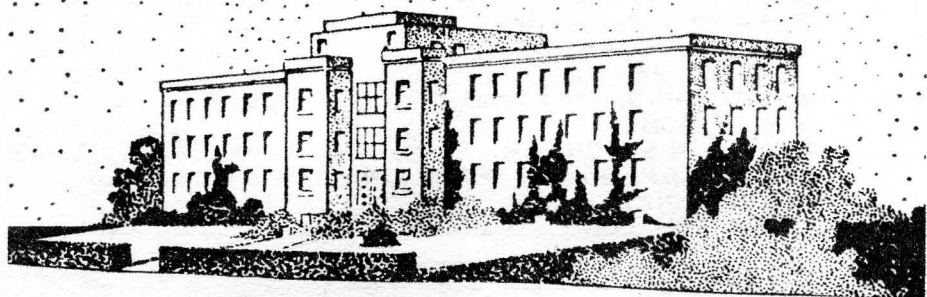


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Health Rays



The Miller Hospital
Vol. 57 April 1976 No. 4

HEALTH RAYS

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Hospital Visiting Hours

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

Easter

When Infant Jesus came to earth that
first glad Christmas morn,
'Twas not His first appearance, He
had been here oft before.

He had been on earth as "Messenger
of the Covenant of God";
"The Angel of Jehovah"; "The
Captain"; and "The Word".

Then 'twas after many visits, as a
citizen He came,-

He was "The Dayspring from on
high", and Jesus was His name.

This time in human form He came, a
man child, virgin-born,-
In Bethlehem's lowly manger, that
first glad Christmas morn.

Our God omniscient, omnipotent, sent
His Beloved Son,-

To live, and die, that sinful men from
sin and shame be won.

O, wondrous love of God most High!
Thy Son was freely given,

To set us free from Satan's thrall,
and lead us Home to Heaven.

If we accept the sacrifice, repent,
and turn to Him,-

Who gave His life at Calvary, to
ransome us from sin!

He lived in Nazareth thirty years, an
humble man was He,-
Tempted, reviled, yet sinless,- He
dwelt near Galilee.

At last this matchless Son of God was
crucified by those

He came to save. But soon He burst
the bonds of Death. He Arose!

And thus we hail His victory o'er
Death on Easter Day,-

And in His Resurrection, find our
Hope, our Joy, our Stay.

If we are His, and He is ours, no fear
can us distress,-

Washed by His blood, all sins
forgiven, saved by His
Righteousness!

Because He lives, we too shall live,
this is His Promise sure!

Repent, believe, accept Him now,-
and live forevermore!

Bessie Fairn Mason
Melvern Square, N.S.

March 1976
Age:88

SPORTSMEN'S PRAYER

Dear Lord, in the battle that goes on
thru life,

I ask but a field that is fair,
A chance that is equal with all in the
strife,

A courage to strive and to dare.
And if I should win, let it be by the
code,

With my faith and my honor held
high

And if I should lose, let me stand by
the road

And cheer as the winners go by.

--Anonymous

Poverty is uncomfortable as I can
testify, but nine times out of ten the
best thing that can happen to a young
man is to be tossed overboard and
compelled to sink or swim for himself.
In all my acquaintances I never knew a
man to be drowned who was worth the
saving.

James A. Garfield

I count him braver who overcomes
his desires than him who conquers his
enemies; for the hardest victory is the
victory over self.

Aristotle

Controlling Tuberculosis

F.R. Mackenzie, M.D., C.M., F.R.C.S.
(Ed.)

Provincial Director, Division of TB
Control, Province of British Columbia

The Division of Tuberculosis Control is charged with the responsibility of supervising the treatment of patients with tuberculosis and recommending measures for the prevention and control of the disease in the Province. To accomplish these objectives it has utilized sanatoria, stationary clinics, travelling clinics, and mobile mass surveys. It has relied very heavily on the cooperation of the Provincial and Metropolitan Health Units throughout the Province to supervise treatment and carry out contact tracing. Tuberculosis is a notifiable disease, a matter of public health concern and therefore the involvement of the health unit will always be essential if the disease is to remain under reasonable control.

The introduction of very effective antituberculous drugs over the past several years has led to a marked reduction in both mortality and morbidity. There has also been a marked change in the approach to treatment of the disease. It is now known that with proper drugs taken correctly for a sufficient period of time, practically all cases can be cured, not merely arrested, and the patients returned to their rightful place as productive members of society. It is also known that the old standbys such as long periods of rest, with many months off work are usually not required and that most patients may undertake most, if not all of their treatment as ambulatory cases on an out-patient basis. These positive changes have been extremely rewarding but they have tended to produce a false sense of security. Unfortunately many individuals, professional as well

as lay, feel tuberculosis has been conquered, and do not consider it as a possible condition in a patient with chest complaints. There are still approximately four hundred and fifty new active cases of tuberculosis diagnosed in British Columbia each year. At the end of 1974 there were seven hundred and eighty persons on out-patient treatment for the disease, as well as another five hundred and sixty on prophylactic therapy because of their potentially high risk of developing active tuberculosis. It is obvious therefore the disease is still with us.

