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HEALTH RAYS

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TABLE OF CONTENTS

	Page
CHRISTMAS MESSAGES	
Hon. Richard A. Donahoe and Dr. J. E. Hiltz	1
THE SANATORIUM CRACKER BARREL	
J. E. Hiltz, M.D.	2
BLOOD GAS ANALYSIS	
G. A. Kloss, M.D.	3
OTTAWA — A HIGHLY PERSONAL VIEW	
Eileen M. Hiltz	5
QUESTION BOX	
J. J. Quinlan, M.D.	7
NURSING NEWS	8
EDITORIAL COMMENT	9
CHAPLAIN'S CORNER	10
OLD TIMERS	12
HEALTH RAYS GOLDEN JUBILEE FUND	12
JUST JESTING	13
INS AND OUTS	14
HALLOWE'EN PARTIES	15
THE MODERN HOSPITAL	16

Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.
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Patients are asked to notify friends and relatives to this effect.



Christmas Greetings From The Minister of Public Health

The Minister of Public Health, the Department and all the Members of its staff join in wishing to all at the Nova Scotia Sanatorium a Merry Christmas and a Happy New Year.

Christmas is a season of good will and so our thoughts turn naturally to those who are suffering from want or disease. You who are being treated and cared for are among those in that group who have reason to be hopeful for a better future.

It is my hope that the coming year may be the one in which you are all restored to a full measure of health.

Richard A. Donahoe
Minister of Public Health

Halifax, Nova Scotia
November 20, 1968



Christmas Message From The Medical Superintendent

Times change but the spirit of the Christmas Season does not. Even when absent from home and loved-ones there is a feeling of warmth and good fellowship when one is with friends.

To our patients our wish is that you may feel this friendly spirit at the Sanatorium and that the Christmas Season may be one of quiet pleasure accompanied by a measure of contentment and a sense of really belonging to the Sanatorium family. May the New Year hold only good things in store for you.

To each of our readers we extend a sincere wish for a very Merry Christmas and every good thing including good health and prosperity in the year 1969.

J. E. Hiltz, M.D.
Medical Superintendent

The Sanatorium Cracker Barrel

J. E. HILTZ, M.D.



A close observer visiting the Sanatorium early in November would have seen small groups of about ten members of the nursing staff being taken on conducted tours of the institution, a different group each day. This was part of our Nursing Departments program which they called "Know Your Hospital."

Most nurses and certified nursing assistants work mainly on one floor in one small area of the Sanatorium for long periods of time. This tour program was designed to acquaint all nurses with what went on in Central Supply, in the Operating Room, the Out-patient Department, the Recovery Room, the Intensive Care Unit, the Physical Medicine Department, in Medical Records, the Cardio-Respiratory Unit, and various other parts of the Sanatorium. Each nurse, too, was made familiar with the location of special items such as suture sets, emergency oxygen tanks, intravenous solutions and fire equipment, all as part of a regular inservice educational program.

This was a fine effort on the part of our Nursing Staff to build themselves into an even more efficient unit than they are at present and to make it possible for them to work more closely and effectively with each other and with members of other departments.

* * * * *

Continuous vigilance and effort are required to keep our Sanatorium in repair and in a satisfactory condition to provide good and modern care for our patients. Some of you may have been disturbed by noise on the roof of the East Infirmary. This was caused by a roofing crew replacing a large part of the tar and gravel covering of that building.

At the same time workmen have replaced the entire hot water and steam lines in our Laundry and extensive changes have been carried out in the Power House. All this has been done by the Department of Public Works. In addition, our own painters, carpenters and plumber-electri-

cans carry on a never ending program of maintenance and improvement. They are our unsung heroes who frequently work behind the scenes but nonetheless play a very important role in helping us to provide a good environment in which to care for patients. When it is remembered that our "newest" infirmary building was opened over 37 years ago, it can be imagined that maintenance is no small job.

* * * * *

Our heartiest congratulations are extended to Mrs. Helen MacKinnon, Laboratory Technician, and Mr. "Bill" Hilchie of our Dietary Staff. Both of these excellent staff members were presented with their 25 year service awards on November 20 by Honourable Victor deB. Oland, Lieutenant Governor of Nova Scotia, at Government House. We are fortunate, indeed, to have had them working with us for the past quarter century and to be able to look forward to a continuation of our association for many years more.

* * * * *

Elsewhere in this issue I have extended greetings to our patients and our readers. May I close this last issue of Health Rays for 1968 with a special word of appreciation to all staff members — maintenance, housekeeping, switchboard, dietary, office, medical records, technical, nursing, the Chaplains, rehabilitation and doctors and to our auxiliary staff in the recreation building — for work well done and a year full of accomplishments. May 1969 be filled with all the fine things which each of you deserves.

Many of our patients will be home for Christmas but about half will not be able to go if the same pattern is followed as during the last few years. There are always a few people too ill to travel or some who are receiving special treatment which requires daily medical and nursing attention or others whose home is too remote for travel in winter time. If it is any comfort to them, it may be pointed out that over the past 64 years, in excess of ten thousand patients have remained with us during the Christmas season. We try to make it a happy time and we trust that you feel that, if you cannot be home, to be here at the Sanatorium with your friends is the next best thing.

From all the staff of Health Rays and from all the staff of the Sanatorium, a very Merry Christmas to all of you.

BLOOD GAS ANALYSIS

G. A. Kloss, M.D.

Nova Scotia Sanatorium

In recent years a concern regarding how the lungs function has come to play a very important part in our ability to arrive at an accurate diagnosis in certain disease conditions. The pulmonary function tests, or "breathing tests," are concerned with ventilation which is the process by which air is brought in through the upper air way or nose and mouth, moved along the breathing tubes, and distributed to myriad alveoli, or very small lung air sacs, in which gas exchange is taking place. In other words, ventilation is a movement of air to and from these small sacs and the mixing of the gases in them.

In blood gas analysis, we are not concerned about ventilation but rather about respiration which is the to and fro movement of the gases (nitrogen, oxygen, and carbon dioxide) across the wall of the air sacs into and out of the very small blood vessels. We are also concerned to some extent with the subsequent chemical reaction which takes place in the blood as well as the distribution of blood in the lungs.

