

STAPLES

D'ALHOUSIE

NOVA SCOTIA SANATORIUM
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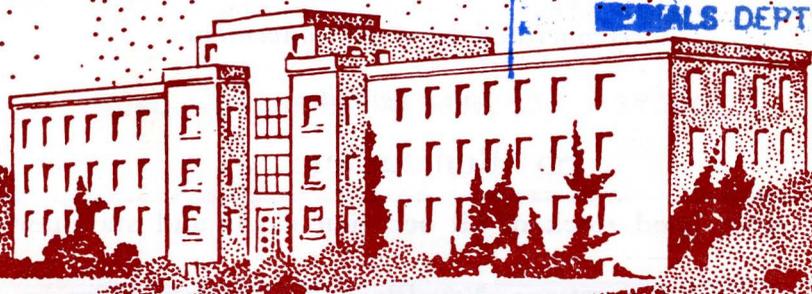


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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

DAILY: 10:15 — 11:45 A.M.
 DAILY: 3:15 — 4:45 P.M.
 DAILY: 7:30 — 8:30 P.M.

POINT EDWARD HOSPITAL

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
 Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.

Absolutely NO VISITORS permitted during

QUIET REST PERIOD 1:00 P.M. - 3:00 P.M.

Patients are asked to notify friends and relatives to this effect.

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector—Archdeacon L. W. Mosher
 Sanatorium Chaplain—Rev. J. A. Munroe

BAPTIST

Minister—Rev. A. E. Griffin
 Lay Visitor—Mrs. Alice Porter

CHRISTIAN REFORMED

Minister—Rev. J. G. Groen

PROTESTANT CHAPLAIN

Rev. Dale McTavish

ROMAN CATHOLIC

Parish Priest—Rev. J. F. DeLouchry
 Asst. Priest—Rev. G. E. Saulnier

SALVATION ARMY

Capt. H. L. Kennedy

UNITED CHURCH

Minister—Rev. K. G. Sullivan
 Sanatorium Chaplain—Dr. D. Archibald

PENTECOSTAL

Minister—Rev. Glen Kauffeldt

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—Rev. R. Donnelly

UNITED CHURCH

Rev. Robert Hutcheson

PRESYTERIAN

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.

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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AUGUST-SEPTEMBER, 1967

No. 8

SEPTEMBER

The goldenrod is yellow;
The corn is turning brown;
The trees in apple orchards
With fruit are bending down.

The gentian's bluest fringes
Are curling in the sun;
In dusty pods the milkweed
Its hidden silk has spun.

The sedges flaunt their harvest
In every meadow nook;
And asters by the brookside
Make asters in the brook.

From dewy lanes at morning
The grapes' sweet odors rise;
At noon the roads all flutter
With yellow butterflies.

By all these lovely tokens
September days are here,
With summer's best of weather
And autumn's best of cheer.

—Helen Hunt Jackson

Guidepost To A Happy Life You May Not Be The Master Of Your Fate — But You Can Set The Sail

By GARRY COLQUETTE

During my daily rounds in the hospital I hear many such statements as: "Now that I am here my future is ruined"; "My life is lost"; "I have nothing to do but lie here and look at the four walls."

If you feel that life is passing you by, I hope these few directional guides will be of some help to you. I know that if we are to live each new day more fully and better than the day before, we must try better to understand ourselves, for the source of real happiness lies within each of us.

There are many ways through which we can get more out of life. I have chosen eleven basic ones, and I feel that it would be good for all of us to review them ever so often.

1. Do you know how to make the most of what you have?

"Well, what have I got?" challenged one young girl. "Nothing but misery!"

The happy person always knows how to make the best of what he has, rather than to sit around and moan and groan about what he could do if he were only a little taller—or prettier—or had the right breaks.

The hardest fight we have to make is to fight discouragement—that dread disease which can dry up even the heartiest ambitions.

Have you ever squelched ambition because others discouraged you? If you have, remember this: According to all rules of aerodynamics the bumblebee cannot fly. The size, shape and weight of the bumblebee's body in relation to his total wingspread is such that he cannot fly. But the bumblebee, being ignorant of these scientific truths, goes right ahead and flies—and it manages to make a little honey every day!

It seems that there are some people who are always so sure we are going to fail—and we hate to disappoint them.

2. Do you know how to keep young?

Being young is not simply a matter of a number of years. The moment the past appears more attractive to you than the present or the future, you are growing old. Those who find yesterday more attractive than today have nothing to make the present stimulating, interesting and vital enough to keep them from growing old.

Stop looking back longingly and regretfully, no matter what your present situation. Life for too many people is made miserable because their days and nights are spent in self-pity over unfilled desires or of unrealized ambitions. If you could

live your life over again, you would not make the same mistakes twice—you would make a whole set of new ones. No matter the number of birthdays nor how fast they come, always remember that the longer the time you stay young the shorter the time you will be old.

3. Do you continually set up desirable goals and strive toward them?

Did you ever want a puppy when you were a child? Did you ever think, "Oh, if only I had a puppy my happiness would be complete!" I did. But when I got my puppy I was surprised to find that my happiness was far from complete—now I wanted a bicycle. If I could only have a bicycle I should really be happy . . .

This could go on—and on—and on—until one day we realize that happiness is not a station you arrive at, but the manner of traveling. It isn't the attainment of a goal that is important, but the striving to attain. Success is the feeling you have as you travel—not the feeling you get when you arrive. After you reach one goal you must set a new and even more interesting one toward which to travel.

To know yourself is to know what kind of work or occupation makes you happy. Live life for all it is worth by setting new goals that are attractive and stimulating for yourself—and start today to attain them.

4. Have you learned to live with yourself?

Are you seeking constantly to understand yourself? You can never live well with others until first you can live in harmony with yourself.

The greatest art in life is the art of getting along with others easily, happily and congenially. It is an art more important than all the knowledge and skills you can ever develop either in or out of school.