One case will illustrate consequences of a failure to consider tuberculosis in a differential diagnosis. One year ago a young father was referred for a chest film because of persisting cold symptoms. The radiologist reported upper zone fibrosis but apparently tuberculosis was not considered and no further investigations carried out. One year later he returned to his physician with continuing chest symptoms and bloody sputum. Repeat chest x-ray showed extension of his disease with cavities, sputum was positive under direct smear, his children were all tuberculin positive and two showed extensive pulmonary involvement with tuberculosis. In other words there was a family epidemic.

For some time there has been considerable discussion about returning tuberculosis to the "main stream of medicine". In fact this has been gradually occurring in British Columbia. Several physicians with particular interest in chest diseases have been supervising their patients with proven tuberculosis in consultation with the

Division. This consultation is essential to insure that proper contact tracing is carried out and to have an accurate picture of the incidence of the disease in the Province. A physician wishing to undertake the treatment of his patient with tuberculosis must be familiar with the available drugs, the various combinations in use, the importance of regular medication, the length of time for which drugs should be taken, and the side effects which may vary from mild to severe. As the number of beds available for the treatment of tuberculosis declines, it becomes obvious that more and more tuberculous patients will require treatment in general hospitals and in many cases this will require some re-education of hospital staff. Although almost fifty percent of the new active cases diagnosed each year are diagnosed in general hospitals, it is surprising how few institutions require an admission chest x-ray. It is also somewhat surprising how rapidly requests for transfer to a sanatorium may be made once tuberculosis is diagnosed in a patient who may already have been on a ward for days or weeks without causing any particular concern. These are some of the areas where re-evaluation and re-education will be required before tuberculosis will ever be fully accepted as strictly another respiratory disease.

As mentioned above, almost every case of tuberculosis should now be curable with the available drugs. The problems arise in patients who for one reason or another will not accept the responsibility of taking their drugs regularly, either because they do not properly understand the necessity or because of other factors such as alcoholism. In these cases, constant encouragement and supervision is essential both by the physician caring for the patient and perhaps more importantly by the Public Health Nurse, who is in closer contact with the

individual. In many cases treatment can be altered from daily to twice weekly under supervision with satisfactory results. However, in a few of these individuals it may be necessary to attempt to hold them in an institution for sufficient length of time to administer an adequate course of therapy. In the case of the alcoholic this does not necessarily mean a tuberculosis hospital.

When it is realized that the great bulk of new active cases occur in individuals who are known to be previously tuberculin positive the importance of chemoprophylaxis becomes apparent. A positive tuberculin test, if not due to BCG, is an indication that the individual has at some time been infected with tubercle bacilli, some of which will remain in the body dormant for many years and then for various and sometimes unexplained reasons overcome

the body defences and go on to active disease. Therefore every positive tuberculin reactor is a potential case of tuberculosis and this is the reservoir which demands attention. At one time it was proposed that all positive tuberculin reactors receive one year preventive therapy with INH. However, INH is not without risk and therefore each case must be judged on its merits. As a general rule, the incidence of INH hepatitis increases greatly over the age of thirty-five and unless there are very special indications, it is not used. There are, however, certain individuals whose risk of developing active tuberculosis is sufficiently high that prophylactic treatment should be seriously consid-

(continued on Page 4)

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CONTROLLING TUBERCULOSIS

(continued from Page 3)

ered. These include patients with inactive tuberculosis who during the active phase had inadequate drug therapy, patients with positive tuberculin tests and x-ray findings suggestive of old tuberculosis who have had no treatment, individuals who have converted from a negative to positive tuberculin test within the previous twelve months and household contacts of an active case with positive tuberculin test but negative chest film. There are other individuals who have a moderately high risk of developing tuberculosis and in whom prophylaxis should be considered, such as positive tuberculin reactors on prolonged therapy with cortico steroids, on immunosuppressive therapy, children, post gastrectomy cases, unstable severe diabetes, silicotics, and post delivery. However, in any of these, drugs should be used with great care in individuals who have chronic liver diseases or who are alcoholics.

We continue to believe there is a place for BCG vaccination in negative tuberculin reactors in a few selected situations. These include medical personnel who will be in close patient contact, close contacts of cases of active tuberculosis, and individuals who may be going to live or work in countries with a high incidence of tuberculosis.

Apart from tuberculosis prevention in individuals at risk such as those outlined above, the further control of the disease depends almost entirely upon adequate contact tracing. Immediately a new case is diagnosed and reported, the health unit concerned becomes involved in this aspect. At this point the status of the index case becomes important, for those whose sputum is positive on direct smear are highly communicable, whereas those who are smear negative and positive only on culture are not, and extrapulmonary tuberculosis cases are not considered infectious. Obviously

the individuals at greatest risk are close contacts of patients with positive sputum smears and they require immediate examination with skin test and x-ray and follow-up as indicated. Household contact of culture positive patients are treated in the same manner. How far contact investigation of casual contacts should be carried is a matter of judgement, which depends on the degree of infectiousness of the index case, how casual a contact actually is, the place of employment, the size of office or plant, transportation pools, social activities, etc. Given a good contact tracing program and the application of preventive chemotherapy to any contacts in whom it is indicated, one would hope that no further cases of active tuberculosis would develop as a result of the original index case. This is an ideal which may not be completely achieved but it is only in this way that the pool of latent cases of tuberculosis will be reduced. Given the number of new cases still arising, and the number of potential cases as indicated by those with positive tuberculin tests, it is apparent there will be a need for a central tuberculosis control and registry agency for some considerable time to come.