The air around us consists mainly of nitrogen, carbon dioxide, and oxygen, in addition to water vapor and very small amounts of other gases. Out of this mixture, the oxygen is extracted from the lungs into the blood stream, and the carbon dioxide (CO₂) passes from the blood stream into the lungs to be breathed out. In many lung diseases this intake of oxygen and output of CO₂ is disturbed.

The study of these blood gases, that is, the proportion of oxygen and CO₂ in the arterial blood has been carried out for a good many years. However, it is only rather recently that a rapid and accurate method of determining their concentrations has become available. Prior to this, the VanSlyke apparatus was used and although this was a very accurate method of estimating cases in the hands of competent technicians, it was rather time-consuming and therefore its clinical value was somewhat limited.

It is the task of the blood to maintain all physical and chemical properties perfectly in balance. If there is too much acid in the blood, we speak of a respiratory acidosis and, if there is too much base in the blood, we speak about a respiratory alkalosis. The term "blood gas analysis" actually refers to the laboratory estimation of the acid-base balance or, in

the case of an ill patient, to the disturbance in the acid-base balance.

Respiratory acidosis occurs in patients with acute or chronic respiratory insufficiency who can no longer maintain adequate ventilation of the lungs. It is a life-threatening emergency requiring immediate treatment. Major derangements of the organs of the cardiorespiratory system, that is, the airways, the lungs, the heart, the chest wall, the great blood vessels, and the breathing stimuli from the nervous system allow excessive amounts of carbon dioxide to accumulate in the lungs, the blood, and in the body tissues. The patient then rapidly becomes hypercarbic and hypoxic, that is, he has too much carbon dioxide in his system and too little oxygen. If the disease has an acute or sudden onset, the patient may be quickly suffocated. Cellular life slows down as the necessary action of oxygen is retarded in the strongly acid tissues. The working of the nervous system is also impaired and change in the heart rate or even stoppage of the heart may occur unless proper treatment is started as soon as possible.

In view of the fact that we deal mainly with chest diseases at the Nova Scotia Sanatorium, it seems fitting to confine our discussion to respiratory acidosis and alkalosis although there can be cases which suffer from an acidosis or alkalosis due to other reasons.

To determine the blood gas ratios we use the Astrup method with the help of mathematical equations and the use of special electrodes, and so are able to determine whether the blood is strongly acid or alkaline along with the degree of the partial pressure of carbon dioxide in the blood. One can quickly and easily calculate other important features of the blood such as standard bicarbonate, actual bicarbonate, base excess, buffer base and the total CO₂. When these calculations are made one can then readily determine whether one is dealing with a primary re-

(Continued on Page 4)

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BLOOD GAS —

(Continued from Page 3)

spiratory acidosis or alkalosis, a metabolic acidosis or alkalosis, or a combination of these acid base disturbances.

The blood sample used is arterial blood or arterialized capillary blood that is drawn from the ear lobe or finger tip. Blood taken from the artery in front of the elbow joint is preferable, gives more accurate results, and the amount available enables us to repeat the test if necessary without a second puncture. If the arterialized capillary blood method is used, two technicians are required because speed and accuracy are of tremendous importance. The capillary blood vessels are very small and the specimen as collected must not be allowed to pick up any air bubbles because such bubbles could distort completely the final analysis. This applies also to the blood sample obtained from the artery which, however, being in a syringe, is much easier handled.

The Astrup machine is a very delicate one, is completely temperature controlled, and has to be tested and warmed up to the proper temperature before every test. The small tube or the syringe which is used must contain some heparin to prevent the blood from clotting. If the blood is not examined immediately, it has to be refrigerated to avoid any deterioration which would render the test invalid. Blood so treated can be kept up to six hours before being processed. In this institution, we make a point of testing the blood immediately after it has been obtained.

One of the outstanding features of the Astrup method of gas analysis which was developed in Copenhagen, Denmark, is that the values obtained can be checked against the actual measurement of the hemoglobin or oxygen-carrying substance in the blood. In other words, we can compute the hemoglobin value by the Astrup method and compare with the actual hemoglobin obtained by a direct measurement of it from the patient's blood. A deviation of plus or minus only three grams per cent is permissible. Thus, it is possible to check one's result within seconds and determine whether the test was done properly or whether some mechanical or human error had interfered.

The other valuable feature of the Astrup machine is the inclusion of a special electrode which enables one to measure accurately the pressure of the oxygen in the blood stream. This is very important when making a decision after an operation concerning how much and for how long a

patient may need oxygen. It gives the surgeon an objective test whereas, otherwise, he would have to rely on clinical judgment of the patient's signs and symptoms which are sometimes very difficult to interpret and may be misleading.

In patients with abnormal blood gas values, it is advisable to repeat the blood gas estimation quite frequently to determine when the situation has been corrected and if proper ventilation has been obtained or, failing this, what other methods of treatment should be applied.

The foregoing is a very brief summary of a somewhat complicated subject concerning the acid-base balance in the human body. The Astrup method of blood gas analysis is an extremely rapid and accurate method of diagnosing all these various disturbances in the blood and so enables the Sanatorium staff to arrive at an accurate diagnosis and promptly initiate proper corrective measures as indicated.

Keeping Christmas

ARE YOU WILLING ?

- To stoop down and consider the needs and desires of little children;
- To remember the weakness and loneliness of people who are growing old;
- To stop asking how many of your friends love you, and ask yourself if you love them enough;
- To bear in mind the things that other people have to bear in their hearts;
- To try to understand what those who live in the same house with you really want, without waiting for them to tell you;
- To trim your lamp so that it will give more light and less smoke, and carry it in front so that your shadow will fall behind you;
- To make a grave for your ugly thoughts, and a garden for your kindly feelings, with the gate open—
- Are you willing to do these things even for a day?
- Then you can keep Christmas.
- And if you keep it for a day, why not always?
- But you can never keep it alone.

—Henry Van Dyke

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Ottawa — A Highly Personal View

EILEEN M. HILTZ

One day last summer I entertained two Scottish ladies who were making their first visit to Canada. They chatted about this place and that place which had interested or excited them, but you might be surprised, as I was, to learn the spot which delighted them beyond all others. It was Ottawa, our good, grey capital city.

