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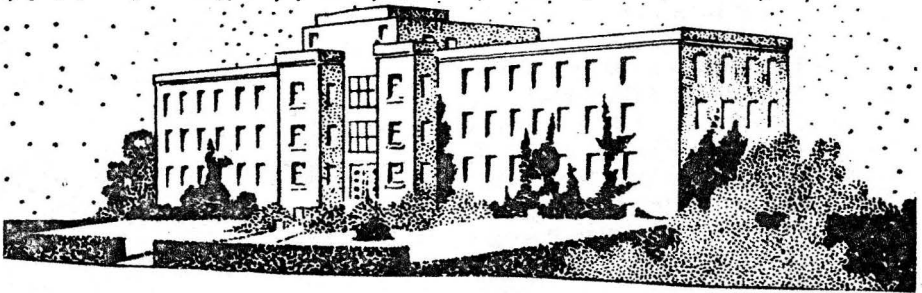
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Health Rays



The Miller Hospital

Vcl. 57

November 1976

No. 10

HEALTH RAYS

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Hospital Visiting Hours

DAILY: 1100 - 2030 (11:00 a.m. - 8:30 p.m.)

SWINE 'FLU IMMUNIZATION STARTED

The first stage of the Nova Scotia Program to immunize residents against influenza began this week.

Health Minister, Maynard MacAskill said recently that supplies of the vaccine have begun to arrive in the province and are being distributed to the eight public health units.

Dr. MacAskill said Nova Scotia has determined to continue on the course of action that had been decided upon last summer. This is the program that was first recommended by the National advisory committee on immunization agents early in the year, and reconfirmed at their October 26th meeting.

There are two types of vaccines that will be available in Nova Scotia, Dr. MacAskill said. A Bivalent vaccine containing A New Jersey '76 (popularly known as swine flu) and A Victoria '75 strains. The second is a monovalent vaccine containing the A New Jersey '76 strain only.

The Health Minister said the Bivalent vaccine will be offered to all people over the age of 65, as well as chronically ill adults 20 years and over.

The early deliveries of the bivalent vaccine will be offered to people in institutions such as nursing homes, and those infirmed at home over the age of 65. Health Unit directors have set up the mechanics to visit institutions involved and the vaccine will be administered by Department of Public Health Staff.

In order to determine the classifications considered chronically ill, Dr. MacAskill said he has appointed a task force under the chairmanship of Dr. Rudy Ozere, professor pediatrics at Izaak Walton Killam Hospital for children. The task force will consist of clinicians representing specialties and general practice.

The list of chronic illnesses will be specific, and will be widely advertised,

Dr. MacAskill said.

The monovalent vaccine is not expected to arrive in sufficient quantities for mass public clinics for several weeks. This vaccine is to be available for people between the ages of 20 and 50. Dr. MacAskill said details of those clinics will be announced at a later time.

There will also be further detailed information released by the health units on public clinics for those who are over the age of 65, and desire to receive the bivalent vaccine.

The Minister has sent a letter to all doctors in the Province outlining details of the first phase of the immunization program. Administration of the program, and all doses of the vaccine, will be handled by Public Health staff.

At the moment, the Minister said there are no definite plans to administer the vaccine to those under the age of 20. However, by the end of December, clinical trials on children will be available, and a decision will be made at that time.

He also noted that it is more than a program to protect against the popularly known swine flu. It is also to provide protection for that area of the population most at risk against what is perceived as a more likely occurrence, A Victoria '75 Strain Influenza.

The men whom I have seen best succeed in life have always been cheerful and hopeful men, who went about their business with a smile on their faces, and took the changes and chances of this mortal life like men facing rough and smooth alike as it came.

-Charles Kingsley

Life is not so short but there is always time for courtesy.

-Emerson

COSTS FOR HEALTH CARE AND EDUCATION INCREASED

The Province of Nova Scotia recorded a net revenue surplus of \$317,647 for the fiscal year ended March 31, 1976, Finance Minister Peter Nicholson announced recently.

The Minister said the surplus was achieved after charging \$5.8 million of Capital expenditures to current account, and the transfer of \$2.5 million to special reserve to provide for transfer to the universities assistance fund.

The Minister said that: "Health care and education costs represented 56 percent of total ordinary expenditures, the same proportion as the previous fiscal year. While remaining constant as a percentage of total spending, the dollar amount in these two areas increased by almost \$88 million.

"While these are undoubtedly two very important social programs, which we must continue to try to provide to national standards, they must be strictly monitored and controlled if we are to continue to operate within a balanced budget.

"Capital spending in the year reached a record \$101.3 million, including \$62 million for highway development. These expenditures, besides up-grading the Highways network in the Province, and improving public buildings and services, provided a great many direct jobs which were needed to hold down unemployment.

"The increase in net direct debt for the year was \$54.9 million, contributed to by this capital program, and also by the continuing losses of Sydney steel.

"Inflation is an international problem that cannot be significantly influenced by the smaller Canadian provinces, and we do little except to exercise restraint in current spending to ensure balanced budgets, and join in the National anti-inflation program.

We can, however, significantly alleviate unemployment with labour intensive capital projects, such as highways, which also use provincial supplies and services providing indirect employment.

"Although net direct debt increased \$54.9 million, we should also look at the cost of carrying this debt as a percentage of our revenues, and the relationship to personal income per capita. In other words - our ability to pay that debt.

"In 1972 it took 12.8 cents out of every dollar we collected to service our debt, while in 1976 the cost was reduced to 8.7 cents. This left 4.1 cents more of each dollar collected for essential social programs.

"In 1972, the net direct debt per capita, \$355, represented 13.3 percent of personal income per capita for the province. In 1976 the net direct debt per capita of \$455 represented only 10 percent of personal income per capita. So that while the net direct debt has increased in actual dollars, our ability to carry the related debt service cost has improved".

Mr. Nicholson concluded by cautioning that while inflation has moderated, it will require an on-going effort by Government, as well as the business community and labour, to continue the improvement.

The Minister added: "Unemployment, as well, promises to be a problem this coming winter, nationally

(continued on Page 8)



RON ILLSLEY
ESSO SERVICE STATION

R.N.A.N.S. PRODUCES POSITION PAPER

The quality of life for the aged, in institutions and in the community, could be improved if those who care for them are properly prepared to do so, says the Registered Nurses Association of Nova Scotia, in a Position Paper concerning Personnel Required to Meet the Needs of the Aged.

This position paper is part of a continuing program by the nursing association, to improve care for the aged in Nova Scotia. It was prepared by the Special Committee, appointed by the RNANS Executive, to study the needs of the aged. In 1974, the RNANS presented a Brief to Government on the Health Needs of the Aged, together with Standards of Nursing for Nursing Homes, which recommended legislation and machinery for implementing and enforcing mandatory standards of nursing care in nursing home, and the initiating of an insured Home Care program.

The present Position Paper observes that if aged persons have health problems which necessitate nursing care, whether in their own home, or in an institution, this care should be given by registered nurses or certified nursing assistants. While recognizing that there are many needs of the aged which can be met by homemakers and/or personal care workers, the nursing association is concerned about the varying quality of courses to prepare this type of personnel and the proliferation of uncoordinated training programs.

The position paper states that the practice of permitting personal care workers to perform beyond their preparation is unsafe for the aged, and presents a legal hazard for both employer and employee.

As a result of these concerns, the Registered Nurses Association believes that there is a need for the appointment of an individual or a group to study the

needs for homemaker services for the aged, and that there should be collaboration with existing services to develop a coordinated plan, organized on a regional basis, with regional directors.

A further recommendation is that the Associated Homes for Special Care establish a uniform program for preparing personal care workers, which could be conducted by registered nurses, only in those regional institutions approved by the Associated Homes, in accordance with carefully selected criteria. The position paper concludes with the observation that there is a need for designation of responsible persons at the regional level, who could seek out and refer those aged persons requiring nursing, personal care, and/or homemaker services, as well as advocacy services, and such miscellaneous services as housecleaning, general maintenance, such as clearing snow, lawn mowing, etc.