The Disease

Tuberculosis is caused by a bacteria known as the tubercle bacillus.

It is contracted by someone who breathes air which contains the TB germs, put there by an infected person coughing, sneezing or spitting.

Crowded living conditions and poor nutrition may increase the danger of the disease. A crowded environment

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increases opportunity for the disease to spread, while poor nutrition lowers resistance to infection.

If TB germs get into the lungs, they begin to multiply. Most often, the body quickly conquers the germs and heals itself by building a calcium deposit around the live germs. A chest x-ray shows no damage to the lungs; the person is infected but not sick. The importance of the tuberculin test is that it warns of the infection, which could become active in a few, or many years later.

If the germs are able to overcome the body's natural defences, the disease may become active, causing enough destruction to be visible on a x-ray. Even if treatment is not begun, the body may still be able to recover, gain strength and heal the lungs, arresting the disease and making it inactive. On the other hand, the disease could become chronic and progress to death.

A person with inactive TB does not spread TB germs. A person with active TB does.

Although people of any age can become victims of tuberculosis, it is most common among older persons, particularly older men, and where living conditions are poor.

The amount of tuberculosis infection among children and young adults differs among various socio-economic groups and in different parts of the country. Active TB is not common among children from 5 to 15 years of age, although they do become infected. After 15 years of age, the infection is more likely to result in active TB.

Good general health can help the body fight off TB germs, keeping infection from turning into active disease. A vaccine called BCG is used to help ward off active disease in those people who face a special danger from TB. These would include medical staff working around TB patients, travellers to countries where the disease is prevalent, and contacts of those people with active disease.

Early tuberculosis seldom shows symptoms. By the time symptoms such as loss of weight and excessive fatigue appear, the disease is in a far advanced, more difficult to cure stage. Both the tuberculin test and the chest x-ray can find TB before symptoms appear.

From "Your Health"

OVEREATERS ANONYMOUS

A nonprofit organization called Overeaters Anonymous is achieving remarkable success in helping the overweight — by employing the methods used in Alcoholics Anonymous.

"We've been able to help tens of thousands of people!" declared Peter Beamen, executive director of the Los Angeles-based organization, which has some 1,600 chapters meeting in all 50 states. "Even the Navy has adopted our program!"

Said Lt. Commander Burton Knight, the Navy's weight control and physical fitness director: "The Overeaters Anonymous program is amazing. We studied all the popular weight control organizations and found this one to be the most effective."

The Navy adopted the program in 1974 and named it "Ship Shape."

Said Beamen: "Many persons who have turned to us have failed in other weight loss programs. We were founded in 1960 and patterned after Alcoholics Anonymous. Like AA, we stress certain steps to recovery.

"The key is for overeaters to realize that they have a problem and

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RON ILLSLEY
ESSO SERVICE STATION

Questions And Answers

Q. What are the characteristics of emphysema?

A. Breakdown of the countless tiny air sacs and blood vessels in the lungs, causing the lungs to lose their elasticity, their ability to expel air properly, and principally their capacity to take up oxygen and to give off carbon dioxide from the blood. Breathing becomes laborious and painful; the extra strain on the heart often leads to heart failure and death.

Q. How does chronic bronchitis differ from emphysema?

A. Chronic bronchitis is characterized by excessive secretion of mucus in the lining of the bronchial tubes, which connect the windpipe with the lungs. A cough develops and returns regularly; or it may become permanent. If the irritation causing excessive mucus secretion is not removed, the condition may grow progressively worse. If often

leads to emphysema, and the two diseases exist together.

Q. Do environmental conditions play a role in these diseases?

A. Decidedly. In the case of chronic bronchitis, medical evidence shows that it is directly caused by cigarette smoking. As for emphysema, while no direct physical link has so far been demonstrated, a study team has reported to the Surgeon General of the U.S. Public Health Service that cigarette smoking causes "an increased risk of dying from pulmonary emphysema".

Q. What about other respiratory diseases?

A. About 47,000 persons in the U.S. die of lung cancer annually, and it is well established that most of these deaths result from cigarettes.

Dr. Adrati
in "The Journal of Breathing"

OVEREATERS

(continued from Page 5)

that they must depend on others to help them overcome it. This is why members meet in local groups to share their experiences, strength and hope. It doesn't cost anything to join. There are no dues, though we do pass the hat during each meeting.

"At the meetings people talk about the problems that led them to compulsive eating and about the temptations they're working to overcome.

"Each new member is assigned a sponsor to help him through the program. Our members are never really alone. Between scheduled meetings, they keep in contact by telephone.

"If a new member is about to go on an eating binge — if that piece of cake in the refrigerator is tempting

him — then he calls his sponsor for support before he takes that first bite.

"Just as alcoholics fight their drinking problems by helping each other in AA, we fight eating problems the same way."

Beamen explained that each new member maps out a dietary regimen with his sponsor. "Whatever it is, we suggest the member stick to it. And the sponsor plays an important part in helping the person do so.

— Selected

Do more than exist - live.
Do more than touch - feel.
Do more than look - observe.
Do more than hear - listen.
Do more than listen - understand.
Do more than think - ponder.
Do more than talk - say something.

Editorial Comment

Time is passing quickly and the Easter holidays are now ended. We must get this material to the printer while it is still April.