5. What to do if life hands you a "lemon"?

There is only one thing to do if life hands you a "lemon"—make lemonade! The next time you begin to think how unlucky you are, remember this story; it's an illustration of the "lemon—lemonade" theme, and was a favourite of the late Franklin D. Roosevelt:

A thief broke into a man's home and stole his purse. That night the man wrote in his diary: "Let me be thankful first because I was never robbed before; second, because although he took my purse, he didn't take my life; third, because although he took all I possessed, it was not much; and, fourth because it was I who was robbed and not I who robbed."

6. Beware of perfectionism.

"Everyone must love me. Everyone must think my clothes are perfect. Everyone must think I have the best personality." Nonsense! The "doers" of this world learn early to let criticism run off their backs. Have faith in yourself. Remember that the only ones who are not talked against are those who do nothing. If you have faith in the right of what you are doing, don't let the hecklers worry you.

Perfectionism can be a dangerous trait. It is well to "hitch your wagon to a star", but be reasonable with yourself.

7. Can you laugh at life?

There are some things in life that are so sad that if we did not laugh we should surely cry. Laughter is the sunshine of the soul. There is no medicine that can match laughter for therapeutic value. To live fully you need a healthy sense of humor.

8. The optimistic vitamins of laughter.

It is easy to be happy when life brings us what we want—but the measure of a man is how he responds to life when it deals him a nasty blow.

When you take an auto trip you expect to find some bumps in the road, and you would not drive a car that fell apart every time you hit a bump. So it is with life. Have you developed the kind of personality that can hit a life-bump, bounce back, shaken a bit perhaps but still ready to face the next one? If you have learned to be happy in spite of what life does to you, then you have indeed become a wise and useful adult. And if not happy, at least flexible.

If you have not already done so, start now to do yourself a big favor. Work on your sense of humor. It may really be quite hard to see anything funny right now, but if you try you will be amazed at how much easier it is to face your worries and fight off the "blues".

9. Have you reached a "tired spot" in life?

Have you ever been on a hike, when after a long while you felt you just couldn't go on? We all reach similar "tired spots" in life.

The characteristic which distinguishes one person from another is the way he behaves when he comes to his particular "tired spot." One person rests awhile, then goes on, refreshed; another refuses to try further, declaring that "Enough is enough". Yet another may insist on being carried. All of us reach points in life when it seems almost too much to undertake another step forward; we're just too weary, and we wish only to be relieved of the burdensome pack.

Remember when you were a child and were taking a long walk with your father, you became so tired you began to cry? Did your father ever stop, cut a branch from a tree and make a stick horse for you to ride? And did that horse carry you in a gallop for the rest of the way? The next time you come to a "tired spot", look around—and I bet you'll find a stick horse to help you along.

10. Do you take time to make friends?

To have a friend you must be a friend. That is a very old and familiar saying—but it's a true one. Friendship is like a plant; it must be nourished and cared for or it will wither and die. If you would have another person like you (or love you), you must be eager to understand the way he looks at life, to appreciate his point of view. Is it easy for you to put yourself in another's shoes? Do you ask yourself, "How would I react if I had his problem?" These are good questions to ask whenever you find yourself being critical or impatient with another. The ability to enter into the tastes, interests and points of view of another person is a sign of good adjustment.

11. Do you have an "educated heart"?

Yours is an "educated heart" if you know how to bring a little happiness into the life of someone else . . . and you do it! It means you know something wonderful to say about someone . . . and you say it! It means you may know something cruel and vicious . . . and you don't say it! It means you see, or that you are trying to see, from the other person's viewpoint.

Your life in the hospital can be largely what you make it. The attitudes you have will do much to make your stay here either pleasant or unpleasant. Your happiness and well-being depend so much on your personal outlook on life. And when your "outlook isn't good, try the uplook"!

—Sanatorium Outlook.
via Soca San Piper

THE WINDS OF FATE

One ship drives east and another drives west

With the selfsame winds that blow.

'Tis the set of the sails

And not the gales

Which tells us the way to go.

Like the winds of the sea are the ways of fate,

As we voyage along through life;

'Tis the set of a soul

That decides its goal,

And not the calm or the strife.

—Ella Wheeler Wilcox

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



As staff members at the Nova Scotia Sanatorium we try to plan our work so that we help our fellow workers or at least we do not make their jobs any more complicated or difficult. Our whole civilization in the Western World must be based upon consideration for others if we are going to be able to live

together and thrive in a happy and friendly environment. On this basis, too, patients are expected not to make life more difficult or unpleasant for other patients. This is why hospitals have reminder signs "Quiet Please, Hospital Zone". This is why we ask patients to modulate their voices, use earphones with their radios, and not "holler" out of windows. How is **your** headache today?

* * * * *

Congratulations are in order for our adolescent patients who wrote the Provincial examinations for Grades XI and XII. Although all of them did not pass every subject, some did and to them our very special congratulations are extended. It is not always easy to study in hospital even with the help of our three full time teachers, one extra teacher, and others who provided part time instruction. Our congratulations go, too, to the teaching staff who made "passes" possible.

It is a very competitive world into which young people enter these days. Our experience is that, generally speaking, persons who have had tuberculosis do better at their work than those who have not. There may be two reasons for this. One is that they have had more time, while on the cure, to prepare themselves for life ahead of them. The other is that they know that they must be just a little bit better at their job than a competitor needs to be because their prospective employer must have some very valid reason for choosing them ahead of someone who has had a good health record in the past. At the Sanatorium, our staff members who were patients at one time have a better health record than those who were not. Also, they have a special interest in other patients who face the same problems they once faced.

The Department of National Health and Welfare, Ottawa, and the Canadian Hospital Association have just sent us a number of notices which read:

"A Message to Cigarette Smokers

"Because of its effect on health and for other reasons many people are deciding not to smoke. For you, a stay in hospital is a change from the everyday activities of life with which your cigarette smoking may be intimately associated. It may also be a time when you are unable to smoke for several days because of an operation or illness.

"We therefore believe this may be an excellent opportunity for you to quit smoking and urge you to give the matter serious consideration."

This would seem to be a very worthwhile suggestion, indeed, and comes at a very opportune time—just when many of you are in hospital.

* * * * *

By the time you read this issue of the Cracker Barrel, Mrs. Hiltz and I shall be on holiday. "Having a wonderful time. Wish you were here!"