I had been in Ottawa on two occasions, and had found it to be an agreeable city with much beauty to please the eye and many points of interest to challenge the mind. But, on the whole, it had seemed a careful and orderly place, of no definable character; a city where perhaps more of its people worked with their heads than with their hands, as befits a seat of government built for that purpose. On this trip, eight years later, I determined to take a fresh look at Ottawa, if possible with the eyes of a first-time visitor from another land.

Ottawa in November did little to help one grasp the picture that had charmed the Scottish ladies last summer; the blessed place rained, snowed or drizzled on us the entire three days of our visit. That is one reason why my sight-seeing was less than I had planned; another reason was that I spent too much of the time enjoying the company of Ottawa friends to be a proper tourist. I had the best intentions of looking in at Parliament Hill and seeing the Trudeau government in action, but by three o'clock Thursday afternoon, at which time the House assembles, I felt too sodden and chilled to make the effort. On Friday I learned that Mr. Trudeau would be in Kingston for the installation of the new president of Queens University, and on Fridays the House sits only briefly before dispersing for the weekend.

Even in the wet, grey atmosphere of November, Confederation Square offers sights that stir up feelings of national pride. From the glorious War Memorial which forms the heart of it, and which is familiar to all through the television close-ups each Remembrance Day, one can look directly up Parliament Hill with its stately turreted buildings, dominated by the great central Peace Tower. Just across the way stands that fine old landmark, the Chateau Laurier, which had had a face-cleaning since we had last seen it. And a stone's throw from it still stands the old, very Victorian building that was for so many years the railway terminal for the

city, and now is a Centennial Centre for shows and gatherings of all kinds.

Something new is being added to Confederation Square, which threatens to dwarf its other glories — the fiercely controversial National Arts Centre. Just mention it to any Ottawa citizen and you'll get instant response, which can range from the unprintable one given by our taxi driver, and the slightly less censurable one from a highly intelligent lady friend, to the enthusiastic, if somewhat defensive, praise of those anticipating great things to come in theatre and art. Mainly it is the sky-rocketing cost which has upset people, and the figures now quoted are indeed astronomical. It is not completed yet, so we saw only the external view, which soared up in massive, unbroken concrete walls and tapered in sprawling concrete complexes that looked like nothing so much as a hulking, somnolent dragon.

I spent a large part of one afternoon in a very favorite place, the National Gallery of Canada. It is described thus in a press release available at the information desk: "The National Gallery of Canada could be described as an eight-storey building on Elgin Street in Ottawa, with twentieth-century Canadian pictures and modern sculpture on its first floor, Old Masters on the second, drawings and prints on the third, changing exhibitions and the Massey collection of English art on the fourth and fifth, a collection of war art on the sixth, offices on the seventh and a restaurant with a pretty view on the eighth. For many, the National Gallery is identified with what is perhaps its most famous picture of all, Benjamin West's Death of Wolfe. For others, with that most Canadian of pictures, Tom Thomson's Jack Pine. Or with such internationally known pictures as El Greco's St. Francis, Rembrandt's The Toilet of Bathsheba or Ruben's Descent from the Cross."

In art galleries these days I find my feelings run the gamut, from joy in meeting

(Continued on Page 6)

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OTTAWA — A HIGHLY —

(Continued from Page 5)

old favorites in the original, excitement in discovering new, to me, works, right on down to emotions that threaten the blood pressure, caused by some modern piece which the powers in charge choose to consider Art and use the taxpayers money, in this case yours and mine, to acquire. Of this category I met two with special blood pressure raising potential. On a wall of a ground floor room was hung a rectangle of solid yellow, nothing more. In a corner of the same room a pile of felt strips lay like a heap of left-over debris. My first reaction was to wonder if the cleaning staff had gone on strike, but a closer look revealed it to be a serious exhibit, the identifying label for which read: "Untitled. 254 pieces of felt $\frac{3}{8}$ " thick." A title came readily to my mind: "Bunk!"

So much for the peeves, now for the pleasures, and there were many more of them. Of the older works I like the Venetian scenes by Canletto (you felt yourself walking again in St. Marks Square), a small but good selection of Dutch masters, especially Rembrandt (even if his "Bathsheba" does have a rather Queen Anne look); the English painters, whose portraits of the lords and ladies show their masterful techniques with flesh tones and draperies; the French impressionists, who lead us into the modern movements.

The Third Floor was most interesting of all, because there one could follow the development of Canadian painting. The early paintings show the strong influence of their European background or training, like the Paul Kanes and the wonderful Kriegshoffs — and were I a native Quebecker I could not be happy without a Kriegshoff of my own. Then we come to Tom Thomson (1877-1917), of whom the guide book says: "—in him is to be found the first thoroughly Canadian artistic personality," and the Group of Seven. It is amusing to remember how "way out" they were considered in 1920 at their first exhibition.

There is usually a special exhibition of contemporary works showing at the Gallery; at the time of my visit it was the paintings of Rita and Leon Bellefleur, Monteral. They were very modern, non-representational, but if you viewed them from a distance the colors came alive and were quite terrific; up close they turned into just daubs, streaks and splashes. My main criticism was that there were too many of them, and of a great sameness; it

dulled the first thrill they gave you.

If you like color and beauty, Ottawa offers a treat at this time of year — the Chrysanthemum Show of the Dominion Experimental Station. My thoughtful chauffeur, Mrs. Joyce Jeanes, who manoeuvred so expertly through the Ottawa traffic, ran me out to visit the chrysanthemum houses, and a lovely sight they were after the bone-chilling grey out-of-doors. Masses of blooms in an unbelievable range of colors completely filled two greenhouses. Each variety was clearly labelled, so that you could note the special charms you might wish to try on the home lot next year, like the gorgeous golden-brown one with the catchy name, "Tanfastic." Tulips in Spring, chrysanthemums in Fall — Ottawa does have its seasonal bonuses.

