the hobo. "You tell me where he lives and I'll go get him for you."

As a liner was approaching Athens Mr. Jones said to one of the sailors: "Can you tell me what the white stuff is on top of the mountains?"

"Snow, sir," replied the sailor.  
"That's what I thought," said Mr. Jones, "but one of the passengers told me it was Greece."

\* \* \* \* \*

"What's a Grecian urn?"  
"Oh, about \$25 a week unless he owns a restaurant."

\* \* \* \* \*

The husband answering the phone said: "I don't know. Call the weather bureau," and hung up.

"Who was that?" asked the wife.  
"Some sailor, I guess. He asked if the coast was clear."

\* \* \* \* \*

Father to waitress: "Wrap up the rest of the steak for the dog."  
Small Son: "Oh goody, we're going to get a dog."

\* \* \* \* \*

#### DAFFYNTIONS

Indistinct: Where people put dirty dishes.  
Committee: A group of people who keep minutes but waste hours.

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An Irish soldier in France during the World War received a letter from his wife saying there wasn't an able-bodied man left, and she was going to dig the garden herself.

Pat wrote at the beginning of his letter "Bridget, please don't dig the garden, that's where the guns are."

The letter was duly censored and in a short while a load of men in uniform arrived at Pat's house and proceeded to dig the garden from end to end.

Bridget wrote to Pat that she didn't know what to do, the soldiers had dug up every bit of the garden.

Pat's reply was short and to the point: "Put in the spuds."

\* \* \* \* \*

The boss was exasperated with his new secretary. She ignored the telephone when it rang, so finally he said, "You must answer the phone."

"O. K." she replied, "but it's silly because nine times out of ten it's for you."



## Ins And Outs



### NOVA SCOTIA SANATORIUM

#### Admissions:

January 16 to February 15, 1971

ROLAND WAYNE HILL, South Wilnamston, Annapolis Co.; OWEN RICHARD WHYNOT, East Inglesville, Annapolis Co.; MRS. EDITH ELIZABETH DIGDON, 8 Crescent Avenue, Armdale, Halifax Co.; JAMES AUBREY WOODS, Willington Station, Halifax Co.; MARGARET ANN MCGILLIVRAY, Home of the Good Shepherd, Halifax Co.; WALTER ANTOINE BONA, West L'Ardoise, C. B.; ERVIN OLDEN VEINOTT, Maitland, Blockhouse, Lunenburg Co.; GRANT VALENTINE MacDONNELL, West Bay Road, Inverness Co. DOUGLAS CLARENCE BENNETT, 8 Pine St., Springhill, Cumberland Co.; WILBERT HENRY MARSTERS, Hantsport, Hants Co.; ERVIN GERALD LAUNT, West Dover, Halifax Co.; BERNARD CORNELIUS SWINAMER, Western Shore, Lunenburg Co. MRS. PENELOPE MARTHA ARCHIBALD, 118 So. Albion St., Amherst, Cumberland Co.; ARNOLD FRANK O'NEILL, R.R. 1, Aylesford, Kings Co.; MARGARET RAE JARDINE, 225 Victoria St., Amherst; MRS. CORA MELISSA SKINNER, 15 Maple Ave., Lunenburg, N. S.; STUART LEMUEL NAAS, Walden, R.R. 3, Mahone Bay, Lunenburg Co.; GEORGE HERBERT DYKE, 67 Williams Lake Rd., Spryfield, Halifax County; MRS. ANNA CONSTANCE MCCARTHY, 56 Normandy Avenue, Truro, Colchester Co.; HAROLD RAYMOND GREEK, Mersey Point, Queens Co.; SINCLAIR YOUNG, West Dover, Halifax Co.; CHESTER HERBERT COLEMAN, Steam Mill, RR 1, Kentville; WILLIAM REGINALD ROBAR, North River, New Germany, R.R. 3, Lunenburg Co.:

CLARENCE BROWNELL HUSTON, Pugwash; JAMES ROBERT HOLLAND, 2624 Windsor St., Halifax; MRS. MARY JANE MacDOUGALL, 479 Esplanade, Sydney; MRS. MARGARET UHLMAN MORSE, Nictaux, Annapolis Co.

#### Discharges:

January 16 to February 15, 1971

JOHN RALPH DURANT, North Grant, Antigonish Co.; GERALD ANGUS TIMBURY, Ocean View Manor, Halifax Co.: (Expired); JOHN ALEXANDER LAWRENCE, R.R. 1, Maitland, Hants Co.; EDYTH JEAN HARNISH, Annapolis Home for Disabled, Bridgetown; HAROLD RAYMOND GREEK, Mersey Point, Queens Co.