Guidelines for Homemakers for the Aged and for Personal Care Workers, are included with the Position Paper.

Do not keep the alabaster hopes of your love and tenderness sealed up until your friends are dead. Fill their lives with sweetness. Spread approving, cheerful words while their ears can hear them and while their hearts can be thrilled by them.

-Henry Ward Beecher

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WHAT YOUR CHRISTMAS SEAL DOLLARS PROVIDE IN N.S.

1. Health Education - Emphysema, Chronic Bronchitis, Asthma, Tuberculosis, and other respiratory diseases to medial schools, schools of nursing, schools of respiratory technology, general public, departments of public health.

The association carries on a strong program in anti-smoking and offers literature, films and assistance to hospitals, schools and general public.

2. Continuing professional education to the respiratory disease team in sponsorship of or participation in Seminars, etc.

3. Scholarships to chosen physiotherapist, third year medical student, respiratory technologist, private physician, for continuing medical education in respiratory disease.

4. Production of health education aids catalogue for schools throughout Nova Scotia.

5. Yearly grant to Dalhousie School of Medicine for provision of Visiting Professor in Respiratory Disease on cooperative basis.

6. Tuberculin, Tine Tests to private physicians on request, free of charge, as a Christmas Seal Service.

7. Grant to International Union Against Tuberculosis to assist developing countries in continuing battle against Tuberculosis.

8. Five percent campaign funds yearly go to national research in respiratory disease.

9. Grant to enable asthmatic children to attend Summer Camp at Tidnish.

10. All memorial funds received are placed in Research Fund for local projects in this province.

SEAL FUNDS AND MEMORIAL FUNDS

1. Dr. John Guyett Scadding, Professor Emeritus, Institute of Chest Disease, London, England, will be the first Visiting Professor in Pneumology to Dalhousie University March until May, 1977.

The project is sponsored by the Nova Scotia TB & RD Association in the amount of \$15,000. per year for five years, with the University providing office space and secretarial support.

Professor Scadding will make his expertise available on a pricity basis to appropriate individuals and groups within the Faculty of Medicine and such other activities in the Nova Scotia community as are deemed appropriate by the Advisory Committee.

2. Dr. Jehn Dill, a Dr. J. Earle Hiltz Scholar, is being supported in the amount of \$9,000. for his research project where he is attempting to identify parameters of immunological reactivity present in patients with extensive pulmonary disease.

3. Dustan Osborn, Ph.D., a second year Dalhousie medical student was supported in his project to evaluate alpha anti-trypsin heterozygotes in Cape Breton coal miners with coal miner's lung disease, \$3,500.

4. \$7,500. was allotted for equipment and educational purposes to the Highland View Regional Hospital in Amherst.

5. 3,000. was granted to the Children's Respiratory Camp in Tidnish.

6. 10,000 KICK THE HABIT Kits were provided health areas and general

CHRISTMAS IN THE TRENCHES

To the Editor, Kentville Advertiser

I though this poem would be an appropriate insertion in your next edition - I well remember Xmas Eve 1917 - We relieved another battalion of the 12th Brigade in the front line trenches on the Avion fronts in the Len's Sector. Rev. Henry Pimm, then a young man, was making his very first trip in the line of battle and the last three paragraphs of this poem is a very accurate discription of that eventful evening. The lastest word received from him is not very good. Apparently he is suffering from a serious cancerous growth.

Sincerely,
I. J. Bickerton

CHRISTMAS (1917) IN THE TRENCHES

This poem was composed by The Rev. Henry T. Pimm, M.A. of 16 Chelsworth Ave., Ispwich, Suffolk, England, 1P4 3A6, and dedicated to the 85th Canadian Infantry Battalion, (Nova Scotia Highlanders). He was a former student at King's College, Windsor, N.S., and a veteran of the 85th Battalion.

The armies locked in winter's grip,
entrenched on Flander's battlefield,
just separated by a strip,
they stood determined not to yield.

The flash of cannon pierced the dark
and silhouetted tangled wire
in No-Man's Land - a scene so stark -
so full of shell holes filled with mire.

The heavies in the rear boomed forth;
their missiles screeched as air they
tore;
then with a burst expressed the wrath
of man engaged in lethal war.

On Christmas Eve 'twas just the same -

the awful din - the frightful scene -
with soldiers ready to take aim
at enemy who could be seen.

At twelve o'clock a stranger - Peace -
crept o'er the land unseen, unheard,
His very presence caused to cease
the will to fight - without a word!

So o'er the blood-drenched battle-
ground
the rule of Christ awhile held sway,
for fighting men felt honor bound
to silence guns on Christmas Day.

Distributed by: The 85th Battalion
Club.

YOUR CHRISTMAS SEAL DOLLARS

(continued from Page : 4)

public during the week of May 2-8, 1976, to assist smokers who wished to quit and to encourage those who have already kicked the habit not to resume tobacco smoking.

7. \$1,000. Dr. J. Earle Hiltz Scholar in 1976 was Margaret MacRae of Dalhousie Medical School.

8. \$100 bursary to Mrs. Rebecca L.R. Young, B.Sc., Halifax, as top physiotherapist.

9. \$500. for educational purposes to Respiratory Technology Department of the Victoria General Hospital.

10. \$1,000. grant for nurses and respiratory technologists to attend special training program in New Brunswick during Seminar on RD.

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VANADIUM

O.C. MacIntosh, M.D., and Brian Steeves, M.D.,
Antigonish, N.S.

Workers engaged in the manual cleaning of tubes and combustion chambers of oil-fired furnaces, burning Bunker C No. 6 fuel, are exposed to the danger of vanadium poisoning, an influenza-like illness which may have permanent effects.

Vanadium is one of the rare earth elements resembling antimony and is widely used in the chemical industry and in metallurgy, as it is particularly useful in hardening steel. It occurs in the earth of certain countries and in petroleum from Colorado, Peru, Central and South West Africa, Venezuela, the Mexican Gulf and Iran. Venezuelan oil has a high content of vanadium, constituting approximately 40 percent of ash. Vanadium reaches high concentrations in heavy fuel oils produced by distilling off the more volatile fractions. Combustion of vanadium occurs around 700 degrees F. and the main product is its pentoxide.

The toxic effects of vanadium, in industry, have largely occurred through contact with, or inhalation of, its dust which may be formed when processing slags produced in the smelting of alloyed steels, and in grinding and machining them. Dust may also enter the working area in mixing, packing and loading powdered compounds containing the element. Toxic effects have been reported from the breathing of air containing as little as 5 mg. vanadium per cubic meter.

Dust from ash formed through combustion of heavy fuel oil has produced a large proportion of causes of vanadium poisoning, since vanadium is present in all bunker fuels. The pentoxide formed by their combustion remains in the ash and when inhaled comes in contact with moisture,

forming a toxic, irritating, acid solution. If unprotected, the workers engaged in cleaning ash from the combustion chambers and from the tubes of boilers burning Bunker C No. 6 fuel, inhale large quantities of dust containing vanadium pentoxide.

The toxic effects of vanadium are exerted mainly on the respiratory tract, where it has marked irritant effect on the mucosa and the blood vessels. H₂SO₄ present in the soot may aggravate the effect of vanadium. The resulting inflammatory process is, therefore, often hemorrhagic in nature and has a spastic effect on the smooth muscle of the bronchi, resulting in bronchospasm. In the case of repeated insults pulmonary fibrosis may occur. High concentrations may affect the brain, kidneys and other internal organs.

In many instances the symptoms of acute vanadium poisoning imitate those of the common cold, influenza or even pneumonia. Nasal catarrh, sometimes associated with bleeding, occurs initially. It proceeds in a few hours to soreness of the throat and chest and a "hacking" dry cough. Later, wheezing, shortness of breath, pains in the chest with rales, rhonchi and general malaise may result, and the sputum may be flecked with blood. These symptoms may be associated with irritation of the eyes, nausea, vomiting, abdominal pain, tremors of the hands and mental depression.