Looking about us to see what may be reported as news from about the "San", we must mention that work began on Easter Monday, April 19, toward the demolition of the Annex and Service Building. As a first step, the windows in the Annex are now being removed, along with inside doors. There had been representations made to keep the Annex, it having been the original Sanatorium, built in 1904, but this is not to be. We see that the ones engaged in the demolition are the Bishop Brothers, who did a very thorough job of removing the West Infirmary a couple of years ago. "Old Timers", revisiting the "San", are commenting on the few remaining landmarks to lead them to the right place!

We have now moved out of the former nurses' residence and are using only a couple of corners of it for storage space - there being no other space available at present. We had been keeping an office there mainly for Health Rays until April, at which time it was felt that we shouldn't be occupying space in a building owned by the Provincial Government, now that we are but former employees of same. We have now "consolidated" our holdings into a very compact space, especially when you compare it with the space previously occupied by the Rehabilitation Department! Of course there aren't very many of us left to occupy the space either!

We are sorry to report that Mrs. Morag Manzer, Handcrafts Instructor, has just told us that she must leave on May 14, for she and her husband are moving to New Brunswick. We are pleased to have had

her with us, and her presence will be missed. Also, there is always doubt as to whether staff members will be replaced. We expect that Stan Robichaud may again be holding the fort as he has on several occasions when we have found ourselves in between handcraft instructors.

While speaking of the many changes which have become so much a part of our day-to-day life at the Miller Hospital, I feel that I should pass along the information recently received regarding the future of Health Rays. It is being discontinued, and it is the feeling that the time to terminate it "neatly" would be at the end of the present calendar year. Having begun publication in November 1919 this does, indeed, represent a great volume of material presented through this magazine. We will undoubtedly be writing more on this topic but, for now, this is just to prepare our readers for what is coming - or for what is not coming! Also, we should not continue to invite readers to contribute to the Jubilee Fund, for the Fund has served its purpose in getting us through a number of increases in publication costs, and should see us comfortably through for the duration of Health Rays' existence. Regarding renewals, I have been advised that it would be appropriate to suggest \$1.00 for any new subscriptions, as well as for any renewals from now on.

There now! That's a fair amount of news in a small space!

My idea is this: Ever onward. If God had intended that man should go backward, He would have given him an eye in the back of his head.

Victor Hugo

"It appeared everything was in order until God stated he wanted to complete the project in six days. At this he was advised by the council that his timing was completely out of the question. HEPA would require a minimum of 180 days to review the application and environmental impact statement, then there would be the public hearings. It could feasibly take ten or twelve months before a permit could be granted.

"And God, said, 'To Hell With It'."

From "The Lighthouse"

At Wit's End

by Erma Bombeck

One of my kids had an English assignment the other night to do a paper on Things My Mother Taught Me.

I couldn't help but be flattered as he wrote feverishly in his notebook for the better part of 45 minutes. When he was finished, I asked, "Do you mind if I read it?"

He shrugged, "Okay. If you want to, but don't get it dirty".

THINGS MY MOTHER TAUGHT ME

Logic: "If you fall off that swing and break your neck, you are not going to the store with me".

Medicine: "If you don't stop crossing your eyes, they are going to freeze that way!" (There is no cure, no telethon, and no relief for frozen eyes.)

Optimism: "You are going to enjoy yourself at that birthday party or I am going to break every bone in your body".

Philosophy: "You show me a boy with a pet snake and I'll show you a boy who wants his mother dead!"

ESP: "Put on the sweater! Don't you think I know when you are cold?"

Science: "You put your hand out of the car window and it'll blow off".
(Gravity: What goes out, must blow off).

Insight: "Do you realize that 50 million children in southeast Asia consider broccoli a treat... like ice cream?" (How do you get a broccoli deficiency?)

Finance: "I told you the tooth fairy is writing cheques because computerized billing is easier for the IRS".

Challenge: "Where is your sister and don't talk with food in your mouth, Answer me!"

Ethics: "If you are too busy to take out the garbage, you are too busy to need an allowance".

Genealogy: "Shut that door. Or where you born in a barn?" (You're asking me?)

Suspense: "Can you guess what I found under your bed today?"

Humor: "When that lawn mower cuts off your toes, don't come running to me".

I took off my glasses and put down the paper. Son of a gun, I would have been willing to bet during all those years he hadn't heard a word I said.

REFLECTIONS

White gulls have held my heart for many years,

The bent-winged gulls which curve into the sun;

They touch me with a poignancy like tears

As does the sea itself when whitecaps run.

I do not ask a meaning of my heart,
Nor do I ask a question of my mind,
I only know that, when gulls wheel apart

And each arcs on alone, though with his kind,

My own strange loneliness wheels from me, too,

And I find the sun the way that white gulls do.

-Alfie Hallmann.



Chaplain's Corner

Msgr. J.H. Durney
in THE VETERAN

THE RESURRECTION

We have passed once more with Christ through the gloom of Good Friday. Once more we have contemplated Him in His bitter passion and death. We have assisted in spirit at His seeming failure and shame on the Cross. It all seemed so mysterious to us - that He, the Son of God, should have to suffer and die. Love is the one explanation - His love that made Him wish to atone for our sins, not in an ordinary and merely sufficient way, but in the way that became His extravagant love for us, in a superabundant way. The deeper we have entered into His humiliation, the more we have lived into His suffering and shame, the more we can appreciate His Resurrection, the more we can enter into the joy of Easter.