* * * * *

Dr. W. Duane Jones

The authorities in this field all over the country agree that with extremely few exceptions, all cases of tuberculosis should first be hospitalized for the following purposes:

1. To make certain that an accurate diagnosis is established.
2. To provide isolation from the public while the patient is infectious.
3. To initiate proper and adequate treatment.
4. To educate the patient and the family regarding his disease and the actions he must take to remain well.

—SANATORIUM OUTLOOK

How little it costs, if we give it a thought,
To make happy some heart each day!

Just one kind word or a tender smile,
As we go on our daily way;

Perchance a look will suffice to clear
The cloud from a neighbor's face,

And the press of a hand in sympathy
A sorrowful tear efface.

—Anonymous

The Emotions And Tuberculosis

Roy K. Smith, M.D.

The treatment of tuberculosis, if it is to be successful, must include the mind as well as the body of the patient. All of us, even when in good health, are very much ruled by our emotions. The good old horse and buggy days, the days of the "simple life" had their own types of strains and stresses, but there was always plenty of time for sleep at night, plenty of opportunity for recuperation from any particularly wearing experience.

Today, we live at such an augmented tempo of work, travel and recreation that we scarcely have opportunity to recover from one demand for output of nervous energy before another is upon us. Life has become highly emotional, even without the particular anxieties and privations of wartime. The tubercle bacillus finds a happy hunting ground in a body that is just a little below par by reason of over-work, over-play or under-nourishment. And often it is the person who has been going the hardest pace who finds difficulty in realizing and admitting that there is anything wrong when the break comes.

The diagnosis of tuberculosis precipitates a crisis in the life of any individual. Problems at once arise—social, family and economic. States of worry, fear, depression, discouragement and/or frustration easily appear. Patients often rebel at the diagnosis of tuberculosis and delay their recovery by trying to resist their doctor and nurse as well as the disease.

Tuberculosis is definitely a physical disease. But there are always so many emotional factors involved that progress of the patient toward recovery is hastened or hampered by the adjustment he is able to make to his new problems and situations.

Tuberculosis patients come from all walks and conditions of life and represent all classes of society with different levels of mental and social adjustment. The individual's personality has usually been developed before the tubercle bacilli take up their abode in his body to produce disease. Heredity and environment, education and training, have played their parts, as well as have good exercise and living conditions, to prepare the soil and determine the response of the body to the infection. As the disease develops there may be shifting of personality traits so that hitherto dominant traits may be-

come recessive and vice versa, thus accounting for changes in personality. The degree of such changes, for better or for worse, depends upon the ability of the individual to make the necessary adjustments to his environment. More often perhaps than is realized physical breaks or relapses are preceded by mental strains or emotional upsets. Cheerfulness of soul is a potent factor in physical well-being.

When one enters a sanatorium for treatment, the new situation necessitates a succession of adaptations perhaps never even dreamed of before. Separation from home and family, adjustment to the routine of an institution, exchange of the habits of individualized family living where possibly the whole family life revolved around the patient, for the impersonal and at times seemingly unsympathetic life of a group—all these experiences bring out personality traits, sometimes with startling rapidity and impressive force. Well adjusted individuals tend to take their disease in their stride and in so doing go a long way toward aiding nature and their physician and nurses to bring about a cure.

The patient with a background of a stable religious faith or mental poise has a better chance of weathering the storm that develops from time to time in the process of "getting the cure" than one who lacks it. Everyone can always develop along those lines, and the success with which one adjusts to the new way of living will very often measure the progress toward recovery. If there are hidden anxieties or worries, known only to the individual, treasured and nourished under cover, they will be sure to hold him back. They should by all means be brought out into the open. Find someone with whom you can share your problems—a fellow patient, a nurse, the social worker, your pastor, or even make a listening post of your doctor and shed a few tears, if necessary.

Those who have gone through the fight with tuberculosis and come out on top have made many adjustments. They have learned the ways of rational living that may yet have to be learned the hard way by others who have not fought the battle.

—Sanatorium Outlook
via Ka Ola (Hawaii)
—via Stethoscope

“But How Could This Happen To Me?”

Byron F. Francis, M.D.

These are the remarks commonly made by a person when he first learns from his physician that he has tuberculosis. The tones of distress, disbelief and regret carried by these words are difficult to describe.

To the first question, the answer is simple. He has been infected with the tuberculosis germ; without it he could not develop the disease.

How did he get the germ? It was transmitted to him by someone with active pulmonary tuberculosis, someone expelling germs in his sputum and on his breath. In most instances this has occurred in the contacts of his daily activities, in the family, at work, or in school. Evidence suggests, however, that under certain conditions germs may be carried longer distances. Germs, mixed with dust, can be blown into the air from the floor of a bus or a building, from the sidewalk or grounds where someone thoughtlessly spit bacilli-laden sputum. That tuberculosis in this country is airborne is demonstrated by the fact that it appears first in the lungs.

In many countries, as was the case in the United States before 1900, primary infection commonly occurs in the intestinal tract because of swallowing infected food, chiefly milk from tuberculosis cows. Thanks to a program of tuberculosis control in cattle, our country's herds have been virtually free of the disease for many years. To maintain this standard, however, requires constant vigilance and the strict application of control measures by health authorities and farmers.

Tuberculosis may also be transmitted through the broken skin. Fortunately, this occurs only rarely, and then, usually among workers in medical laboratories. In thirty years, I can recall only three cases of such infection; one a butcher, and the others two young doctors who neglected to use gloves when handling tuberculous specimens.

Every new case of tuberculosis comes from another case of tuberculosis. Since the evidence in support of this statement is overwhelming, is it not logical that each patient take the responsibility of not infecting others with his germs? The very fact that someone failed to do so, either through ignorance or carelessness, is the reason for each patient being here. Perhaps someone did not have a routine

x-ray or did not follow through on re-checks. He did not know or appreciate the potential seriousness of the disease to himself and his associates.

The hospital patient has ample time for contemplation of the disease, its history and habits. Who feels more keenly the urgency of fighting the campaign against germs? Not only is he a victim, but he is educated from the day of his hospital admission to the conscientious exercise of every precaution against spreading disease.