A diagnostic finding is the presence of a greenish discoloration of the mucous membrane of the mouth, said to be due to the excretion of vanadium trioxide in the sputum. The discoloration, due to the formation of green salts by the ptysin and acid-forming bacteria in the mouth, disappears two or three days after exposure. Skin rashes may occur later on exposed parts and pulmonary fibrosis and chronic bronchitis with emphysema may occur following repeated attacks.

A leucocytosis occurs. Urinary levels correlated with illness range from 0.01

mg./1. in Vanadium so called borderline exposure to up to 0.3 mg./1 where exposure is excessive. X-Ray findings include linear striations in the lungs, reticulation after longer periods of exposure and finally emphysema.

Chronic poisoning with vanadium is not experienced, as 80 percent of vanadium is excreted by the gut and the remainder by the kidneys.

SUMMARY AND CONCLUSIONS

1. Vanadium poisoning is a potential danger to workers cleaning the tubes and fireboxes of boilers burning Bunker C No. 6 fuel because the ash contains potentially toxic amounts of the pentoxide of the element.

2. Vanadium poisoning has rarely, if ever, been diagnosed in Nova Scotia. The symptoms often mimic those of the common cold, influenza or even pneumonia, it is possible that clinicians who are unaware of this condition may, in effect, be misdiagnosing cases as upper respiratory infections or pneumonia.

3. Workers engaged in cleaning the fireboxes of tubes and boilers burning Bunker C No. 6 fuel should be made

aware of the potential dangers involved. They should also be provided with a reliable dust mask, appropriate caps, goggles and heavy, long-sleeved coveralls, which should be washed after each use.

4. Should toxic effects occur, however, a urine specimen for vanadium content should be referred to the division of Clinical Chemistry, Department of Pathology, Victoria General Hospital. Since the incidents referred to above, these Laboratories have acquired the necessary equipment for performing the required vanadium estimation. The present maximum urinary level in the USA thought to reflect a safe body burden is 0.5 mg./1.

From the Departments of Pathology and General Practice, St. Martha's Hospital, Antigonish, N.S., and Department of Pathology, Dalhousie University, Halifax, N.S.

THE NOVA SCOTIA MEDICAL BULLETIN

PRAYER FOR THOSE WHO CARE FOR THE SICK.

Give to my eyes light to see those in need

Give to my heart compassion and understanding

Give to my mind knowledge and wisdom

Give to my hands skill and tenderness

Give to my ears the ability to listen

Give to my lips words of comfort

Give to my spirit the desire to share

Give to me, Lord . . .

Strength for this selfless service

and enable me to bring joy to

the lives of those I serve.

(The Good Shepherd)

SUCCESS

To laugh often and much;

To win the respect of intelligent people and children;

To earn the appreciation of honest critics and endure the betrayal of false friends;

To appreciate beauty;

To find the best in others;

To leave the world a bit better, whether by a healthy child, a garden patch or a redeemed social condition;

To know even one life has breathed easier because you lived.

THIS IS TO HAVE SUCCEEDED!

FARMER' LUNG RESEARCH

A bacteria which reproduces in silage long has been known to cause Farmer's Lung, a disease characterized by infection followed by tumor-like growths in the lungs which can seriously impair breathing.

What is not clear is why some farmers who inhale the bacterial spores become ill, and others are spared.

Laboratory and clinical studies seeking the answers to this question were described by James J. Marx, Jr., Ph.D., a Christmas Seal researcher, and is a research immunologist at the Marshfield Clinic Foundation, Marshfield, Wis.

1,046 Wisconsin farmers donated blood samples for the study during an agricultural field day. Precipitin tests revealed the blood of 8.5 percent of the farmers contained antibodies to one or more of the thermophillic actinomycetes, the bacteria responsible for the lung disease.

Facilities of the Marshfield clinic and special arrangements with private physicians were combined for clinical followup on the farmers with antibodies. To date, 50 individuals have received a complete physical examination including a medical history, pulmonary function tests, chest x-rays and immunologic studies.

Preliminary results indicated 36 percent of these farmers have or have had Farmer's Lung disease, although the majority are asymptomatic, Dr. Marx said. An additional 12 per cent had a "questionable" history, reporting sensations such as chest pains and stuffiness around barn dust which are not classical symptoms of Farmer's Lung.

Dr. Marx said the asymptomatic farmers represent a population at risk of developing clinical Farmer's Lung. Educational programs to prevent unnecessary exposure to the bacteria will be accompanied by medical

surveillance to learn whether any of these individuals do become ill, especially during the winter when there is most exposure to the bacteria and most disease.

At the same time, the researchers will further study those farmers with antibodies, but no history of disease, to learn how their body's response to the bacterial invasion differs from that of those who do become ill.

"Journal of Breathing"

COSTS FOR HEALTH CARE

(continued from Page 2)

as well as provincially, and Governments will be addressing themselves to that matter not only in their budgetary planning process, but in their current make-work projects.

"If the economy of this province is to be improved, it will require a concerted and co-operative effort by all the partners who have a vested interest in the outcome.

- Government must not fuel inflation by deficit financing.

- The public must moderate its demands for costly public services,

- labour must be responsible in its approach to wage negotiations,

- the business sector must ensure that its pricing policies are kept within reasonable bounds, and that production and employment patterns are designed for efficiency, not only of profit making but of employment responsibilities".

From: The Advertiser

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Editorial Comment

With this issue we have attained sixty-five years of continuous publication, for it was November of 1919 that the first issue was published. It is perhaps fitting, then, that this is to be the last of the regular issues of Health Rays. Plans are still underway to have one more issue in December - and it is generally felt that this should be a special one. So far, we have talked about it for some time but have not gotten down to deciding upon the material to be included. One thing that we can say is that there is little hope that it will be in the hands of our readers within the month of December! Once this "late November" issue is printed and distributed, however, it will free us to concentrate on December (along with the countless other functions that the month presents). We tend to work on Health Rays from one deadline and then leave it for something more pressing, until the next deadline approaches. We are going to miss it, just the same, for it has continued to provide us with a means of keeping in touch with a great number of former patients and staff members.

* * * * *

There is not a great deal of news to report on since our last issue. The first floor appears in readiness for use, in the west wing especially, but we understand that the expectation is that it may not be necessary to re-open it until after the first of the year.

Elsewhere in this issue there is a report of Bob Middleton's retirement, as well as a photo which we hope will turn out. We will miss Bob's presence and we know that our readers join with us in expressing our appreciation for the beauty of the grounds, and in wishing him good luck in the years ahead.

It will be noted, too, that Miss Morierity, R.N., has retired from the

B.F.M. Hospital and we extend our best wishes to her as well. It has been announced that Miss Jean Dobson, Director of Nursing at the Miller Hospital, has been appointed Director of Nursing for the combined Units.

We will bring this column to a close now and see what can be done toward getting a special issue of Health Rays underway. We will welcome any appropriate material from our readers.



DIRECTOR OF NURSING HONOURED

Miss J.T. Moriarity, retiring director of Nursing of the B.F.M. Hospital, Kentville, was honoured by the nursing staff and members of other departments at the home of Mrs. Vernon Falkenham, James St., Kentville, recently.

Miss Moriarity has been associated with the hospital for the past 35 years.

She is a graduate of Children's Hospital, Halifax, attended Acadia University and McGill University. Miss Moriarity served overseas in World War II as a lieutenant nursing sister.

She is a member of Nursing Sisters Unit (Halifax), also a member of N.S. Wildlife Association. She has also served on the Valley Branch RNANS and on the RNANS at Provincial level.

A toast was proposed by Franklyn Haines.

Gifts were presented to Miss Moriarity by the various departments of the hospital.

Lunch was served. Best wishes follow Miss Moriarity in her retirement.