This is a day of joy and glory for Christ, and it is a day of happiness for us. Every manifestation of Christ on earth, by His love, was so arranged that it also was a source of blessing to us. If this is true of His Birth at Christmas, of His miracles, of His passion and death, it is true in a special way of His Resurrection. It was by His birth and death that He accomplished our redemption; but it was by His Resurrection that He, so to speak, stooped to conquer these restless, hesitating, earthly minds of ours, and gave us the evidence that should for ever win them and quiet them with unfailing and infallible assurance. As St. Paul declares: "If Christ be not risen again, then is our preaching vain, and your faith is also vain."

This day, then, in the mystery we celebrate, is the supreme assurance of our faith in Christ and in our future

resurrection. If our faith is as strong as that of St. Paul, then our joy today will be full. For in Christ's Resurrection we will see the fulfillment of our faith, the explanation of all life and a certain sign of that eternity that awaits us.

Easter, then, should be to us a day of joy and gladness - joy for Christ our King, for this was His victory over all His enemies and the enemies of man, joy for ourselves, for this is the seal of our faith.



EASTER DEPENDS ON THE MOON

Easter is late this year, almost as late as it can be. The latest it can fall on is April 25, the earliest March 22. All this leeway is due to the fact that Easter depends on the moon. Easter Sunday is the first Sunday after the full moon which happens to be on or near March 21st, that being the spring equinox. If the full moon falls on a Sunday, Easter is the following Sunday.

Why consult the moon? Because in olden days pilgrims wanted moonlight by which to travel to and from the shrines to which they went at Easter. Not everyone travelled day and night of course. Chaucer's *Canterbury Tales* is the account of a group which met at an inn, the Tabard. They don't seem to have been making much effort to hurry. Some pilgrims however must have had less time, or less money to spend at the inns, or thought that there was extra piety in a tiring journey.

If they were going to travel by night as well as day they certainly needed the moonlight for many of the roads were so bad that in wet weather travellers could easily get

mired. Darkness also was the friend of the highwaymen who were ready to fall on travellers and rob them of what money they had, or of any valuable jewellery which they were unjudicious enough to have with them.

It all seems a very long way from Easter today with all the chocolate bunnies and eggs, the new hats and Easter parades.

Of course the main thing about Easter is that no matter when it comes or what people do to mark it they all feel that they have turned the corner away from winter. Life is starting again. Life is renewed. People have to express their relief in some way. Whatever their way we say "Joyous Easter".

TB and not TB

In Appreciation

To the Doctors, Nurses, and all members of the Staff of the Sanatorium, I wish to express my most sincere thanks and appreciation for the many kindnesses that made my stay at the San a very pleasant one. To all of you, my very best wishes and kindest personal regards.

Alfred L. King
R.R. 1 Oxford, N.S.

To all the staff at Miller Hospital I extend my heart-felt thanks for your efforts to make my time at the hospital more comfortable and pleasant.

Thank you, one and all, very much.

Sincerely yours,
Fred F. Annis
14 Park Street
Middleton, N.S.

On the eve of my departure from the Sanatorium (The Miller Hospital) I would like to say "Thank you" to the Doctors, Nurses, and all

the Staff who were so kind to me during my stay here.

Special thanks to Rev. Dr. Archibald and Mrs. Hance Mosher for their visits.

(Mrs.) Carrie Yorke
Parrsboro, N.S.

Thank You, Lord

(1) Thank you, O Lord, for the time that is now,

for all the newness your minutes allow:

make us alert with your presence of mind,

keep us alive to the claims of mankind.

(2) Thank you, O Lord, for the time that is past,

for all the values and thoughts that will last:

may we all stagnant tradition ignore,

leaving behind things that matter no more.

(3) Thank you for hopes of the day that will come,

for all the change that will happen in time:

Lord, for the future our spirits prepare,

hallow our doubts and redeem us from fear.

(4) Make us afraid of the thoughts that delay,

faithful in all the affairs of today;

keep us, our Father, from playing it safe;

thank you that now is the time of our life!

No life without a pang. It were not Life

If ended were the strife--

Man were not man, nor God were truly God.

--Selected

Old Timers

We will pass along some of the greetings received, such as this one from Helen P. Wolfe, River Hebert, who writes, "I have been well since I was at the San in 1972, where I was treated very well by the doctors and nurses. My best wishes to them all, and best wishes to the patients who are there now."

Mrs. Mary A. (Alvin L.) Perry, Ingomar, Shelburne County, wrote a couple of weeks ago and is probably making a start with her early gardening by now. She says, "I watch for and enjoy reading Health Rays. Nice to keep in touch with all you nice people there. Did plan to make a trip to the Valley and the San last August, but company came and stayed for a couple of weeks and I didn't get away. If feel real well, thank God, and we had such a lovely, snow-free winter that these lovely, May-like days make me feel like gardening.

"I hear from Mutka Khroya, and from Margaret Clark. They are both well. Also from Mrs. Connolly, who keeps busy with crocheting, knitting, sewing and writing. Would love to hear from Adelaide Jordan, if she reads this. Give my best to all I knew when there. The doctors, nurses and all the staff were kindness itself, putting up with our complaints and qualms. May God bless all."