To him, therefore, the flagrant violation of fundamental rules is disturbing, particularly when the offender has been taught the hazards. Everyone knows the rules of hygiene. Everyone knows that another's health is endangered by one failure to observe the rules about spitting and the disposal of tissues.

Although it is with reluctance that I mention anything so elementary in the safety program, the immediate reason for doing so is a complaint presented by a group of patients concerning infractions of these basic rules in and around the hospital. The penalties which they themselves proposed, indicated the intensity of their indignation.

We hope that it is a sufficient reminder to repeat that **every case of tuberculosis comes from another case of tuberculosis.**

—The Valley Echo

Patients' Picnic

On July 13th the teenaged patients enjoyed a picnic at the cottage of Mr. Tom Clahane, Aylesford Lake. This was sponsored by the local Catholic Youth Organization, under the guidance of Father Saulnier. The 13th was a perfect day for this activity (it had been scheduled for the "Glorious Twelfth" but was rained out on that day). The day was warm and the water looked inviting; the setting was ideal, and our hosts were very gracious and hospitable. All who wished to go boating were taken, four at a trip, and all returned safely!

As always, delicious refreshments were provided by Miss Quinlan's department, including two good-sized watermelons. Everyone appeared to eat with a good appetite, and the picnic was enjoyed by all.

San staff members in attendance were our medical interne, Dr. Ruth LeLacheur, and our social worker, Mr. Donald Brown, to be prepared for medical or social crises which, fortunately, did not occur!

It is hoped that other such outings can be arranged, to include patients in other age groups.

Handicaps Become Blessings ... For H. G. Wells

A broken leg in his youth and tuberculosis in his young manhood proved to be blessings in disguise for one of the great authors and historians of this age, Herbert George Wells, better known to most of us as H. G. Wells.

As a young boy he had a tremendous interest in books, but his parents offered him little encouragement in his quest for reading material. However, when he was seven years old, Herbert fell and broke his leg while playing, thus causing an enforced period of rest in bed that gave him a chance to really discover the entrancing world of books. This accident was a god-send to the boy. For hours at a time he read books—any and all books that he could lay hand on—and in doing so widened his knowledge and outlook on life.

Wells was born in Bromley, Kent, England, in 1866. His father was a professional cricket player and his mother a housekeeper. He was a serious boy, realizing early that study and hard work would help him escape poverty. He had to work as a shop clerk at times, but after grammar school he won a scholarship to the Royal College of Science. An undeniable preference for knowledge of the world drew him into the field of studying, teaching and writing.

When he reached the age of 21, he took, through necessity, a position as resident teacher in a small school in Wales. The monotony of the life there made him dissatisfied, but since he could not afford to continue his study in London the job appeared to be permanent. But again, fortune in disguise smiled on Herbert Wells. During a game of football, the frail young man sustained a crushed kidney, which forced him to stay in bed for some days. Nevertheless, the school principal insisted that Wells either return to his position or resign. He returned to work.

The cool, damp weather together with his naturally weak physical condition combined to force him to take another rest. He developed a persistent cough, and soon was bleeding from the lungs, which meant but one thing: Wells had contracted tuberculosis.

The most dismaying period of his life was at hand. He passed through those phases familiar to the experience of most tuberculosis patients: shock, panic, fear, futility. Fortunately, the people who employed Herbert's mother as housekeeper were sufficiently interested in the young man to make room for him in their

country home in England. Here he improved rapidly, and after a few months of strictly regulated living, he was able to leave for London in search of another job.

He found a position with a college friend making wall diagrams to illustrate his friend's biology lectures. In his leisure time he developed a liking for writing and had several articles published by popular periodicals. For the next few years he kept busy by working as a teacher and a writer. By this time, he had married and he had a wife to support; and while his health remained fairly good, he was still thin and suffered occasionally from colds, sometimes slight hemorrhages. Finally, overwork resulted in his having a relapse which forced him to bed for several months. During this period of convalescence, Wells devoted his entire time to writing; teaching, evidently, was too much for him.

From then on his health gradually improved, and with his excellent scientific background procured through extensive reading and study during convalescent periods, Wells was able to write articles and stories which proved to be very popular.

He wrote more than 100 books. From his science training he drew a long series of novels, including **The Time Machine**, **The Food of the Gods**, **War of the Worlds**, **First Men in the Moon**, and **Shape of Things to Come**. Nor did he forget his lower middle-class background. Out of this came **Kipps**, **Ann Veronica**, **History of Mr. Polly**, and others. His most famous non-fiction works are **Outline of History** and **Science of Life**. (All these named, except **The Shape of Things to Come**, were written between 1895 and 1929.)

Never deep or exhaustive, H. G. Wells' writings are usually lively and thought provoking. His science fiction is believable, and his studies of middle-class life are both real and gently humorous.

Because of the delicacy of his condition, Wells took care to give himself frequent, if brief, vacations. He lived in London most of his life. He was married twice, and had two sons by his second wife. His older son, George, a scientist, worked with him and Julian Huxley on **Science of Life**. He died in 1946—at the age of 80!

When one realizes that it was the periods of enforced rest because of accident and illness which gave him a start in writing, it is apparent that tuberculosis was truly a blessing in disguise to H. G. Wells.

—Sanatorium Outlook

A MESSAGE TO THE WIFE

Tuberculosis is a cruel disease,
Laziness is on the increase,
This is the best cure,
One ought to endure.

Oh! pain, Oh! pain,
You are a botheration,
This is the medicinal effect,
But it is time you sublimate.

The pain is not so bad,
It may make one sad,
It appeared like a knife
In one's daily life.

This has to be welcomed,
It is the early way to be cured,
One will rejoice ultimately,
To get back home happily.

The day is near,
Hold on, my dear,
The disease will mend,
A happy way to end.

One gets out of the Sanatorium,
And out of the moratorium,
One joins the wife,
To lead a normal life.

Prof. (Dr.) Ramachandran
Halifax

GOD'S MASTERPIECE

From graceful lilies pure and white,
God fashioned lovely skin;
Forget-me-nots He chose for eyes,
Then formed your baby chin.

He took a tulip bright and red,
'Twas one that did not fade;
A softer, sweeter little mouth
Before was never made.