Miss Moriarity was also honoured at a cocktail party given by Mrs. H. Bailey Thursday evening at her home, Main Street.

BOB MIDDLETON RETIRES

The accompanying photo (by McMurdo Studio) shows Dr. J.J. Quinlan presenting Bob Middleton with a long service award in recognition of his service to the Nova Scotia Sanatorium (The Miller Hospital) and, more recently, including the Blanchard Fraser Memorial Hospital. Also present are Mrs. Middleton, Dr. Helen M. Holden, Medical Director, and Miss Helen Smith, Payroll Office, who presented Mr. Middleton with a gift on behalf of his fellow employees.

One can scarcely give adequate praise for the outstanding job that Bob has consistently done in making the Sanatorium grounds the beauty spot admired and appreciated by generations of patients, staff and visitors. A skilled grandener, and a tireless worker, Bob has been completely dedicated to his work - and all growing things under his care seemed to respond and to flourish accordingly. Bob always seemed to raise a good number of extra plants in the greenhouse "to allow for replacements for the transplants that may not survive", and each year a great number of his fellow workers have had better flower gardens, thanks to his surplus.

Bob's period of employment at "the San" has been over 43 years - most of the time as head gardener, although we understand that in his early years here he was driving the ambulance. This was during the years when there was a fairly steady shuttle service of patients travelling between The Hill and the Infirmary for appointments, treatments, and so on. For much of his time Bob has worked alone, with helpers called upon as needed - from members of the maintenance department. In the winter he was occupied with snow removal, following the extended season of raking leaves, so that he remained busy at all seasons. Through the years,

Bob has also frequently been involved in sponsoring parties for patients, as a member of the United Church Men's Group.

For many years it appeared that there would be no one to carry on Bob's work when the time would come for his retirement. Fortunately, however, for the past several years Mike Brewster has been working with him and will maintain the high standards set by Bob.

All of us join in wishing Bob Middleton many happy years ahead - and wish to thank him for doing so much to make this a pleasant and attractive place to work.

SUCCESS—AFTER A HARD RUN:

There is an old fable about a dog that boasted of his ability as a runner. One day, he chased a rabbit but failed to catch it. The other dogs ridiculed him.

"Remember", he retorted, "the rabbit was running for his life, and I was only running for the fun of it".

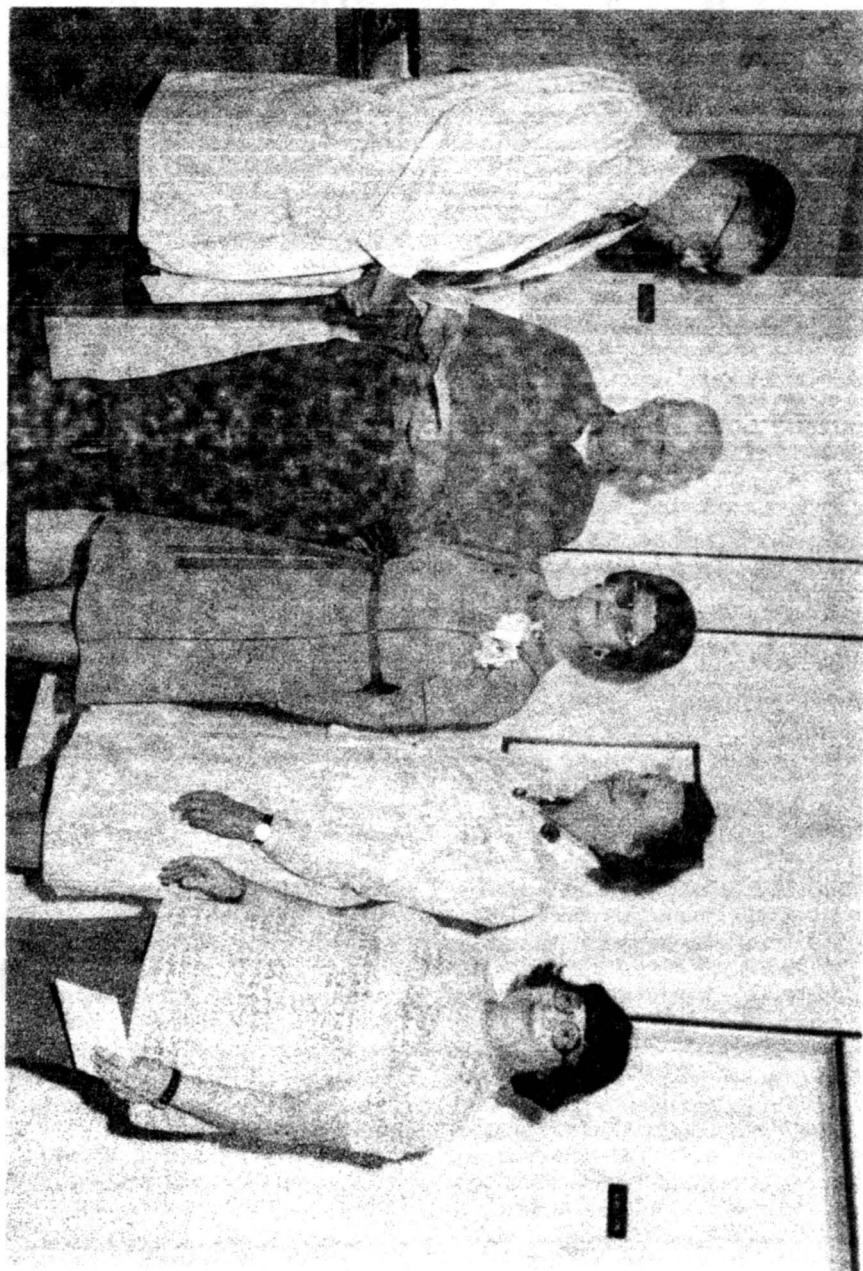
Success in life depends on the motive. If you are in the race merely for the fun of it or for a meal ticket, you will not put the same energy into your running as you will if your ambition is deeper and more serious.

— American Saleman

It is not the presence of sorrow, but the lack of joy, that makes so many lives depressed and depressing - the absence of positive satisfactions, rather than the pressure of any negative force.

A gem cannot be polished without friction, nor a man perfected without adversity.

— Chinese Proverb



GRAIN HANDLERS SUSCEPTIBLE TO DISEASE

If one were working in grain elevators it would be best not to be deficient in alpha antitrypsin and to be a non-smoker, Sandra L. Horne, Ph.D., a geneticist at the University of Saskatchewan, told members of the Saskatchewan Anti-Tuberculosis League. She said that men who are grain handlers and deficient in alpha antitrypsin have much lower forced expiratory flow rates, 25-75 percent than do comparable normal grain handlers. The range of FEF 25-75 values in the protein deficient grain buyers is in the same range usually found among individuals with chronic obstructive pulmonary disease.

Dr. Horne, lecturer at the university's medical school in Saskatoon, was addressing the League's 62nd annual meeting held in Saskatoon, May 28. She discussed her research into alpha antitrypsin phenotypes and smoking: effects on pulmonary function in grain handlers, noting that the basis for this project was the pulmonary function tests on Saskatchewan grain handlers begun by League Medical Director Dr. G.D. Barnett in 1973. Dr. Horne said that in 1974 and 1975 she had attached her investigation to this survey, studying the alpha antitrypsin deficiency and its effects in these subjects.

Dr. Horne presented the results of her findings dealing with the non-smoker group, and the smoker group in the grain handlers, and also classifying them by normal and abnormal antitrypsin findings.

"The severe genetic deficiency of alpha antitrypsin caused by homozygosity for the PiZ allele strongly predisposes individuals to the development of chronic obstructive pulmonary disease (COPD) when compared to homozygous normal M. individuals", she said.