A note from Mrs. Mildred Shields, Stewiacke: "Sorry I am late with my subscription but we have been very busy. We were in Toronto for Christmas and when we returned had to make several trips to an eye specialist for my husband. He lost the sight in one eye with glaucoma and they are trying to save the other. Have not been too well myself. Have disc trouble and arthritis has set in. However, I must not complain - so many have more trouble than I have. Please remember me to the staff. We enjoy reading Health Rays."

Mrs. Faye Leach, 33 Brule St., Dartmouth, writes that she is keeping well and "was blessed with an addition to our family last November - Cheryl Dawn. She is growing fast and sure keeps us busy. Please pass my regards along to the staff and former patients who were there during my stay of '70-'72"

From Mrs. Mary McKenna Brown, 1585 Oxford St., Halifax, we have a renewal and a contribution to the Jubilee Fund, along with a note: "I enjoy Health Rays and hope it is to continue under the new regime. My kind regards and best wishes to those who may still remember me."

Clarence Mombourquette, P.O. Box 304, Bridgewater, writes: "I really enjoy and appreciate the interesting and informative reading found in Health Rays. It is 34 years ago this month (April) that I was discharged from the Sanatorium. During these years I've bumped into quite a few ex-patients, and every one could not give enough praise and thanks to the entire staff of doctors, nurses and others, for the care, courtesy and friendliness given them during their stay at the San. What a wonderful record for the San! I would like to send best wishes to all in the Miller Hospital and wishes for a speedy recovery."

Tom R. McNeil, 22 Sunnyside Drive, Westmount, Sydney, writes, "How are things working out with the amalgamation of the San and the B.F.M.? I sure hope it isn't the beginning of the end for your fine Sanatorium. With the way every province is slashing at health services anything can happen. Surely we can at least hold one good hospital that is devoted to Respiratory Diseases. And how important it would be if they effected some very necessary improvements in the hospital for the comfort and benefit of your patients. All the best for the future."

Here is another interesting note,

Ins And Outs



MILLER HOSPITAL ADMISSIONS

MARCH 1 TO 31, 1976

MRS. MARY GERTRUDE WHEATLEY, Golf Links Road, Bedford; RHULAND BURGESS PROUDFOOT, Port Williams; MRS. JOYCE EILEEN JOLLOTA, 9 Alma Street, Amherst; FINN ODIN WETTER, Lawrencetown; WILLIAM ELIHU HINDS, Nictaux South, R.R.3 Middleton; MRS. DOROTHY STELLA KELLY, Grand Pre; LEWIS KEMPTON LEOPOLD, 171 Exhibition St., Kentville; MRS. STELLA MARIE GOLAR, White Rock, R.R.2 Wolfville; MRS. LORETTA MARY SEFFERN, Sefferville, R.R.2 Chester Basin; MRS. GLADYS LUCILLE MacDONALD, Boutilier's Point; DAVID LLOYD WHYNOT, 7 Idlewylde Road, Kline Heights, Halifax; WILLIAM HERBERT ATWOOD, Smithville, Shelb. Co.; MRS. DOROTHY FULFORD, 21 Bedford Hills Road, Bedford; AUBREY ALFRED BOYD, Brickyard Road, Bridgetown; ALLEN LORAN JESS, Port Williams; MRS. ANNA MAUDE CLAHANE, 1044 Highland Ave., New Minas; MRS. LOIS MINNIE FORTSYTHE, 189 Prospect Street, Kentville; WILFRED DOUGLAS DESCHAMP, Shelburne; GEORGE HERBERT GESNER, R.R.1 Lawrencetown; TIAM KARIBAU, Tabiteuea Island, Gilbert Islands; MRS. RUTH LOUISE RINES, Argyle, Yarmouth Co; AMBROSE

LOUIS SAULNIER, St. Alphonse, Digby Co.; OTIS ELROY WOOD, Lawrencetown; DAVID FREEMAN CORKUM, 336 Belcher St., Kentville; FREDERICK FISHER, 4 Prince Arthur St., Amherst; STANLEY GUY GATES, R.R.6 Kingston; MRS. RUTH LAUREL BROWN, Clementsvale; BURLIN WELLINGTON SWEET, R.R.2 Berwick; SAMUEL FRANCIS BENT, Lawrencetown; ALVIN WALDO HARVIE, 51 Woodworth Rd., Kentville; MRS. SHIRLEY RUTH METLIN, Bishop Road, Coldbrook; EDWARD ROSS SAMMON, Church Street, Port Williams; REV. JOHN STEPHEN SHERREN, 12 Connaught Ave., Middleton; VICTOR LeROY BRUCE, Queen St., Bridgetown; MRS. MARGARET ELAINE DRYDEN, 103 Maple Ave., Berwick; ROLAND TRUEMAN ENSHAW, West Greene Harbour, R.R.1 Lockeport; CLAYTON HARRISSTEADMAN, 173 East Main Street, Berwick; WHITNEY LESTER RAINFORTH, R.R.1 Berwick; GEORGE ALBERT STUART, Hall's Harbour, R.R. Centreville; ALBERT GEORGE OXNER, Upper Kingsburg, R.R. 2 Rose Bay; MRS. JEAN McMURDO MAIR, Centreville; CHARLES JOHN DUGAS, St. Martin's, R.R. 1 Meteghan River; ARTHUR ROY HARDACKER, Melanson, R.R. 3 Wolfville; WILLIAM ARTHUR MARRIOTT, Grand Pre; ERIC WILSON DAHR, 41 Union St., Bedford; STEWART RUSSELL KEDDY, R.R. 1, Lawrencetown; MRS. MARY ELIZABETH FALKENHAM, 173 Green St., Lunenburg; LESTER LAWRENCE McMULLIN, 9 Aberdeen St., Kentville; CLARENCE JOHN CHAPMAN, Millvale, R.R. 1 Collingwood; MRS. MARGARET BLASCHKE, Greenwood; MRS. MABEL AVANGELINE BALTZER, Welton's Corner, R.R. 3 Aylesford; MICHAEL ISAAC SACK, Micmac, Shubenacadie; MRS. BLESS MARIE