Another flower next He used—
A rosebud, pink and fair;
Touched it to your dimpled cheeks
And bade it blossom there.

Then with His magic fingers picked
Two morning glories white;
Curled and shaped your little ears,
Soon they were fastened tight.

That crowning bit of golden down
Will soon become your hair;
He gathered pollen from the flowers
And sprinkled it with care.

For dainty little fingers dear,
And precious, tiny toes;
He used the slender daisy frills,
A snowdrop made your nose.

The world and all within it
He created here for man;
But baby was "God's Masterpiece"
Since time and life began.

—Blanche Fralick

**AN OPEN LETTER
TO TEEN-AGERS . . .**

To be read by parents

Note: This item is from the famous
Denver Juvenile Court. Judge Phillip B.
Gilliam has heard over 168,000 cases as a
Judge of Denver's Juvenile Court.

Always we hear the plaintive cry of the
teenager: "What can we do? Where can
we go?" The answer is:

Go home and hang the storm windows,
paint the woodwork. Rake the leaves.
Mow the lawn. Shovel the walk. Wash
the car. Learn to cook. Scrub some floors.
Repair the sink. Build a boat. Get a job.

Help the minister, priest or rabbi; the
Red Cross; the Salvation Army; visit the
sick. Assist the poor. Study your lessons.
And then when you are through . . . and
not too tired, read a book.

Your parents do not owe you enter-
tainment. Your village does not owe you
recreation facilities. The world does NOT
owe you a living. You owe the world
something. You owe it your time and
energy and your talents so that no one
will be at war or in poverty, or sick, or
lonely again.

In plain simple words—"GROW UP!"
quit beig a crybaby; get out of your
dream world; develop a backbone not a
wish-bone, and start acting like a man or
a lady.

I'm a parent. I'm tired of nursing, pro-
tecting, helping, appealing, begging, ex-
cusing, tolerating, denying myself needed
comforts for every whim and fancy, just
because your selfish ego instead of com-
mon sense dominates your personality,
and thinking and requests.

Sincerely,
A Loving Parent.
—ITAM

BE PATIENT, BE KIND

Should you feel inclined to censure
Faults you may in others venture,
Ask your own heart, ere you venture,
If that has not failings too.
Let not friendly vows be broken;
Rather strive a friend to gain;
Many a word in anger spoken
Finds its passage home again.

Do not then in idle pleasure
Trifle with a brother's fame;
Guard it as a valued treasure,
Sacred as your own good name.
Do not form opinions blindly;
Hastiness to trouble tend;
Those of whom we thought unkindly,
Oft become our warmest friends.

—Anonymous

Question Box

Dr. J. J. Quinlan



Q. Does the tubercle bacillus always attack the lungs first and then sometimes spread to other organs, or can the original infection arise in some organ other than the lungs?

A. Almost all cases of tuberculosis begin with infection of the lungs. It can

then spread to other parts of the body by means of the lymphatic vessels and the blood stream. In the rare case, however, there may be other portals of entry. The disease may begin in the intestine and this is particularly true with regard to the bovine bacillus which is contained in infected cow's milk. In some cases of tuberculous glands of the neck the original infection is thought to be in the throat with no involvement of the lungs or other parts of the body. A most unusual circumstance would be for the germ to enter the body through an abrasion on the skin.

Q. Can one get tuberculosis from food?

A. While such an occurrence is no doubt possible it must be extremely rare except in the case noted above where milk from infected cows is consumed. This circumstance is extremely rare in North America where, for many years, tuberculosis has been eradicated in cattle.

Q. Why is reaching, lifting, or pulling in using the arms harmful in pulmonary tuberculosis?

A. The assumption made in this question is incorrect, and, as a matter of fact, if the practice of keeping the arms immobile is adhered to, the pa-

tient is apt to have considerable difficulty with a subsequent painful shoulder and arm.

In the years preceding modern drug therapy one of the basic treatments of tuberculosis was rest. It is true that patients were advised against activities such as those listed above until the disease was well on the way to becoming inactive. Today, while rest is important, drugs constitute the main form of treatment, and it is felt that, except in the case of a rare patient who is seriously ill with his tuberculosis, the strict immobilization of former days is no longer necessary and may, in fact, be harmful.

Q. What are the chances of a breakdown of tuberculosis of the bone where there has been a fusion?

A. It is assumed that the question refers to a surgical fusion, but it must be remembered that such fusion or growing together of the bones of a joint may occur spontaneously.

The chances of breakdown after a successful fusion, whether surgical or otherwise, is not very great, but reactivation does sometimes occur. It must be remembered that the tuberculous bone is still present after a successful fusion and that prolonged drug treatment is just as necessary in those cases as it is in tuberculosis of the lungs.

Q. What causes tuberculosis of the larynx?

A. Tuberculosis of the larynx is due to direct involvement of its mucus membrane or lining by the tubercle bacilli. It is, therefore, secondary to advanced pulmonary tuberculosis where large numbers of tubercle bacilli are present in the secretion that is constantly being expelled from the lung through the larynx during the act of coughing.

The new Swedish cook, who had come in the household during the holidays asked of her mistress:

"Where bane your son? I not seeing hem 'round no more."

"My son?" replied the mistress, proudly, "Oh, he has gone back to Yale. I miss him dreadfully though."

"I know yoost how you feel. My brother, he bane in yail two times sence Thanksgiving."

Have you had a kindness shown?
Pass it on.

'Twas not given for you alone—
Pass it on.

Let it travel down the years,
Let it wipe another's tears,
Till in Heaven the deed appears —
Pass it on.

—Anonymous

30 Years Ago

Eileen M. Hiltz

In the August issue of **Health Rays** 1937 the Editorial Comment had this to say: "In most stations of life there comes sooner or later the time of parting. This month **Health Rays** and its managing editor have reached that point, and when next your magazine appears, it will bear a new name in its personnel. For almost three years **Health Rays** has been the special charge of your retiring editor and it could not be but with a feeling of reluctance and not a little anxiety that we pass it over to the succeeding editorial hands".

That retiring editor? Well, it was Eileen E. MacKay, who as Eileen M. Hiltz has popped up as editor several times since. And she need not have had any feeling of anxiety about the "succeeding editorial hands", which turned out to be those of Alfred C. Milner, now a Q.C. in Amherst, who did a better job than she did.