"The effects of heterozygosity for this allele are less clear. We have

obtained blood samples and pulmonary function test results from 1000 Saskatchewan grain handlers and have analyzed 464 to date. There is significant difference in the forced expiratory flow rate, 25-75 percent (FEF 25-75) between M and MZ smoking grain handlers both in mean values and in distribution of values, but no difference in other variable which may also affect FEF 25-75 values".

Dr. Horne said, "Results from non-smokers are suggestive but not statistically significant with only half the samples analyzed. The study results indicate an effect on FEF 25-75 values both by an environmental factor, smoking, and a genetic factor, alpha antitrypsin deficiency due to heterozygosity for PiZ".

This summer, Dr. Horne said she was attempting to follow the people in the grain handlers group with the particular protein deficiency and to examine, if possible, siblings of these grain handlers not working in that field. She felt this would add to the knowledge regarding the hazards of grain dust to health.

Dr. Horne indicated in the conclusion of her address that she planned to become involved in the proposed Humboldt (Saskatchewan) survey where adults age 25-59 will be examined for pulmonary function by a group from the university's pulmonary research laboratory. Dr. Horne will be taking blood samples from those attending the survey in order to gether further information regarding the role of alpha antitrypsin in lung diseases.

S.A.T.L. News Quarterly

I beg you to take courage; the brave soul can mend even disaster.

-Catherine of Russia

SMOKERS POLLUTE

Consider what happens in a room where people are smoking cigarettes. As they puff, two kinds of smoke enter the air. The first is mainstream smoke, or smoke which is inhaled by the smoker. Cigarette smokers usually inhale mainstream smoke eight or nine times per cigarette. This takes some twenty-four seconds. In that time the smoker traps in his or (with dismaying frequency of late) her lungs about one-third of the mainstream smoke produced; the rest is exhaled into the air.

But it is the second kind of smoke, the so-called "sidestream" smoke, that is much more of a problem for nonsmokers. An average cigarette burns for about twelve minutes. Since the smoker inhales from that cigarette for a total of less than half a minute, the bulk of the smoke - two-thirds of it - escapes into the air. It is this kind of smoke, the uninhaled smoke from the burning end of a cigarette, that is the principal irritant to non-smokers.

Research reported by the US Surgeon General has indicated that sidestream smoke contains significantly higher concentrations of a wide variety of noxious compounds than the smoke taken into the lungs of the smoker: twice the amount of tar and nicotine; three times the amount of 3-4 benzpyrene (a suspected cancer-causer); five times the amount of carbon monoxide; and fifty times the amount of ammonia.

The effects on the nonsmoker of breathing second-hand tobacco smoke are not yet clearly understood, but what is known is disturbing. Asthma attacks can be triggered by secondhand smoke, and children whose parents smoke in their presence are twice as susceptible to respiratory diseases as those whose parents do not.

Even among healthy adults the hazards are considerable. Take the example of carbon monoxide. Carbon

monoxide (CO) is a highly toxic, colorless, odorless, gas produced by the incomplete combustion of carbon-containing substances; it is a common element in automobile exhaust. Its toxicity results from its tendency to combine with hemoglobin in the blood and thus reduce the blood's ability to deliver oxygen to the tissues of the body. Persons who inhale too much CO suffer from headaches, weakness, dizziness and nausea; often what is diagnosed as "car sickness" is in fact carbon monoxide poisoning. More severe doses are fatal.

Even in a ventilated room, the smoking of only seven cigarettes an hour raises CO levels to approximately twenty parts per million (ppm). In the area immediately adjacent to the source of the smoke - at the seat next to a smoker at a dining table, for instance - the CO levels approach ninety ppm. Smoking ten cigarettes in a closed car causes a similar boost in CO in the air.

According to federal industrial air pollution standards, CO concentrations in excess of fifty ppm are unsafe, and federal officials would like to see that standard reduced even more - to twenty-five ppm. Breathing in a smoke-filled room, in other words, exposes the non-smoker to as much as twice the carbon monoxide considered safe in factories.

Breathing CO at these levels for only an hour doubles the level of the gas in the bloodstreams of smokers and nonsmokers alike. Breathe secondhand smoke for another hour, and the CO level doubles again. And carbon monoxide stays in the blood a long time; as much as four hours after leaving contaminated air, a nonsmoker will still carry half of the excess CO in

(continued on Page 17)



Chaplain's Corner

Mgsr. J. H. Durney
in THE VETERAN

THE USE OF TONGUES

In all material creation man is the only being that CAN talk. The tongue is perhaps the most pliable faculty we have, and the one most used. Go over your day some evening, and see how much time of that day was spent in speaking. Our mind is constantly busy, and there is the constant urge to communicate our thoughts and feelings and reactions to others. Wherever you find a group of men or women, you will find them in conversation.

God has raised this natural mission of the tongue to a supernatural one, in that he made the tongue the means of spreading His message in the world. Our Lord Himself never wrote a word for posterity: He SPOKE His message to the people. He commissioned His Apostles to go out and PREACH to all the world. And the Apostle of the Gentiles assures us that faith comes through hearing.

The tongue is man's most used faculty, and therefore the most abused. It can scarcely be tamed, and the man who offends not in word is indeed a perfect man. One of the strange abuses of the tongue is that of cursing and using God's name in vain. It is man's sublime privilege to be the mouthpiece of nature. ALL the rest of material creation is dumb before God; it cannot speak to Him. It is man's privilege to speak for it, and to offer up to God the praise and thanksgiving and adoration due Him from things here below. And yet, so often, God's name is used for cursing in places of blessing.

One of the worst effects of this habit is that it must necessarily interfere with our prayers. For one who does not have a deep reverence for the holy names, and uses them carelessly and vainly, will necessarily also lose the proper reverence for the things which they

designate, and will not be able to raise his mind and heart to God as should be done in prayer.

Again, many who do not otherwise offend through the word, do often offend through uncharitable talk. It is perhaps the most common failure of the tongue. We ourselves are hurt and wounded and resentful when others speak of us or to us in such ways, and yet we do not accord to others the justice and the charity which we expect from them.

"If any man offend not in word, the same is a perfect man".

IN APPRECIATION

The wife and family of the late Lemuel J. Himmelman wish to express their sincere appreciation for the care given him during his stay in the San and later the Miller Hospital. Special thanks to the Doctors, nurses and staff for their wonderful care and kindness to him.

Mary, John and Fred Himmelman
R.R. 1 LaHave, N.S.
LaHave

"This is the beginning of a new day! God has given me this day to use as I will. I can waste it or use it for good.

What I do today is important, because I'm exchanging a day of my life for it.

When tomorrow comes, this day will be gone forever, leaving something I have traded for it.

I want it to be gain, not loss; good, not evil; success, not failure; in order that I shall not regret the price I paid for it".

(St. Paul's Church Bulletin, Herring Cove, N.S.)

HISTORICAL SKETCH OF KENTVILLE'S DEVELOPMENT

By Mayor A.L. Pelton
(In the Advertiser of August 6th, 1926)

One hundred and seventy-one years ago this Valley was little more than a wilderness; the French, on account of their ill behaviour toward the few English folk, having been deported in 1775. Kings County comprised the Townships of Aylesford, Cornwallis, and Horton, the embryo Village known as Horton Corner derived its name from the fact that it was the north west corner of Horton Township, the west line cutting through to the river about on the west of Academy Hill, where the railway shops and Lloyd's Foundry stand today. In 1761 the lands vacated by the French six years earlier were parcelled out in grants to settlers from the New England States. These new comers were called "planters", when shares of land, 666 1-2 acres each, or if poorer land, one and a half shares, 1,000 acres were granted to heads of families.