MacKINNON, 3 Seaview Ave., Wolfville; MRS. BERNICE AILEEN IRVIN, Box 11 Auburn; CHARLES LEON VICTOR BAYART, River Hebert; CONNOLY ANDREW DeLEON, Beechville, R.R. 1 Arm-dale; CHARLES CLIFFORD CARD, R.R. 3 Waterville; HAROLD CUTHBERT BALTZER, Welton's Corner, R.R. 3 Aylesford; LAURA SWINDELL, 655 Park Street, Kentville; MRS. LEONA BEATRICE BOWDEN, Church St., Parrsboro; JOSEPH HAROLD SMITH, White Rock, R.R. 2 Wolfville; ALLAN EDWARD CROWE, Central Onslow, R.R. 5 Onslow; ARTHUR GERALD ROACH, Mosher's Corner, R.R. 4 Middleton; WILLIAM HERBERT ATWOOD, Smithville, Shelb. Co.

DISCHARGES

MARCH 1 TO 31, 1976

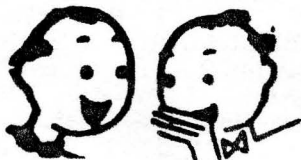
MRS. ANNE ALEIDA HUTTEN, Lakeville, R.R. 1 Kentville; WILLIAM HERBERT ATWOOD, Smithville, Shelb. Co.; LORAN DOUGLAS CHESLEY SHAW, Paradise, R.R. 1 Lawrencetown (Expired); RHULAND BURGESS PROUDFOOT, Box 158 Port Williams; FINN ODIN WETTER, Box 75, Lawrencetown; FREDERICK ALLEN BEST, North Alton, R.R. 2 Kentville; MRS. MARY ANN LONG, Black River, R.R. 3 Wolfville; JAMES FALES, Annapolis County Home for Disabled, Bridgetown (Expired); PAUL STEPHEN PEPPARD, 1028 Aalders Ave., New Minas; EDWARD ROSS SAMMON, Church St., Port Williams; RUBY LAVINIA BURNS, Bridgetown; WILBURFORCE LONGLEY HANNAM, Bridgetown (transferred to B.F.M. Hospital); LAYTON HENRY FISHER, 415 Aldershot Road, Kentville; MRS. DOROTHY STELLA KELLY, Grand Pre; MRS. MILDRED NAOMI MARTIN, Chester Trailer Court, Berwick (Expired); STANLEY GUY

GATES, R.R. 6 Kingston; JAMES BYFIELD BENJAMIN, Belcher Street, R.R. 1 Port Williams; HERBERT AUGUSTUS BURRELL, Round Hill, R.R. 1 Annapolis Royal; DORAN EDWARD LUTZ, Nicholsville, R.R. 1 Aylesford; JOHN DANIEL PETERS, Hammonds Plains, R.R. 1 Bedford; MRS. BETTY ALBERTA CROST, Canning; PERCY HUNTINGTON TAKER, Seaforth, Halifax Co.; DAVID FREEMAN CORKUM, 336 Belcher St., Kentville; MRS. DOROTHY ALTHEA PIERCE, R.R. 6 Kingston; JOSEPH HAROLD SMITH, White Rock, R.R. 2 Wolfville; WARREN ALEXANDER ADAMSON, 101 High St., Pictou; PAUL ANTHONY TAYLOR, R.R. 1 Berwick; HARRIS LOGAN TAIT, Box 115, Oxford; OTIS ELROY WOOD, Inglisville, R.R. 1 Lawrencetown; MAURICE HOWARD GORDON DUNN, Bear River; VICTOR LeROY BRUCE, 13 Queen St., Bridgetown; DAVID LLOYD WHYNOT, 7 Idlerylde Road, Kline Heights, Halifax; JOSEPH VINCENT CANNING, Y.M.C.A., Halifax; ALBERT EDWARD KAYE, 37 Grandview Ave., Trenton (Expired); SAMUEL FRANCIS BENT, Lawrencetown (Expired); LEONARD WILLIAM WILE, Hemford, R.R. 4 New Germany; MERVIL LEWIS HOUGHTON, Sheffield Mills; WILLIAM HERBERT ATWOOD, Smithville, Shelb. Co.; NEIL J. MacDONLAD, Benacadie Glen, R.R. 1 Christmas Island; MRS. MARIE ELLEN CRAWFORD, Wilmot (Expired);

(continued on Page 17)

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Just Jesting



"Yes, sir," panted the farmhand who was strange to country life. "I got all the sheep in, but I had to run hard for those lambs."