When the **Health Rays** assistant editor requested a contribution for the December issue I asked if something on a visit to Ottawa would do. Of course she politely said: "Yes," no doubt silently thinking it not a very Christmas-y subject. But neither is it entirely wide of the mark — we all look for Ottawa to play Santa at times. don't we?



The Christmas Candle

Medieval Christians believed that on Christmas Eve the Christ Child wandered through town and countryside in search of those who believed in Him, on that night they placed candles at their windows to guide Him through the darkness to their homes. It was also customary to welcome any stranger who might be drawn to the door by the flickering candlelight.

—So Ca San Piper

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Question Box

J. J. Quinlan, M.D.



Q. May one have positive sputum and not have activity of his disease?

A. The presence of tubercle bacilli in the sputum is always an indication of activity of the pulmonary tuberculosis.

Q. Is anyone born immune to tuberculosis?

A. It is unlikely that anyone is born immune to tuberculosis but certain individuals do have a very high natural resistance to the disease. It is not unusual to find people who have been in intimate and prolonged contact with open tuberculosis and who fail to react to the tuberculin test, indicating that they have never been infected with tuberculosis. Whether this relative immunity was present at birth or was acquired afterwards is debatable.

Q. Please explain the cause and effect of emphysema.

A. The cause of pulmonary emphysema is not fully understood, but probably repeated bronchial infections or chronic bronchitis play quite a part in the evolution of this abnormal process. In emphysema, there is marked destruction of the air spaces of the lung with resultant reduction in the total area available for the transfer of oxygen from the air into the blood stream, and carbon dioxide from the blood back into the air. As the disease progresses, shortness of breath occurs, first on exertion, eventually at rest, and finally not enough oxygen can be taken up to sustain life.

It may be pointed out that the so-called 'cigarette cough' frequently found in heavy smokers is an indication of chronic bronchitis. Therefore it is mandatory that the individual with pulmonary emphysema give up cigarettes.

Q. Will taking the entire daily dose of PAS at one time give the same results as taking it in portions?

A. It is quite probable that the same blood level of PAS is obtained by taking the entire daily dose at one time. However, ingesting twenty-four large pills one after the other would seem to be rather a heroic effort and, unless inconvenience is

caused, it would seem better to take the daily amount of the drug in divided doses.

Q. Is a sharp pain in the left side of the chest indicative of a heart condition?

A. Sharp pain in the left side of the chest can be due to a multitude of conditions, one of the least frequent being heart disease. Most frequently the cause is located in the chest wall, and will clear up on its own or with the help of a mild pain-killing drug, massage, or physiotherapy. However, this does not mean that persisting pain in the chest should be ignored. On the contrary, the family physician should be consulted as the pain may be an indication not only of heart trouble but of disease of the lungs, pleura, esophagus, and other structures inside the chest.

THE TWELVE DAYS OF CHRISTMAS

"On the Twelfth Day of Christmas

My true love gave to me
 Twelve drummers drumming,
 Eleven pipers piping,
 Ten Lords A-Leaping,
 Nine Ladies Dancing
 Eight maids A-Milking,
 Seven Swans A-Swimming,
 Six geese A-Laying,
 Five Golden Rings,
 Four Colly Birds,
 Three French Hens,
 Two Turtle Doves,
 And a Partridge in A Pear Tree."

* * * * *

Christmas once was celebrated during the 12 days between December 25 and Epiphany, January 6. Today, the carol, "The Twelve Days of Christmas," is about all that is left of this old tradition.

"The Twelve Days of Christmas" originated as a singing game played at Twelfth Night parties. A leader named the gifts. The object of the game was to repeat all the gifts in order without mistake. Any guest who missed had a penalty to pay.

Many versions of the song have appeared in print: the one above is the most common.

—So Ca San Piper

* * * * *

The best of all gifts around any Christmas tree: the presence of a happy family all wrapped up in each other.

NURSING NEWS

In November, 1968, the In-Service Education Committee of the Nova Scotia Sanatorium, Kentville, instituted a "Know Your Hospital" program for members of the Nursing Staff. The time selected for the tours was 1:30-3:30 p.m. daily from Monday through Friday, for a two-week period, when surgeons and other staff physicians were attending conventions. Areas visited included the Recovery Room, Intensive Respiratory Care Unit, the Operating Room, Central Supply Room, Blood Bank, Out-Patient Clinic, Physical Medicine, Cardio Respiratory Unit and Medical Records. Equipment used in each area was shown and emergency equipment identified. The purpose of the program was to enable all staff members to know where to find emergency trays and equipment. Before starting out, each staff member was presented with a list of the areas to be visited and what they would see there. Although a four-week orientation is provided when new staff is taken on, this program met with an enthusiastic response, and has motivated considerable interest in the hospital as a whole. It will be followed by periods spent in different areas by Supervisors and Charge and Staff Nurses, so that all Nursing Staff will be aware of what is being done in all of these areas.

The Committee, which included Mrs. K. Dakin, R.N., Administrative Supervisor; Mrs. G. McKean, R.N., Head Nurse in the Out-Patient Department; Miss M. Potter, R.N., Assistant Supervisor in the Operating Room; and Miss E. MacPhail, R.N., of the Teaching Staff, is to be congratulated on its work. Plans are now under way for a follow-up visit to those areas that could not be included in the initial program.

The many changes in the treatment for tuberculosis and other respiratory conditions make it imperative that every nurse in the Sanatorium keep up with the newer trends.

Miss Eleanor MacQuarrie, R.N., Operating Room Supervisor, attended the Institute for Operating Room Nurses in Halifax.

Mrs. Catherine Boyle, R.N., Director of Nursing Education, has also been in Halifax, attending meetings of the Board of Examiners for the Certified Nursing Assistants. She is presently Chairman of the Board.

Miss Sadie Barkhouse, C.N.A., has successfully completed the six-month Operat-

ing Room Technicians Course, and Miss Carol MacPherson is currently studying the same course.

The fall season has brought many new additions to our nursing staff. Mr. Joseph E. LeBlanc, R.N., is with the teaching unit, and the following registered nurses are doing floor duty: Mrs. Aletha Elliott, formerly of Quebec, and now a resident of Kentville; Mrs. Carol Fraser, Mrs. Florence Hersey; and the Misses Sandra Knickle, Elaine Mason, and Mary Spicer. The following 1968B graduates have also joined the staff: Misses Mary Ann Blanchard, Jane Nellie Harding, Carol Gertrude MacPherson, Dianne Lucille Redden, and Linda Mary Sproule.