About 70 years later this Horton Corner had grown and included about a score of families within its immediate bounds. There was a school, a hotel, a grist mill, a carding machine, a blacksmith shop, and some three or four stores. Main Street, the post road between Halifax and Annapolis became the line of the Royal Mail coaches, the express riders, and the way of the drivers with cattle and sheep to Halifax for slaughter. About this period His Royal Highness Prince Edward, Duke of Kent, became Commander of His Majesty's forces in British North America. In his honor the village was named Kentville, and becoming the shire town, a court house and jail were built. As time passed one innovation after another took place. About 1850 the Nova Scotia Telegraph Company opened an office. Later the Methodists,

Roman Catholics, Episcopalians, Presbyterians and Baptists built churches. In 1869 the Windsor and Annapolis Railway was opened for business and the period of development from that time on is common knowledge. In 1885 the town was incorporated and a water system installed. In 1886 the Salvation Army established itself in town, 1889 electric lights were installed, 1893 a Board of Trade was organized.

Today the town is the seat of Municipal Government, Courts of Justice and County Academy, Headquarters of the Dominion Atlantic Railway, Nova Scotia Fruit Growers, British Canadian Fruit Association, United Fruit Companies, Ken Wo Golf Links, Dominion Experimental Station, Aldershot Military Camp, Nova Scotia Sanatorium: commodious Arena, two Banks, three hotels, Memorial Park: an up to date Public Hospital in prospect, not to mention telephone, telegraph and Radio service, Social and Fraternal societies include Masons, Odd Fellows, Rebekahs, Foresters, Rotarians, I.O.D.E., Boy Scouts, Girl Guides, C.G.I.T. Groups. We have a most up to date theatre, five public halls, newspaper office, three wholesale houses, more than a hundred retail stores, and other places of business. Kentville boasts 3,000 inhabitants of as good gain as any town in Nova Scotia can produce.

Kentville has not grown with the amazing but unstable growth of the mushroom, but has gradually developed with the slow solid, steady growth of the Royal Oak, which is her emblem and crest.

OLD TIMERS

First, we must mention a few former patients who we have seen recently: Mrs. Tena Crosby was here recently for a check-up and is looking very well, but quite a few pounds lighter following recent gall bladder surgery. She was here just in time to see Mrs. Kathleen Clark who was being discharged the following day. On the previous day friends were pleased to see Mrs. Jean Jordan (Jean Adeline), R.R. 2 Sherbrooke, accompanied by her husband Cecil. Mrs. Jordan is keeping well and brought some examples of the craft work that kept her fully occupied as a patient, and is still keeping her busy.

Several weeks ago we saw Mrs. Helen Carter for the first time in several years. She is looking very well indeed and she and her family still live in this area; the ones at home - for they are getting pretty well grown up.

Florence Belben is back with us as a patient at the time of writing. In one of our recent issues we mentioned that she had been ill with the 'flu and is just now getting over the after effects.

Another friend who is with us for much the same reason is Curtis Gaul. It seems "like old times" to see Florence and Curtis back on the wards, but of course we all hope that their stay will be for the short time only.

We have had a note from Mrs. Mildred MacLean, 520 Little Harbour Road, New Glasgow, enclosing money for a subscription which was already fully paid, and which was cheerfully refunded, as they say in the ads. She kindly tells us that she has saved every issue of Health Rays since she was a patient in 1966, and still uses them sometimes for reference. She sends best wishes to all, and says that she is feeling fine and is still working three days a week.

Also from New Glasgow is a note from Mrs. Colin MacDonald, 339 Marsh Street, who carries on the subscription of her late son, Bernard

MacDonald (Roderick Bernard). Mrs. MacDonald, now age 95, still misses him greatly and expresses her appreciation for the care which he received when a patient in 1972.

From Stellarton we have a letter from H.C. 'Herb' MacQuarrie, and I will take the liberty of sharing it: "This little magazine means a lot to former patients like myself, as it is my only way to know what's going on at the San, and I sure wouldn't want to miss a single copy. In fact, I have every copy since I was admitted in May 1967 and often pick one up and am reminded of things I have forgotten.

"My wife passed away in July after being a bed patient in the Aberdeen for six months, and since then there have been so many things to attend to that some things have been overlooked. My daughter, Joan, was home for six months but had to go back to Montreal in September, so now it's bachelor's hall for me and our dog. May I add that we as a family will always be indebted to the San staff, right from the Dietary Staff all the way to the top for the care I received and the interest everyone seemed to have in all patients.

"My best to all hands. Say Hello for me to Drs. Quinlan and Kloss and Miss Skerry".

And now we will end with some notes from Anne-Marie:

Mr. and Mrs. Gerard Chiasson were visiting Mrs. Beth Harris in New Minas last summer. Gerry, who was here in 1959, was a patient in Pavilion V when it burned down, and had his name in the paper for having helped evacuate the patients from that area. He has since moved to Edmonton, Alberta, where he is employed as an x-ray technician. The Chiasson's have three boys. As for Mrs. Harris, she keeps quite well and gets much enjoyment from attending the various concerts at Acadia University.

Mrs. Harriett Campbell and I visited Grace Adams in Masstown last weekend. On enquiring about her niece, Claudia Putnam, Grace told us

that Claudia and her former roommate, Anne Dube of Halifax who were spending the weekend with Claudia, were busy doing their Christmas baking, so we did not disturb them. Claudia and Anne were here in 1970.

Vange and Al Whippie, Shelburne, graduates of the '40's, were visiting Joe and Hazel LeFave recently. Vange still works at Roseway Hospital and Al still works in the office of a garage in Shelburne. They are both well and enjoyed a trip to the States while on vacation last summer.

SMOKERS POLLUTE

(continued from Page 13)

the blood.

Realizing the health hazards in secondhand smoke, state public health agencies, state lung and cancer associations, and others in thirty-one states have worked to secure the passage of laws prohibiting smoking in such public places as airport waiting rooms, restaurants, public buildings and the like.

Many smokers mistakenly view attempts to restrict smoking in public as thinly-disguised attempts to enforce a total ban on the use of tobacco. Michael Demarest, a senior writer at Time, fell victim to that error in a notably thick-skulled essay entitled "Smoking: Fighting Fire with Fire". Sneering at the nonsmokers who "seem determined to restrict the consumption of tobacco to consenting adults behind closed doors". Demarest devoted 1,500 words to explaining why such a restriction will not work. But Demarest was exorcising an imaginary demon. Few nonsmokers wish to ban the use of tobacco completely - even if they were foolish enough to think such a ban might work, which it wouldn't. They do not wish to abridge the right of smokers to abuse themselves physically, only their right to inflict that punishment on people around them

less careless with their health.

Other smokers defending their right to smoke in public places tend - like Demarest - to gloss over or ignore the public health aspects of the anti-smoking argument. They dismiss the complaints of nonsmokers as if fouling the air were no more than bad manners, like chewing with one's mouth open or picking one's nose.

A newspaper editor in Spokane, for example, recently lambasted a proposal to ban smoking in most public areas in the state of Washington: "The next victim of such rule making may be whistlers, gum chewers, bone crackers, dandruff scratchers, lint pickers and popcorn eaters". And so they might - if it is established that whistling, gum chewing, bone cracking, dandruff scratching, lint picking and popcorn eating are threats to the health and well being of bystanders. Until that threat is established, this kind of argument ought to be dismissed for what it is - sarcasm without a point, a whining defense of a harmful and polluting habit.

Most nonsmokers do not object to smoking in their presence because it is a nuisance - although it is that - but because it is dangerous. Smokers are a public health hazard, and attempts to portray public no-smoking laws as violations of smokers' rights all founder on that crucial point. Laws prohibiting smoking in public places are no more discriminatory in their intent than laws prohibiting the discharge of noxious industrial pollutants into our air and water. The goal - and the cause - of both are the same.