### POINT EDWARD HOSPITAL

#### Admissions:

January 16 to February 15, 1971

MRS. ANNE MILDRED MacNEIL, 27 Highland St., Glace Bay; MRS. MARGARET ANN MacINTOSH, Middle River, Victoria Co.; EDWARD JOSEPH FAUL, 10 Kauder St., Sydney; MRS. AGNES FLORENCE DIXON, 38 Water St., Glace Bay; EDWARD AUGUSTUS PENNEY, 31 Edgewood Drive, Sydney; ANGUS BENNINGTON MacAULAY, Baddeck, Victoria Co.; ANTHONY MacPHEE, R.R. 1, East Bay, Cape Breton; ALEXANDER WARD, 181 Mitchell Ave., Dominion, Cape Breton; PHILIP POIRIER, 37 Henry St., Sydney; HILDRED VERONICA MacGILLIVRAY, 338 Main St., Bridgeport, Cape Breton; JOHN KENNETH MacPHEE, R.R. 1, East Bay, Cape Breton; LEO JOSEPH MacPHEE, R.R. 1, East Bay, Cape Breton; JOHN ANDREW GOOGOO, Whycomomagh, Inverness Co.; HELEN CLAIRE MacDOUGALL, Centre Ave., Donkin, Cape Breton; ANGELA BOWERING, 6 MacKeen St., Glace Bay.

#### Discharges:

January 16 to February 15, 1971

JOHN JOSEPH MacDONALD, 10 Pond St., Sydney Mines; MRS. MARIE YVONNE CAMPBELL, Main-a-Dieu, Cape Breton; MRS. CECELIA CATHERINE LEVATTE, 863 Kings Road, Sydney River, Cape Breton; WALTER ANTOSNE BONA, West L'Ardoise, Richmond Co.; GRANT VALENTINE MacDONNELL, West Bay Rd., Inverness Co.; MRS. ANNE

(Continued on Page 16)

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PETERS' LUNCH

**INS AND OUTS—**

(Continued from Page 15)

MILDRED MacNEIL, 27 Highland St., Glace Bay; EDWARD AUGUSTUS PENNEY, 31 Edgewood Drive, Sydney; MRS. MARGARET ANN MacINTOSH, Middle River, Victoria Co.; MRS. MARY JANE MacDOUGALL, 479 Esplanade, Sydney; WILLIAM MELVIN LeFORT, Cheticamp, Inverness Co.

**NURSING NEWS—**

(Continued from Page 13)

Patient's Point of View—Mr. Ralph Doherty

Nursing staff attending this Institute from the Sanatorium are: Mrs. Eleanor Woodman, R.N., Mrs. Mary Durno, R.N., Mrs. Teresa Webster, R.N., Miss Elizabeth Manning, R.N., Mrs. Audrey Hansen, R.N., Mrs. Gladys McKean, R.N., and Mrs. Maxine Pineo, R.N.

**DINNER GUESTS**

The Kentville Gyro Club were guests of the Nova Scotia Sanatorium, Friday evening, Feb. 5. Mr. Peter Mosher, Administrator, and Dr. Holden, Medical Director, Dr. J. J. Quinlan, and Miss E. Jean Dobson, R.N., B.Sc.N. Director of Nursing spoke briefly to the guests. Other members of the Medical Staff were also in attendance. Thanks to our Dietary Dept. under the direction of Miss Eileen Quinlan, D.D.T. A turkey dinner was enjoyed. Thanks also go to the Gyro Members for their generous contribution to the Patient's Comfort Fund.

**HE'S PARTICULAR**

Small boy: "I'm not afraid of going to the hospital. mother. I'll be brave and take my medicine, but I ain't going to let them palm off a baby on me like they did you. I want a pup".

The lovable quality of a nose is not its length, breadth or curve, but its ability not to be found in other people's business.

\* \* \* \* \*

No matter how busy a man is, he's never too busy to stop and talk about how busy he is.

**A Place And A Need For All**

There is a big difference between a mere wish to do a thing and a burning passion to do it, a determination to accomplish it at any cost. A mere desire is like warm water in a percolator—it will never produce steam. It takes fire and force and determination to generate the enthusiasm and activity that propel the successful character.

The dreamer laughs at the worker, and the worker is impatient with the dreamer—neither realizing that the one is useless without the other. The practical person would have nothing to do were it not for the idealist, and dreams would never come true were it not for the worker. Poetry and ideals were never intended to take the place of work, but rather to give inspiration for greater work. No matter how much you may do, you can do more. No one has ever yet applied all the ability of which he is capable. If only a small portion of your mind is alive and active, you will continue to live in a mediocre environment. As you wake up more of your mind, more opportunities—and abilities—will unfold for you.

Sanatorium Outlook

Two boys were arguing: "I ought to know," said the one. "Don't I go to school, stupid?"

"Yes," said the other, "and you come home the same way."

\* \* \* \* \*

The World, you advise me. is utterly wrong,

Your life, you assure me, is sad;

Whenever we meet you are there with a long,

Sad tale of the trouble you've had.

Your rent has been raised and you think it's unfair;

Your wife is a terrible scold;

You are losing your money, your mind and your hair;

You are getting (you feel it) a cold.

That luck is against you, my friend, I can see.

You have reason, I grant. to be blue,

But why must you tell all your troubles to me,

When I'm dying to tell mine to you.

— Albert Silverman

# 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

**UNITED CHURCH**  
Rev. Robert Hutcheson

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

**PRESBYTERIAN**  
Rev. E. H. Bean

**SALVATION ARMY**  
Mr. William Brewer

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**

## **So Remember . . .**

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