In the Staff Notes this item: "Our congratulations to Cam. MacNeil upon the birth of a fine little daughter. He is very proud of "Rose Marie", who was born at the Wolfville Hospital on June 16th". And a lovely looking young lady she is today! That was before Cam. gave up nursing for automobiles.

The lead article in the September 1937 issue was entitled: "Breathing and Tuberculosis". It was written by Howard R. Ripley, who was introduced by the edi-

tor thus: "The author of the following article has just returned to college to complete the two final years of a medical course which was interrupted by five years of curing at the San. In addition to being the first thoracoplasty done in the local operating room, he has acted as our radio operator for some months". "Rip", as he was known in 1937, has been Radiologist at Moncton General Hospital since many years. He and wife, Old Timer Edna Bowden, have three sons shooting up into young men.

The September Staff Notes yield this item: "Dr. and Mrs. Beckwith spent a few days among us preparatory to their departure to Cape Breton where Dr. Beckwith will take over the work which Dr. "Bunny" Robertson has been carrying on for the past year. Dr. Robertson will in turn go to Toronto to take up the course in public health work just completed by Dr. Beckwith." 30 years later Dr. "Bunny" Robertson is Deputy Minister of Health for Nova Scotia.

From the joke bin: A greatly agitated woman carrying an infant dashed into a drug store.

"My baby has swallowed a bullet!" she cried. "What shall I do?"

"Give him the contents of this bottle of castor oil," replied the druggist, "and then be sure you don't point him at anyone."

FOUR THINGS

Four things a man must learn to do
If he would make his record true:
To think without confusion clearly;
To love his fellow-men sincerely;
To act from honest motives purely;
To trust in God and Heaven securely.

—Henry van Dyke

We are all travelers that throng
A thorny road together,
And if some pilgrim not so strong
As I, but footsore, do me wrong,
I'll make excuse—the way is long
And stormy is the weather.

—Fritz Hugh Ludlow

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EDITORIAL COMMENT

The leading article in **The Bulletin** of the National Tuberculosis Association of July-August 1967 is headed "TB Hospitals Millstone or Must". Here in Nova Scotia and in Canada generally we feel that TB hospitals continue to fill an important place in the overall treatment and prevention of tuberculosis. However, we should not fail to consider the facts presented by Dr. John L. Isbister in the article mentioned above. Two paragraphs express his feelings and, perhaps, his fears:

"Until very recently, the tuberculosis hospital was the center around which the TB control movement in this country revolved. It was the key operation without which a control program hardly deserved a name."

"The attitude of most professional health workers toward the tuberculosis patient has been determined by the patient's willingness, or lack thereof, to submit to a treatment regimen prescribed without much consideration for the patient's other problems. The patient is labelled "cooperative" or "uncooperative" depending on the degree to which he subjugates all his other interests and accepts adherence to a tuberculosis treatment program as the sole objective in his life."

He goes on to explain that many patients "have a desire to cooperate in a tuberculosis treatment program sufficiently flexible to meet them somewhere halfway". He supports—"The principle set forth in 1961 American Thoracic Society Statement that, except in very unusual circumstances, the tuberculosis patient who is sputum positive for tubercle bacilli should begin his program with a period of hospitalization..." However, he goes on to say, "we must plan before it is too late for the future utilization of TB hospitals and suggests that their concern be broadened to include all chest diseases.

Then, at the end of the article, he recalls that fifteen years ago tuberculosis hospitals took pride in stating that it was their objective to act so effectively as to work themselves out of a job.

The second article in **The Bulletin** lists five classes of patients who, in the minds of the authors, should definitely be hospitalized: The elderly and infirm, the person whose diagnosis is uncertain, those who have tuberculosis but also have some other condition which is disabling, patients who have serious psychosocial problems, previously treated patients who have had a relapse.

Such articles as those quoted above lead us to reiterate the words of Dr. Osler that tuberculosis is a social disease with a medical aspect. The social implications of the treatment of tuberculosis must be kept plainly in view and every effort must be made to see that all persons and agencies concerned with the welfare of the patient cooperate for the patient's maximum good.

We have at one time and another urged the Nova Scotia Tuberculosis Association to look to such persons as psychologists and sociologists for help in planning their programs. Here again I welcome a report found in an article in the NTA Bulletin of June which says in part concerning tuberculosis associations "they must help figure out how to help the socially disadvantaged person, the person with many other problems, to get the proper treatment and continue until he is well."

Flexibility in the program of the official and the voluntary organizations interested in rehabilitation of persons with tuberculosis will make it possible for them to continue to provide the best possible service to meet changing needs and conditions and, eventually, to put themselves out of business.

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(Continued on page 23)

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ON MEETING LONELINESS AND FEAR

The other week, I had a woman come to see me. In her own words, this was her problem, "I am so lonely; and I am so afraid". Does this sound familiar to any of you?

Here was a woman whose husband had died, it is true; but she is still in her early fifties, and has much to live for, as well as much of life to invest—and yet she was lonely and afraid.

You know, it is entirely possible for any of us to be in exactly the same position if we don't watch out—lonely and afraid; for the little demons of loneliness, and fear, and self-pity, and many other things, creep their way into our thinking and feeling.

I often think of you folk in the San. I wonder if there are not many times when you, too, feel tempted in this regard—to feel lonely, or afraid, or to be so filled with self-pity that much of the joy of life gets squeezed out. In this regard, no one can deny the loneliness that we feel when, by circumstance, we are shut away from our families and friends. **It is lonely**, even though we do make new friends.

Loneliness is a strange thing. It gets us in places where one would not expect it. For example, I don't feel the least bit lonely in the midst of the woods, even though I am alone there; for the murmur of the trees seems to speak of God, while the sound of running water or the song of a bird is the sweetest of music. But the place where loneliness seems to strike me most sharply is when I am in the midst of people and nobody seems to care in the least about me—for example, in a strange city, where there are hundreds of people, all going their own way, and unconcerned about whether I exist or not. That really gets me down. And here you are, at the San, surrounded with people. How important it is that we know that there are those who care—and there are; and that God cares—and He does; and that we are never alone. How important that is.