But comings and goings seem to go hand in hand, and the following Certified Nursing Assistants have left the Sanatorium seeking the "greener pastures" of Ontario: Misses Myrtle Firth, Jessie MacDonald, and Angela MacNeil. The Misses Elizabeth L. Richardson, R.N., and Verna Gordon, R.N., both of whom were doing post-graduate work have resigned, as has also Mrs. Roberta E. Smith, R.N., who has gone to Yarmouth to which town her husband has been transferred. Mrs. Ann Selfridge, C.N.A., is laying aside her nurses uniform for that of the full-time home maker.

Members of the Certified Nursing Assistants Class 1968B wrote their Certifying Examinations on October 26, 1968, in Halifax, and are eagerly awaiting results.

A shower was held in the Nurses Residence in honour of Miss Elaine Mason, R.N., whose marriage takes place in the near future.

Miss Madeline Spence, R.N., former Director of Nursing Service, visited the Sanatorium recently. It was so good to see you again, Miss Spence!

Christ was born on Christmas night,
Sing the Carols gaily;
King of Love and Lord of Light,
Praise Him, praise Him daily.
Welcome Christmas! Welcome Yule!
Mistletoe and holly!
Be ye merry, gentles all,
Mirth need not be folly.

—Selected

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Editorial Comment

Another Christmas is at hand, making a welcome break in our routine. There is a flurry of activity on every hand with patients hurrying to finish handcraft projects in time for Christmas gifts. Many orders are coming in for items to be made for gifts and, hopefully, all will be filled. Staff members are going through the annual race against time in trying to provide extra services to patients and at the same time look after all the extras, such as shopping and correspondence, for their own families.

How many people make Christmas the one time of the year when they keep in touch with friends and relatives through letters or notes enclosed with their greeting cards! I realize this full well when talking with patients who find that their correspondence will keep them well occupied for a time without any other activities being scheduled. I realize it, too, when called upon to write messages for those who for one reason or another are not able to write themselves. We are pleased to do this, for we recognize the importance of keeping in touch in any way possible. It is when you are talking with some one who is concerned over not hearing from a loved one that you realize how

important this is to the average person. I say "average person" because we still meet some independent souls who have had no contact with family members for years and are seemingly quite unconcerned.

For myself, I miss the personal message when I receive the annual card from a good friend and find only the signature. In fact some have only the printed name, giving it quite an impersonal touch. I hope that this does not become the common practice for I still like the idea of exchanging greetings. As with many other things we often tend to overdo it, of course, such as passing by our neighbours' and mailing cards to them rather than exchanging greetings face to face.

* * * * *

All of us in the Rehab Department wish to extend to all of our readers our very best wishes for the Christmas season. Our special good wishes go to the patients who will be spending Christmas at the Sanatorium and at Point Edward Hospital. From past experiences we know that everything possible will be done to make this as pleasant and memorable a Christmas as possible. To all of you, a very Merry Christmas!

PEACE ON EARTH

"What means this glory round our feet,"
The Magi mused, "more bright than
morn,"
And voices chanted clear and sweet,
"Today the Prince of Peace is born!"
"What means this star," the shepherds
said,
"That brightens thro' the rocky glen?"
And angels answering, overhead,
Sang, "Peace on earth, good-will to
men!"
All round about our feet shall shine
A light like that the wise men saw,
If we our loving wills incline
To that sweet Life which is the Law,
So shall we learn to understand
The simple faith of shepherds, then,
And kindly clasping hand in hand,
Sing, "Peace on earth, good-will to
men!"

J. R. Lowell

* * * * *

Every true friend is a glimpse of God.

—Lucy Larcom

TOUCH HANDS!

"Ah, friends, dear friends, as years go by,
and heads get grey, how fast the guests
do go!
"Touch hands, touch hands with those
who stay!
"Strong hands to weak, old hands to
young, around the Christmas board,
touch hands.
"The false forget, the foe forgive, for
every guest will go and every fire burn
low and cabin empty stand.
"Forget, forgive, for who may say that
Christmas Day may ever come to host
or guest again.
"Touch hands!"

And the Angels sing
To the new-born King
Gloria, Gloria, Gloria,
Glory to God in the Highest!
Peace among men of good will.

—J. A. McDonagh

Chaplain's Corner

Captain Mrs. Harold Kennedy — The Salvation Army

What a wonderful season of the year we are in! It is truly the season of love in action, and though we will hear much criticism of the commercialism of Christmas, yet in countless hearts, it will not be the price tag that will be the decisive thought in gift selection, but the suitability of the gift for the one loved. Many, many years ago 'God so loved the world that He sent His only begotten Son that whosoever believeth on Him should not perish but have everlasting life' Without this Gift, there would be no Christmas, no spirit of giving, no joy of salvation for the whosoever. We would be, of all peoples, most miserable. But He came . . . And what a difference His coming has made upon the world! Mary and Joseph had been prepared for His coming by the angel. On that night of nights, the angels filled the heavens with their singing of joy at His arrival. The shepherds, hearing their message, left their all there on the hillside and went in search of this Gift. In the East, a star announced His arrival, and we learn that wise men selected gifts and travelled many miles to Jerusalem seeking this Infant Child. Some scholars think it took upward to two years to make this journey and find the Christ Child. All this time they deprived themselves of family, loved ones, comfort of home, all in order to seek the New Born King, to worship Him and to present to Him their gifts. These people were expecting Him. They had been anticipating His arrival for it had been revealed to mankind that a Deliverer would come. This revelation had been made first to Adam and Eve and repeated through the prophets down through Jewish teachings. Every Jewish child knew of the coming Messiah, but while they knew the facts, it appears they did not really expect His coming.