"Lambs! I have no lambs. Let's see what you've got," was the reply. Looking into the shed, the astonished owner saw fourteen panting rabbits.

Lawyer: "Did you say the man was shot in the woods, doctor?"

Doctor: "No, I said he was shot in the lumbar region."

An American tourist gazed in awe at India's famous Taj Mahal. "And to think," he exclaimed to his wife, "they were able to do this before anybody had even heard of foreign aid."

A clergyman received a phone call from the local income tax man inquiring about a \$600 contribution listed as having been paid to his church by a certain member. "Did he make this donation?" the tax man asked. The clergyman hesitated for a brief moment then replied: "He will, he will."

Someone told us he saw a sign on an Ottawa desk that read: "The secrecy of my job does not permit me to know what I am doing."

A young woman worker to another in a store about midday: Well, I must get back to the office now or I'll lose my lunch hour.

My wife and I had words - but I never got to use mine.

Doctor (complacently) - "You cough more easily this morning."

Patient (querulously) - "I should, I've been practicing all night."

The doctor was questioning the new nurse about her latest patient. "Have you kept a chart of his progress?" The nurse blushing replied, "No, but I can show you my diary."

Doctors say that if you eat slowly you will eat less. This is particularly true if you're a member of a large family.

To be thoroughly content, it is necessary to have a poor memory and a lack of imagination.

"What was the most you ever weighed?"

"A hundred and forty-four pounds."

"And what was the least you ever weighed?"

"Eight and a quarter pounds."

A harassed businessman was undergoing intensive grilling by an Internal Revenue Service man when he suddenly blurted out: "It's times like this that I wish the Indians had fought harder".

Variety is the spice of life, but monotony provides the groceries.

Quiet people aren't the only ones who don't say much!

"Anyone who stops learning is old whether this happens at twenty or eighty. Anyone who keeps on learning not only remains young but becomes constantly more valuable, regardless of physical capacity".

(Henry Ford)

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INS AND OUTS

(continued from Page 15)

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Golden Jubilee Fund

Contributions to this Fund may be addressed to:

HEALTH RAYS GOLDEN JUBILEE FUND
The Miller Hospital
Kentville, N.S.
B4N 1C4

An official receipt will be sent to all contributors, and all contributions are tax deductible.

The standing of the Fund as of March 31, 1976:

Previously acknowledged:	\$5,696.48
Recent contributors:	
Mrs. Mary McKenna Brown	
Mrs. Maxine Stewart	
F. Douglas Knockwood	
Interest	
Total	113.00
Grand Total	\$5,809.48



THE REGENERATIVE FINGER

When a child's fingertip is sliced off or smashed in a car door, most doctors sew up the wound or attempt to reconstruct the digit. But the best treatment for such injuries may be none at all. Writing in the Journal of Pediatric Surgery, Dr. Cynthia Illingworth of the Children's Hospital in Sheffield, England, reports that until the child is age eleven or so, a fingertip that is not damaged below the first joint will often regenerate spontaneously if left alone. Thus instead of suturing up smashed or amputated fingertips, Dr. Illingworth and her colleagues merely clean the damaged digit, hold it in position with a sterile splint strip, cover it with a non stick dressing and a mitten bandage, and then let nature take its course.

-The Lighthouse

ANATOMY OF THE BONES

Someone has said that membership in every organization is made up of four kinds of bones:

1) There are the "wishbones" who spend their time wishing somebody else would do the work.

2) And then there are the "jawbones" who do all the talking but very little else.

3) Next, come the "knucklebones" who knock everything that everybody else tries to do.

4) And, finally, there are the "backbones" who get under the load and do the work.

WHICH BONE ARE YOU?????

THE MILLER HOSPITAL ACTIVE STAFF

H.M. HOLDEN, M.D., F.R.C.P. (C) F.C.C.P.	Medical Director
J.J. QUINLAN, M.D., F.R.C.S. (C), F.C.C.P.	Surgeon
F.J. MISENER, M.D., F.C.C.P.	Radiologist
MARIA ROSTOCKA, M.D.	Physician
*G.A. KLOSS M.D., F.C.C.P.	Physician
BARBARA LEITCH, M.D.	Physician

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. CROSSIE, 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.	Anaesthetics
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

POINT EDWARD HOSPITAL

D.S. ROBB, M.D.	Medical Superintendent
T.K. KRZYSKI, M.D., ChB.	Assistant Medical Superintendent
D.B. ARCHIBALD, M.D.	Consultant Urologist
R.G. CHOKSHI, M.D.	Consultant Bronchoscopist
E.C. MacDONAGH, M.D.	Consultant Psychiatrist
H.R. CORBETT, M.D.	Courtesy Consultant, radiology
R. MATHIESON, M.D.	Courtesy Consultant, pathology
H.M. HOLDEN, M.D.	Courtesy Consultant, cardiology
MRS. EDNA MacDOUGAL, R.N.	Director of Nursing
MRS. JOAN CHIASSON.	Dietitian

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
Hosp. 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.

POINT EDWARD HOSPITAL

ANGLICAN

Rev. Weldon Smith

ROMAN CATHOLIC

Parish Priest -- Father Angus MacLeod

UNITED CHURCH

Rev. Allan MacIntosh

PRESBYTERIAN

Rev. E.H. Bean

SALVATION ARMY

Capt. Alex Swan