"Journal of Breathing"

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Ins And Outs



MILLER HOSPITAL ADMISSIONS

OCTOBER 1 TO OCTOBER 31, 1976

MRS. MYRA ROSE FOSTER, Greenwood Village, R.R. 6 Kingston; MRS. ADA MARIE REEVES, Cambridge Station; MRS. ANNE MARGARET MUISE, Meteghan Station; JOSEPH ALVINUS FLOOD, R.R. 1 Kentville; JOHN JAMES PAUL, Pictou Landing; JOSEPH VICTOR ENGLAND, R.R. 1 Port Williams; FELIX DANIEL TOBIN, Hampton, Anna. Co.; MRS. SUSAN DURELL COX, Box 178, Port Williams; LESLIE FRANK MILES, Avonport; STANLEY JOSEPH KATYI, 455 Marsh Road, Calgary, Alta.; WILFRED JOSEPH RYAN, Box 164, Port Hawkesbury; MRS. ROBERTA SWAN, 96 Oakdene Ave., Kentville; HENRY NORMAL CLARK, Aylesford; MRS. CAROL JOYCE DAGLEY, Cooksville, R.R. 2 Bridgewater; JOSEPH RICKY BONNANFANT, Belliveau's Cove, R.R. 1 Weymouth; MRS. BEATRICE DIANNE EATON, R.R. 1 Granville Ferry; WILFRED JOSEPH ROBICHEAU, 5 Lewis Lane, Yarmouth; RAY WILLIAM ATKINS, Cambridge Station; RICKEY LAIRD, Nictaux, Anna. Co.; CECIL PARKER HAWKESWORTH, 27 Prospect St., Wolfville; LEON WALTER PORTER, 5 Champlain St., Amherst; JOHN ANGUS SULLIVAN, Upper South River, R.R. 3 St. Andrews; DELPHIS PERCY FREDERICKS, Princesdale, R.R. 3 Clementsvale; HARRY PERCY HUMPHREY, 225 Main St., Kentville; REV. FREDERICK HODGSON GOD-

FREY, Rectory, Hantsport; GERALD ALLISON STEELE, Scott's Bay, R.R. 3 Canning; MARTIN GEORGE SAMPSON, R.R. 1 L'Ardoise, Richmond Co.; MRS. DOROTHY MAY AALDERS, Aaldersville, R.R. 4 New Ross; MRS. ELMINA JANE WYNN, Hilden, R.R. 1 Brookfield; THEODORE WELSLEY STONEHOUSE, 14 Starr Street, Springhill; MRS. LAURENE ALETHA ARENBURG, R.R. 2 New Germany; HARRY ALBERT CONEEN, 7 Pine St., Bedford; MRS. MARY LOU EYE, Greenwich, R.R. 2 Wolfville; LEIGH ELLIOTT FRITZ, Port George, R.R. 4 Middleton; ROBBIE MAXWELL PATTERSON, Tenecape, R.R. 1 Walton; JOSEPH PIUS BELLIVEAU, Belliveau's Cove, R.R. 1 Church Pt.; ALBERT EDWARD BENNETT, Box 171 Middleton; FREDERICK FISHER, 120 Sough Albert St., Amherst; DR. KARL BERNARD EATON, 7 MacDonald Park Rd., Kentville; GORDON SPENCER, Lower Wolfville.

DISCHARGES

OCTOBER 1 TO OCTOBER 31, 1976

ROLAND MARR HOOPER, Pictou Landing, R.R. 2 Trenton; HEDLEY TUPPER CROSSMAN, 7 Abbott St., Amherst; CLIFTON JAMES SAWLER, Lakeville, R.R. 1 Kentville; MRS. BARBARA MATILDA OICKLE, Moe's River, Halifax Co.; LEWIS JAMES RILEY, Mount Denson, R.R. 1 Falmouth; MRS. CARRIE BLANCHE STEVENS, 81 Lanzie Rd., Kentville; MRS. VILDA NATALIE CLARK, 16 Dominion Street, Parrsboro; JAMES WILLIAM TRACEY, Hillaton, R.R. 1 Pt. Williams; WALTER LEO COLE, R.R. 6 Kingston, ROY DOUGLAS SCHOFIELD, Hillaton, R.R. 1 Kentville; DANIEL WILLIAM CHISHOLM, 28 Union Street, Pictou; GEORGE BAZEL TOWNSEND, Clementsport; MRS. JOAN MURIEL IVEY, Windsor; FRANK MORTON KNICKLE, 209 Green St., Lunenburg; MRS. ADA MARIE REEVES, Cambridge Station;

DONALD CLARENCE ISENER, Elmsdale, Hants Co.; DANIEL WAYNE CAINES, Conquerall Bank, Lun. Co.; STANLEY JOSEPH KATYI, 455 Marsh Rd., North East Calgary, Alta.; DANIEL RODERICK MacPHERSON, Erinville, Guys. Co.; ADOLPH OWEN AMERO, Box 72 Plympton R.R. 1, Digby Co.; LESTER PACKARD GRATTO, Comp. 52, Lively Subdivision, R.R. 2 Lower Sackville; NORMAL WILFRED BARKHOUSE, Summerville, Hants Co.; DAVID LLOYD WHYNOTT, 7 Idlewilde Rd., Kline Heights, Halifax Co.; MURRAY EDWARD KNOCK, South Alton, R.R. 2 Kentville; STANLEY GUY GATES, R.R. 6 Kingston (Deceased); LEMUEL JOHN HIMMELMAN, Dublin Shore, R.R. 1 LaHave (Deceased); ROY GARFIELD PRIEST, Senior Citizens' Apartments, Great Village (Deceased); MRS. MYRA ROSE FOSTER, Greenwood Village, R.R. 6 Kingston; JOSEPH ALBERT COMEAU, St. Alphonse, R.R. 1 Meteghan; LEON WALTER PORTER, 5 Chamberlain St., Amherst; WILFRED JOSEPH RIBICHEAU, 5 Lewis Lane, Yarmouth; MRS. SUSAN DURELL COX, Box 178 Pt. Williams; CARMEN LLOYD SLAUNWHITE, Lower LaHave, R.R. 1 Riverport; EARL ST. CLAIR WEATHERBEE, 5 Linden Ave., Wolfville; MRS. ROSALINE MARIE BONNANFANT, R.R. 1 Weymouth; MRS. GEORGIE EVELYN GERTRIDGE, 14 Leverett Ave., Apt E., Kentville; LESLIE FRANK MILES, Box 13 Avonport; JOHN ALFRED HERBERT, Coldbrook; MRS. ROBERTA MAY SWAN, 96 Oakdene Ave., Kentville; JOSEPH VICTOR ENGLAND, R.R. 1 Pt. Williams; JOSEPH RICKY BONNANFANT, Belliveau's Cove, R.R. 1 Weymouth; CECIL PARKER HAWKESWORTH, 27 Prospect St., Wolfville; MRS. BEATRICE DIANE EATON, R.R. 1 Granville Ferry; CHARLES HAROLD FOX, 18 Caldwell Ave., Kentville; RAY WILLIAM ATKINS, Cambridge Station; MRS. CAROL JOYCE DAGLEY, Cookville, R.R. 2 Bridgewater; ARTHUR CALEB

ARENBURG, Halls Harbour, R.R. 3 Kentville; GOERGE ALBERT EDWARD HIRSCHFELD, 26 Major St., Dartmouth; RICHARD CHARLES LAIRD, Nictaux.

His pet canary was developing a very long sharp beak, so the owner took it to a pet shop to have the beak filed.

"Can't do that" said the pet shop owner.

"If you file a canary's beak, the bird will die".

"Then I'll do it myself" said the owner and took his canary home.

A couple of weeks later the same man came to the pet shop and the proprietor asked how the canary was doing.

"He's dead".

"I told you so" said the shopman, "I told you he'd die if you filed his beak".

"Oh, it wasn't the filing that killed him" said the owner. "It was being held in the vise".

Then the customer said he wanted to buy another canary - a blue one.

"Don't have one", said the shopman. "All my canaries are yellow". "Paint one blue for me" said the customer.

"Can't do that. If you paint a canary, it will die".

"Then sell me a yellow one and I'll paint it myself" said the customer.

A while later the two met again, "How is your carary?" asked the pet-shop man.