Look for a moment at the Inn Keeper. As on the day of Jesus' birth, so again this year, the city of Bethlehem will be crowded. Once more all the rooms of the inns will be filled. It may be that many will just happen to find room, while many others will have written ahead and made reservations for a room to be kept. Joseph didn't write ahead, and he didn't arrive early enough to get one of the rooms before they were all taken, so really it was not the Inn Keeper's fault that he and Mary had to sleep in the inn's stable. Even if he had known the Jewish law and

the prophesies concerning the coming Saviour, he would not have expected Him to be born in his inn, for many thought He would be born as a Prince, in finery, not in poverty. 2 Cor. 8:9 tells us this 'for ye know the grace of our Lord Jesus Christ, that, though he was rich, yet for our sakes he became poor that ye through his poverty might be rich.' Today, many are like this Inn Keeper. We are very busy with those events which make up our days — so busy that we are in danger of turning aside our Saviour too. Most of us have a knowledge of the Bible, but little time do we take to really study it and try to understand its message to us. We marvel at the miracles of Jesus, yet we do not expect Him to perform miracles in our lives today. We have allowed too much to crowd Christ from our lives.

Let us pause and look at another person who did not expect Jesus' birth. Herod certainly never entertained a thought that a King would be born that night so many years ago. When he learned of the event we read that he tried to trick the Wise men into revealing to him where Jesus was and when this deception failed, he resorted to murder, having all the infants under two killed. Here fear of losing his position, lead to absolute selfishness to protect what he had and was, and so this sinful act was committed under his order. Today, we too are in danger of allowing our own desires to take precedent over all else. We realize that there is work for every Christian to do, but we are not willing to give up our time, our energies, or perhaps our wealth, to do that, and by refusing to do service for Him we lose an opportunity to win others to the Lord and thus we let others slip away to an eternal death. These two men, both lost opportunity to serve God. One through ignorance; the other, through selfishness; Yet do they not both come under the heading of sin? Is it not sinful when learning is at hand and God has provided the necessary equipment of a brain to study with, eyes to see, with, etc, and we do not use it? We used to sing a chorus in Sunday School which said Jesus first, ourself last, and others in between. Whom do we put first today?

Old Simeon who was a just and devout man spent his life serving God in the expectation that he would see the Lord's

(Continued on page 11)

CHAPLAIN'S CORNER —

(Continued from page 10)

Christ. How willingly he allowed the Holy Spirit to lead him and one day his joy was complete when the infant Child was brought to the temple. Both he and Anna praised God when they saw Jesus. They were expecting Him. While they were waiting for Him, they did all they could to make ready for Him. Today, 'every heart must be a Bethlehem.' Many years ago, when Christ came, the townspeople were not prepared for Him and gave Him no welcome. Israel as a nation refused to accept Him and ignored Him until His fame forced His name upon them. Then rather than accept Him, they had Him crucified. But today, He will come to each heart again and He will enter the life that is prepared for Him. It is most important for us to realize that while at this time of the year we celebrate His coming to earth in human form, yet He is with us today.



Chapel Notes

It has been our good fortune lately to have special singers at nearly all of the Sunday morning Protestant Chapel Services. On November 3rd, Miss Virginia Wheaton sang "Near to the Heart of God," and Misses Gloria Webster and Faye Veinot sang "Have Thine Own Way, Lord."

Miss Wheaton, who was in only for a check-up, has returned to her home in Amherst. The other girls will be returning to sing from time to time as their nursing duties permit.

* * * * *

Miss Faye Veinot, student Certified Nursing Assistant, was our guest soloist on Sunday morning, November 10th. The selection sung was "Lord, I'm Coming Home."

* * * * *

During the service on November 10th, a two-minute silence was observed in memory of those who paid the supreme sacrifice in two World Wars.

Bring in the trailing forest moss,
Bring cedar, fir, and pine.

—Lucy Larcom



Christians Awake!

Christians, awake, salute the happy morn,
Whereon the Saviour of the world was
born;

Rise to adore the mystery of love,
Which hosts of angels chanted from above;
With them the joyful tidings first begun
Of God Incarnate and the Virgin's Son.

Then to the watchful shepherds it was
told,

Who heard the angelic herald's voice, "Be-
hold,

I bring good tidings of a Saviour's birth
To you and all the nations upon earth;

This day hath God fulfilled His promised
word,

This day is born a Saviour, Christ the
Lord."

He spake; and straightway the celestial
choir

In hymns of joy, unknown before, con-
spire;

The praises of redeeming love they sang,
And heaven's whole orb with alleluias
rang;

God's highest glory was their anthem still,
Peace upon earth, and unto men good will.

PRAYER

Lord Jesus we thank Thee for the spirit
shed abroad in human hearts on Christ-
mas. Even as we invite Thee on Christ-
mas to be born again in our hearts, so
wilt Thou now go with us throughout the
days ahead, to be our Companion in all
that we do. Wilt Thou help each one of
us to keep Christmas alive in our hearts
and in our homes, that it may continue to
glow, to shed its warmth, to speak its
message during all the bleak days of win-
ter. Then if—by Thy help—we should live
through a whole week in that spirit, it
may be we can go into another week, and
thus be encouraged and gladdened by the
discovery that Christmas can last the year
round. So give us joyful, cheerful hearts
to the glory of Jesus Christ, our Lord.
Amen.

(Marshall)

Old Timers

When a young six-footer arrived at the Sanatorium for a check-up one day recently, Anne Marie fairly gasped with amazement when she discovered that it was Arnold Cottreau of Sand Beach, Yarmouth County. Anne Marie remembered Arnold as a small laddie in the Children's Annex, but seven-year-olds have a way of growing up, and ten years can make a quite difference. Arnold is now a grade X student in the Yarmouth Regional High School.

Doug Rossong and family of Halifax also visited the San awhile back. Doug, who cured here in 1947, is now a taxi-driver in Halifax.

We learn from Max MacLeod of Liverpool, patient here in 1935-36, that Murray MacPherson, who was Sanatorium Postmaster in those days, is one of the house-to-house registrars for Nova Scotia Medical Services Insurance in that area.

Don Getson of Bridgewater stopped at the switchboard to chat with Beulah Trask when he was visiting at the Sanatorium recently. Don, who was here in 1956, enjoys the best of health.