Similarly with our fears. We are always afraid when we are challenged by the unknown, or face things that may cause us pain, or that we would rather not meet. Don't let anyone ever tell you that he or she has faced a lobectomy without any fear in their hearts for it wouldn't be true. We are afraid of these things.

But this is the thing that we must always keep in mind: we can meet these things. With God's help we can meet them. It is in such areas where the Bible is full of God's promises; and its messages are right down to earth. Space would not permit me to mention all such passages, but let me mention just one—from the Psalms; and, by the way, the man who wrote the words knew both loneliness and fear in his life—but he had learned to look to God, and to find the answer to both.

In Psalm 91, he writes, "He that dwelleth in the secret place of the Most High, shall abide under the shadow of the Almighty. I will say of the Lord, He is my Refuge and Fortress, my God, in Him will I trust". Here is the answer to both loneliness and fear—a deep and abiding faith in the goodness and power of God, and the knowledge that we belong to Him. If we feel that way, really feel that way, we can go through any experience of life, no matter how much we may dread it. If we feel that our hand is in God's hand, we lose our fear. We are no longer lonely, for we know that we are not alone.

That was what that woman lacked: a deep faith in God—in a personal God—in a God who cared. Had she had such a faith, she would never have had to come to me. Had she had such a faith, I rather picture that she would have been so busy trying to brighten someone else's day, that she wouldn't have had time to feel sorry for herself.

But, really, the closer we try to follow the Lord, the closer He seems to be. That is true—wonderfully true—and may He be so close to you these days that the little demons of loneliness, and fear, will be completely driven away; and, in their place, be an abiding peace and trust and happiness.

If you want to be rich —
Give!
If you want to be poor —
Grasp!
If you want abundance —
Scatter!
If you want to be needy—
Hoard!

—Anonymous

RETIREMENT DINNER

A retirement dinner was held on July 28th by the Laboratory Staff of the Nova Scotia Sanatorium at the Paramount Hotel, Wolfville, in honor of Mrs. Cynthia Mae Margeson

Following the dinner Mrs. Margeson was entertained at the home of Miss Helen Morse, Klondyke. Former Laboratory friends were present for slides and refreshments. A gift of money was presented to Mrs. Margeson by Mrs. Allen McKinnon.

A Note In The Mount Allison Record

Dr. Kenneth A. Wyatt, of Irvington, N. Y., died on January 14, 1967. After taking his B.A. in '21 and a B.Sc. in '22, he went on to postgraduate study of supersaturated gases at University of Toronto and advanced physical-chemistry at Harvard. He then entered the field of research and development in the field of cables and gained worldwide recognition for special sheathing for power cables, the Styroflex high frequency cable and the high pressure gas type cable system.

Ken Wyatt was an ex-patient, and was at one time the editor of **Health Rays**—sometime in the 20's.

Life is short—too short to get everything. Choose you must, and as you choose, choose only the best—in friends, in books, in recreation, in everything.

—Anonymous

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CAPITAL

Yarmouth—Yarmouth. Digby—Digby. Annapolis—Annapolis Royal. Kings—Kentville. Hants—Windsor. We learned this when we were in Grade V; the counties of Nova Scotia and their capitals. At that stage we associated the word CAPITAL with large size and we can remember when we were surprised to learn that Albany is the capital of New York State. Has Yarmouth County a capital now? What will be the capital of Kings County when the new court house is constructed in New Minas?

Ora: "Some men thirst after fame, some after love, and some after money."

Betty: "I know something that all men thirst after."

Ora: "What's that?"

Betty: "Salted peanuts."

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Old Timers

The "good old summer time" finds Old Timers quite generally on the move, visiting here and there. Fortunately for us, Anne Marie sees quite a number of them, and through them, hears of still others.

A few weeks ago Basile Belliveau of Belliveau's Cove and Harley Amirault of Plympton came to the Sanatorium to visit their old friend, G. G. Harris. Both Basile and Harley cured here in 1932, and to all appearances, did a thorough job!

Laurabelle Winters, who was here in the late 'Thirties as patient and Secretary to Dr. Hiltz, also dropped by for a visit. Laurabelle, now Mrs. Wallace, lives in Winnipeg.

To this same era belongs "Woody" Davis who came up from Bear River for a check-up and to visit San friends. As carefree as ever, "Woody" still delights in "making people laugh."

Leo Amirault, patient and popular Canteen Boy back in 1940, also dropped in at the San to visit. Leo lives and works in Halifax and has four grown-up sons.

Vivian Talamini, a 1945 patient, recently visited Helen MacKinnon of the Lab. Staff. Vivian, who lives in Long Island, New York, was holidaying at her former home in Parker's Cove, Digby County. She enjoys excellent health.

Two other San visitors, John and Kay O'Leary, took the cure here in 1954. (Incidentally, this was another San romance with a happy ending.) John does office work for the Nova Scotia Liquor Commission in Halifax, and Kay works in an office at the V.G. Hospital. John reported having seen Don Hiltz, who was also here in 1954. Don is well and works in the Royal Bank of Canada on Spring Garden Road, Halifax. John also saw Kelly Croft, here at the same time. Kelly, who hails from West Dublin, Lunenburg Co., is well and just as witty as ever.

John Lawrence of Medical Records—always a good source of Old Timers news—saw Esther White of Kennetcook, another patient of the 1954 era. Esther is well and does her own housework.

Returning from a trip to Cape Breton, Mrs. J. D. MacLeod gave us some very welcome news of ex-patients whose curing days go back to the earlier years of our Institution. Mrs. Sue (Smith) Peters, a patient here in 1912, is now a retired nurse living in New York. Mrs. Peters spends her summers with her sister, Mrs. Ross Taylor of Margaree Forks.

John Dennison, here from November 1925 to March 1926, came to speak to the MacLeods after Church Service in Baddeck. Mr. Dennison has charge of the Senior Citizen's Home in Sydney and his wife is the Matron of the Home.

The MacLeods also talked with Miss Frances MacLennan, sister of author Hugh MacLennan, who was a patient at the Sanatorium in 1925.