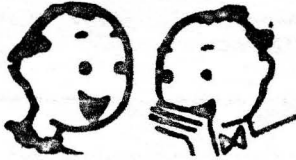
"Dead".

"I told you so. I told you a canary would die if you paint it".

"Oh, it wasn't the painting that killed it" was the reply. "It was the sanding".

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Just Jesting



"My weight is fine", smiled the fat man as he stepped off the scales. "Only thing is, according to the chart I should be four inches taller".

A stranger entered the building and asked a boy standing in the lobby, "Can you tell me where Mr. Smith lives?"

The lad smiled and replied pleasantly, "Yes, sir. I'll show you".

Six flights up the boy pointed to a room as that belonging to Mr. Smith. The man pounded on the door repeatedly and after no response, commented, "He's not here."

"Oh no sir", replied the boy. "Mr. Smith was downstairs waiting in the lobby".

The shipwrecked sailor had spent nearly three years on a desert island and one morning was overjoyed to see a ship in the bay and a boat putting off for shore.

As a boat grounded on the beach an officer threw the sailor a bundle of newspapers.

"The captain's compliments", said the officer, "and will you please read these through and then let him know whether you still wish to be rescued?"

"I understand that you've been going to a psychiatrist. Do you think it has helped you?"

"Certainly it has. Only a few weeks ago when the phone rang, I was deathly afraid to answer it.

And now I go right ahead and answer it whether it rings or not".

-Spokes, Portland, Oregon.

After being examined by the doctor, an old mountaineer was given definite instruction as to what he should do. Just as he was about to leave the office, the doctor said, "You forgot to pay me".

"Pay for what?" asked the old man.

"For my professional advice," replied the doctor.

"No, sir," said the mountaineer. "I've made up my mind I ain't goin' to take it". And he promptly left.

A salesman had travelled on a certain railroad for many years. It upset him that the trains were always late. One day, to his surprise, the train pulled in on time.

The salesman said to the conductor, "You deserve a medal. I've been travelling on these trains for 15 years. And this is the first time a train every pulled in on time".

"Keep your medal, mister", said the conductor. "This is yesterday's train".

Established writers are very often besieged by young writers seeking advice or help. A story is told of the young writer seeking advice from the aged English writer W. Somerset Maugham who said: "Mr. Maugham, I've just written a novel but I haven't been able to come up with a suitable title. You seem to have such a knack for titles, sir. I wonder if you would read my novel and help me".

"Don't need to read your novel", the old man said, "Are there drums in it?"

"No, it's not that sort of a story. You see, it deals with the . . ."

"Are there any bugles in it?"

"No, sir."

"Call it 'No Drums, No Bugles'." -Donald Kaul, "Des Moines Register"

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AT WIT'S END

by Erma Bombeck

You know what this world needs? A practical book on child raising. Not a bunch of theories and psychological mish-mash, but some honest-to-goodness ideas that work.

I never close my mind on an idea, no matter how devious or how rotten. Anything is fair in this kind of war.

DIVIDING DESSERTS - No one will ever convince me that Cain did not slay Abel over the lone maraschino cherry in the fruit cocktail. A friend of mine solved this problem by having one child divide the pie or cake, then pass it on to his brother who got first choice. The child got so exact he was measuring after awhile in micrometers.

CATSUPOLICS - In dealing with children who accuse one another of hogging the catsup, you must be firm. One mother of three catsup freaks finally got each one of them a large bottle of catsup, put their name on each one and told them it had to last a month. It worked.

THE OLD SHAMPOO TRICK - Refill one of the expensive shampoo bottles with Brand X, hide it behind the hot water bottle in the linen closet with a sign that reads "Hands Off", and it will literally disappear.

INSTANT MAIL - For college bums who never write home simply drop a note saying, "Will write more later. Check enclosed". Never enclose the check. The folks sometimes get a hand-delivered response.

WALL TO WALL TOWELS - Tired of picking up towels off the floor? Invest in a stack of black towels. After a shower, let them dry and fold them up again and replace them on the shelf. If you can't tell if they're dirty or not they'll never know if they're clean.

WATCHING TOO MUCH TV? - An Illinois man attached his television set to a bike generator. The kids can only watch what they have strength for.

STEREO TOO LOUD? - Adjust the volume switch to where no sound comes out whatsoever. Then, when he or she is playing a record and is going crazy trying to get some volume, stick your head in the room and yell, "Will you turn that down before it impairs your hearing permanently?"

CLOTHING LITTER - For years my husband has been fighting to get the kids to put their clothes away. Last week, he simply picked up everything he saw on the floor and put it in a bag in the closet. On Saturday, he staged a sale to sell back to the children their own clothes.

When I looked in, the kids also had a bag containing their Dad's sweater, slippers, Time magazine, flashlight, thermos and car keys.

So, we lost a lousy battle . . . but we're winning the war.

A man who had purchased a copy of Ernest Hemingway's *Across the River and Into the Trees* returned it to the bookstore and wanted his money back. He had thought it was a book on golf.

Bob Considine

Little Susie was sitting on her grandfather's lap and after looking at him intently for a time, she asked:

"Grandpa, were you in the Ark?"

"Certainly not, my dear", he said.

"Then why weren't you drowned?"

A duffer golfer was interviewing a prospective caddy at the golf course. "Can you count?" he asked. "Yes," replied the boy. "All right," said the man, "how much is five and four and three?" "Seven," answered the caddy. "Come along," replied the golfer, "You'll do."

GOOD THINKING, MOTHER

Mother, leading young sons from TV program featuring scantily clad girls: "Yes it is bedtime for everybody! Can't you see those girls are half undressed already!"

THE MILLER HOSPITAL

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CONSULTANTS

S.V. ANAND, M.D., F.R.C.S. (E & C) F.A.C.S.	General Surgery
D.W. ARCHIBALD, M.D., F.R.C.P. (C)	Psychiatry
S.F. BEDWELL, M.D., F.R.C.P. (C)	Neurology
J.C. CROSBIE, M.D., F.R.C.P. (C)	Pediatrics
T. DOK, M.D., D.O.M.S., D.L.O. (Eng.)	Ophthalmology & Otolaryngology
P.P. GEORGE M.D., F.R.C.P. (C)	Psychiatry
J.A. HYNES, M.D., F.R.C.P. (C)	Internal Medicine
C.E. JEBSON, M.D., F.R.C.S. (C)	Urology
*D.H. KIRPATRICK, M.D.	Anaesthesiology
B.F. MILLER, M.D., F.R.C.S. (Ed.) F.R.C.S. (C)	Orthopedic Surgery
D.M. MacRAE, M.D., F.R.C.S. (C), F.C.C.P.	Bronchoscopy
G.M. SMITH, M.D., D.P.H.	Preventive Medicine
P.W.S. WATTS, M.D., M.R.C.O.G., F.R.C.S. (C)	Obstetrics & Gynaecology

* Certified by P.M.B.

ADMINISTRATIVE

J.T. BETIK.	Administrator
MISS E. JEAN DOBSON, R.N., B.Sc.N	Director of Nursing
MISS EILEEN QUINLAN B.Sc., P.Dt.	Senior Dietitian
DONALD M. BROWN, B.A., B.Ed., M.S.W.	Director of Rehabilitation

Church Affiliation

ANGLICAN

Rector — Archdeacon Dr. L.W. Mosher
Hosp. Chaplain — Rev. William Martell

BAPTIST

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

CHRISTIAN REFORMED

Minister — Rev. H. Kuperus

PENTECOSTAL

Minister — Rev. T. Kenna

ROMAN CATHOLIC

Parish Priest — Rev. Clarence Thibeau
Asst. Priest — Rev. Luc Gaudet

SALVATION ARMY

Capt. Sidney Brace

UNITED CHURCH

Minister — Rev. Ian MacDonald
San. Chaplain — Dr. J. Douglas Archibald

The above clergy are constant visitors at The Hospital. Patients wishing a special visit from their clergyman should request it through the nurse-in-charge.