Through Peggy MacEachern we learn that Mrs. LeRoy Conley, who as Wanda Weir, cured here in the 'Forties, lives in Halifax and is very well, indeed. Mrs. Conley is the proud mother of two daughters.

And in the Halifax **Chronicle-Herald** we read of the good fortune that came to the wife of old-timer Leander Saulnier. This lady won a \$1,500 crossword puzzle prize. Formerly of Cape St. Mary, Digby County, the Saulniers are presently residing in Dartmouth while Mr. Saulnier is taking a course in furniture upholstery at Woodside.

Mrs. Sophie Spencer, C.N.A., reports seeing Lou Dakin and Lea Hanson at the ferry terminal in Digby, when she was enroute to Saint John. It is some fifteen years since they left the San, and both have kept well.

Hugh Cook of Bible Hill and his wife recently paid a visit to the Sanatorium. Hugh, who cured here in 1962, is well and sells farm machinery. He also keeps up with his auctioneering, which he says, is a seasonal thing.

Although the most heart-warming festival of the whole year is still a good five weeks away, some of its wondrous mystery — beyond the power of pen or tongue to describe—is gently enfolding those who love and look forward to it. May all

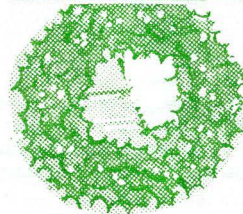
who read this column — old timers and others — know the peace and joy of a holy Christmastide.

Health Rays Golden Jubilee Fund

This Fund has been established to commemorate Health Rays 50th birthday in 1969 and to endow it so that it may continue to serve its readers during the years ahead. Preliminary donations have been coming in from patients, ex-patients, staff members, previous staff members and other friends.

Our ambition is to establish an Endowment Fund of \$5,000 to \$20,000 so that the annual interest will offset our spiralling publication costs. Your help is greatly appreciated. The standing of the Fund as of November 20 was as follows:

Previously acknowledged	\$154.55
Subsequent contributions:	
"Century" patrons (\$100 or more	nil
Other patrons:	76.93
Harriett L. Robertson, R.N., Ottawa	
John Thompson, Enfield, N. S.	
Gertrude Lake, Walton, N. S.	
Mrs. Hugh Cook, Truro, N. S.	
Chas. Andrew LeBlanc, Middle East Pubnico, N. S.	
Fred C. Morrison, New Glasgow	
Total to date	\$231.48



The Christmas Wreath

There are many legends about the origin of the Christmas wreath. One tells of a young girl in Bethelhem who wept because she had nothing to bring the Christ Child but a crown of holly leaves. The Babe touched the crown. The leaves gleamed and scarlet berries appeared where her tears had fallen.

So Ca San Piper

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Just Jesting



Rachel: "Did Dr. Rostocka correct any of your impressions?"

Rosalie: "Well, she said I'd better correct the impression that I was taking the cure."

Constable: "I've 'ad my eye on you for some time, Miss."

Patricia: "Oh, constable! Just fancy! And I thought you were pulling me up for speeding!"

She: "Is mistletoe a vine or a tree?"

He: "Neither. It's an excuse."

Ardena: "When it comes to curing, doesn't it mostly take grit?"

Lillian: "No, mostly a mattress and pillow."

Raymond: "I've got a new idea. Fortune in it."

Bruce: "What now?"

Raymond: "It's an alarm clock that emits the delicious odors of frying bacon and fragrant coffee."

Alfred: Stan takes off his hat to nobody."

Curtis: "How does he get his hair cut?"

Catherine: "What's the idea of waking me out of a sound sleep?"

Joan: "The sound was too loud."

Cecil: "What kind of leather makes the best shoes?"

James: "Don't know, but banana peelings make the best slippers."

Joan: "I wonder who thought of Friday as being an unlucky day?"

Catherine: "Probably some poor fish."

Kenneth: "Who established the law of Diminishing Returns?"

Wally: "The Sanatorium laundry!"

The orange has its place you know
To fill each Christmas stocking toe.

—Roseanne Russell

Four-year-old Bobby was stroking his cat before the fire in perfect content. The cat, also happy, began to purr loudly. Bobby gazed at her for a while, then suddenly seized her by the tail and dragged her roughly away from the hearth. His mother said, "You must not hurt your kitty, Bobby."

"I'm not," said Bobby, "but I've got to get her away from the fire. She's beginning to boil."

Small Brother: "Say, Sis, can I hang up one of your stockings Christmas Eve?"

Big Sister: "What on earth do you want to hang up one of mine for?"

Small Brother: "So's I can see what I got without getting out of bed."

Wade says a duck is a chicken with snowshoes on.

Raymond: "I asked her if I could see her home."

Bernard: "What did she say?"

Raymond: "Said she's send me a picture of it."

Rosalie: "What do you think of our idea for Christmas decorations — holly leaves over laurel?"

Bruce: "Well, I should prefer mistletoe over you."

Florence: "Why don't you have your watch cleaned if it won't go?"

Nina: "I did wash it with soap and water myself."

Alfred: "Here's an advertisement of a new kind of shirt that hasn't any buttons."

Arthur: "Huh! That's nothing new. I've been wearing that kind for years."

We've all heard of the athletes getting "Athletes Foot" . . . Do you suppose some of our astronauts might get a case of "Missile-toe"?

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Ins And Outs



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Children's Hallowe'en Parties

On Thursday, October 31, the Annex was alive with strange little people roaming the rooms and corridors. It was Hallowe'en, of course, and the nurses in the Annex, under the supervision of Mrs. Shirley Clerk, R.N. had prepared a party for the children, complete with costumes.

The playroom was well decorated by the children with pumpkins, witches, black cats, and other symbols of Hallowe'en.

Games were played, apples were bobbed, and treats were given out. Everyone, including the nurses, had a wonderful time.

The party ended with a special supper served by the Annex dietary staff.

* * * * *

Again, on Saturday, November 2, a Hallowe'en party was given the children. This time the hosts were the Red Cross Branch of Central Kings' High School, who, under the direction of Mrs. S. T. Kydd, each year give their time to bring pleasure to the children in the Sanatorium at Hallowe'en.

The usual treats were given out, and games were played. The party ended with a delicious supper served by the dietary staff.