While having a meal at The House of Hay one day in July, Miss Jean Dobson of the San Nursing Staff, met Mrs. Theresa Wilsack. Mrs. Wilsack was on her way to Wolfville to see her daughter perform in "The Music Man" at Acadia University. Mrs. Wilsack was here in the earlier 'Sixties.

Ex-patient and switchboard operator, Millie Boutillier, called on San friends one day recently. Just back from a vacation trip to P.E.I., Millie was "blooming". She is still cashier at Murphy's Restaurant, Lord Nelson Hotel, Halifax.

Myrna Nickerson of New Harbour, Guysborough County, who left us this spring, was in for X-ray. Myrna has been attending school, and looks very well, indeed.

Mima Hale called in at the Rehab. looking well, and happy in her new job as bookkeeper at T. P. Calkin's, Kentville.

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

Father Cameron, who left the Sanatorium in 1965, was also a welcome visitor recently. He is in good health now and is stationed at Lourdes Parish in New Glasgow.

Mrs. Harriett Robertson, known as the "Strep Nurse" and later, nurse in the Medical Section, paid a visit to the Sanatorium one day recently. Mrs. Robertson, who makes her home in Ottawa since her retirement, was visiting friends in Kentville, and could not go back to Ontario without seeing the San again. She looked very lovely, indeed.

While attending Expo, Cliff Beeler of the Rehab. Staff met Grace Jones, a former Rehab. Teacher here. Grace was enjoying herself immensely, and told Cliff how happy she is in her work of tutoring at the Rehab. Centre in Halifax.

Wandering Auto

- O where is my wandering boy tonight?
I've hunted him near and far.
- O where is my wandering boy tonight?
And where, oh where, is my car?

Just for Old Time's Sake

Teacher asked a seven-year-old girl what a bridegroom was.

"Please, teacher," was the reply, "it's a thing they have at weddings."

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(Continued from page 17)

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(Continued on next page)

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THE HEART OF A ROSE

A lovely rose was given to me
By a true and faithful friend
Which made the gift more precious seem
And a charm to it could lend.

I looked upon the outward form
As any one would do,
But looking deep within its heart
I saw a richer hue.

Life gives us precious gifts to use
While we on earth abide,
Shall we just see the outward form

BUM

He's a little dog, with a stubby tail, and
moth-eaten coat of tan,
And his legs are short, of the wobbly sort;
I doubt if they ever ran;
And he howls at night, while in broad day-
light he sleeps like a bloomin' log,
And he likes the food of the gutter breed;
he's a most irregular dog.

I call him Bum, and in total sum he's all
that his name implies,
For he's just a tramp with a highway
stamp that culture cannot disguise;
And his friends, I've found, in the streets
abound, be they urchins or dogs or
men;
Yet he sticks to me with a fiendish glee.
It is truly beyond my ken.

I talk to him when I'm lonesome-like, and
I'm sure that he understands
When he looks at me so attentively and
gently licks my hands;
Then he rubs his nose on my tailored
clothes, but I never say nought there-
at,
For the good Lord knows I can buy more
clothes, but never a friend like that!

—W. Dayton Wedgefarth

Then put them all aside?
God grant we'll look within their hearts
And find the deeper, richer parts.

—Florence Phelps

A man's true wealth is the good he
does in the world.

—Anonymous

As we meet and touch, each day,
The many travelers on our way,
Let every such brief contact be
A glorious, helpful ministry.

—Susan Coolidge

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On the afternoon of Wednesday, August 23, an informal tea was served in the sitting room of the Nurses' Home in recognition of the retirement of Dr. J. D. MacLeod. Reverend Douglas Archibald, who is to replace Dr. MacLeod, was also present. While greatly regretting the departure of Dr. and Mrs. MacLeod from our midst, we extend a warm welcome to Reverend Archibald. Please watch these columns for additional information concerning chaplaincy services.

* * * * *

One of the most satisfying activities of Rehabilitation personnel is to have the opportunity to assist an adult to learn to write. If we can assist the same adult to learn to read the satisfaction is twice as great. We find many persons, generally past middle age men, who have gone through life making an "x" on official documents rather than signing their names. This in itself creates embarrassment and, of course, indicates that the person cannot communicate by writing to his friends and loved ones. Therefore, we frequently find that we are called upon to write letters for these people and we know that others besides ourselves are frequently called upon to read communications from outside, which are often intimate and confidential. At the present time three adults are learning to write their own signature. After fifty of sixty years this is quite an accomplishment. Are there others who would like to learn?

* * * * *

Very frequently we have had occasion to state that rehabilitation requires teamwork; we have never hesitated to admit that the most important person on the team is the patient. Here at the Sanatorium one of the most important functions of the rehabilitation department is to provide academic instruction for those young people who come to us from the schools of the province and who wish to continue

while they are "on the cure". When they come in large numbers as they did this year, problems of considerable magnitude are created and can only be overcome by goodwill and co-operation between all departments of the institution and, of course, the patients themselves. The results of the provincial examinations written here in June were not such as to make us feel particularly proud, but neither do we feel discouraged. The students that did succeed in passing the examinations have every reason to be particularly proud, for their success is definitely due to the effort that they put into their studies during the previous months. Those who failed should not be discouraged for they were working against great odds in view of their illness.

We would like to pay tribute to the Supervisor of Clare District High School and the members of his staff who have been most co-operative in helping us serve those students who came from his school. We also appreciated the manner in which Mrs. Ackman, the Supervisor of Examinations in the Kentville area, co-operated in making it possible for our students to write their examinations here at the Sanatorium.

As we write, we are looking forward to another school year. We cannot but be happy that the student body will be somewhat reduced, thanks to the discharge of many to their homes. Apparently, we will be short-staffed but in that respect we may be in no more difficulty than many other schools in the province. If co-operation among the staff of the Sanatorium is as fine as it was last year, if the teachers put as much effort into their work as they did last year, if the students will realize their responsibilities as well as they did last year, then we can expect that results of the examination in June 1968 to be as good as they were this year. If those three groups will co-operate more thoroughly than in the past, if they will put more effort into the work than they did in the past, if they will realize their responsibilities more completely than they did in the past, then, the results next June will be better.

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