Traveller: "I'm sorry, conductor. My dog has eaten my ticket."

Conductor: "Well, then, may I suggest you buy him a second helping?"

* * * * *

Ignorance is a self-inflicted misfortune.

Hallowe'en Party

On October 30th a Hallowe'en party sponsored by the Independent Order of Oddfellows, Kentville, was held in the Patients' Dining Room. I.O.O.F. members present were Dick Roop, Roy Rottler, Bruce Scott, Reg Mason, and Henry Kelly.

Amidst the appropriate surroundings of witches, black cats, bats, and jack-o-lanterns the patients spent a pleasant evening. The turnout was relatively small and we understand that many did not hear of the party until too late. Sorry, we will try and spread the news in more ways next time.

Various games were played with prizes awarded as follows: Auction 45's, Ladies high: Florence Belbin; Low: Helen MacDonald; Gents high: Angus Rankin; Low: Bernard Amero. Checkers, Kenneth Downey. Special prizes were awarded for such conditions beyond one's control as greatest distance from home, closest to date of birth, etc.

Tasty refreshments were brought by the members of the I.O.O.F. and were served by the Dietary Department. Our thanks to the sponsoring group, to the members of the Dietary Department, and a special thanks to Miss Florence Belbin for assisting with the interpretation of the rules of play.

A newspaperman from the east spied a wrinkled, bent old man rocking on his porch and, knowing that mountaineers are noted for longevity, he sensed a good story and asked, "Sir, I'd like to know your secret for a long life."

"Well," replied the little old man, "I drink a gallon of whiskey and smoke a pound of tobacco every day and go dancin' every night."

"That's remarkable, would you mind saying how old you are?"

"Not at all, son. I'll be 28 next month."

* * * * *

TB may remain inactive for a long time only to go on the warpath during old age. That is why the aging should be tuberculin tested.

—The Stethoscope

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PETERS' LUNCH

The Modern Hospital

We are inclined to accept the hospital as a convenience and a blessing that has always been with us. That is not the case. The ancients had no hospitals. The so-called sanatoriums of the Greeks were established for a favored few where a healthful mode of life was cultivated, but by no stretch of the imagination could they be called hospitals. The Romans are credited with having operated hospitals, but these were essentially repair stations for soldiers wounded in battle, for the utilitarian purpose of getting them back into the ranks as soon as possible.

In ancient times it was customary for the sick to gather at the market place or on a busy highway. There they exposed their sores or cried out the nature of their infirmities in the hope that some passerby who had suffered similarly, might offer advice. That was a crude way of capitalizing on experience. In Luke's gospel we find a revealing picture of the public attitude toward the sick. In Jerusalem, near the Sheep Gate, was a pool reputed to have magic healing powers. At long intervals an angel came and whoever was first to enter the pool after the angel had disturbed the waters was instantly cured of his infirmities. Jesus came that way one day and listened to the pleading of a sufferer. Why did he not enter the pool, he was asked. Because complained the man, others always plunged in before him and "I have no one to help me." His long futile wait lasted for years. Interpret the miraculous element as you will, the fact remains that the law of the jungle applied to the sick — the fittest, those handicapped the least had the best chance of entering the pool and the neediest were left behind.

The religious orders of the Middle Ages must be given credit for first establishing hospitals. At first these were little more than hotels providing food and shelter for the sick, and such rudimentary care as was obviously needed. The custodians of these hospitals had but one motive — to serve their fellowmen without regard to social distinctions. The movement was forwarded by the crusades. Many pilgrims faltered on the way to the Holy Land; many others were wounded in battle, and in a spirit of fraternity and compassion, organized care was developed for them.

While hospitals have always generously welcomed the sick, they have, until recent times, been regarded by the public as set

apart, somewhat aloof from the throbbing life of the community. The institution, as it were, stood chastely upon a hill calling "come, sick-weary, and enter — if you can get here," but it did not reach out (there were exceptions) and bring in the sick. Symbolic of this attitude was the absence of any means of conveying the sick to the hospital. Not until 1867 was the ambulance introduced. Dr. John Dalton of New York City was that year made responsible for the sick poor of that city. He was troubled because there was no means of transporting the sick to the hospital. As an army surgeon in the Civil War, he was familiar with the army ambulance. So with the aid of a carriage maker, he designed the first civilian ambulance. Its instant success was followed by the construction of more, and so sound was the design of this vehicle that it remained practically unchanged until ambulances were motorized. Strange that this service arm of the hospital was developed so late; but it did mark the birth of a new obligation toward the sick.

In our day we have seen the wider extension of the hospital into community life, first through the establishment of outpatient departments, that offer various types of follow-up services to people not in the hospitals. The hospital has broken out of its walls and now spreads its benefits throughout the community, affecting the lives of the sick and the well.

Tuberculosis hospitals were among the first to extend service beyond the giving of immediate or emergency care. Trudeau's "Little Red" and the "shacks" and "pavilions" that followed, were little more than shelters. With the introduction of X-ray, pneumothorax and surgery, shacks became sanatoria and the hospitals. Occupational therapy, education and recreation became part of medical care. And now, when a patient leaves the hospital he is an "alumnus" whose alma mater continues to have a concern for his welfare wherever he goes, and for his family and the entire community.

— The Link.

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Point Edward Hospital

D. S. ROBB, M.D.,	Medical Superintendent
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MISS JOYCE LEWIS	Dietitian
MISS HELEN J. MacKENZIE, R. N.	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector—Archdeacon L. W. Mosher
Sanatorium Chaplain—Rev. W. A. Trueman

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

BAPTIST

Minister—Rev. A. E. Griffin
Lay Visitor—Mrs. H. J. Mosher

ROMAN CATHOLIC

Parish Priest—Rev. G. E. Saulnier

SALVATION ARMY

Capt. H. L. Kennedy

CHRISTIAN REFORMED

Minister—Rev. J. G. Groen

UNITED CHURCH

Minister—Rev. K. G. Sullivan
Sanatorium Chaplain—Dr. (Rev.) Douglas Archibald

PENTECOSTAL

Minister—Rev. Robert Cross

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 Hutcheson

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 . . .

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