

THE NOVA SCOTIA SANATORIUM

VOL. 54

JUNE, 1973

No. 6

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Health Rays



HEALTH RAYS

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Authorized as Second Class Mail, Post Office Department, Ottawa

Published monthly by the Nova Scotia Sanatorium, Kentville, N. S., in the interests of better health, and as a contribution to the anti-tuberculosis campaign.

SUBSCRIPTION RATES 25 cents per copy \$2.00 per year

Please address all communications to: The Editor, Health Rays,
Nova Scotia Sanatorium, Kentville, Nova Scotia

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NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
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A SYMBOL OF UNITY

EVERY AUTUMN the hardwood forests of southern Canada are ablaze with reds and yellows.

Most of this vivid display is put on by one species of tree: the hard or sugar maple. Seventeenth century explorers sailing the St. Lawrence wrote about the flaming colours of Canadian autumn, probably the first association of the maple leaf with Canada. By 1700 some historians think it had already been suggested as a Canadian symbol.

More than a century passed, however, before the maple leaf was adopted officially by the St. Jean Baptiste Society as its emblem in 1834.

The idea of a maple leaf symbol for Canada moved west until by 1853 a large maple leaf appeared on a parade banner at the ceremony opening Brock's Monument at Queenston Heights in Ontario. A few years later the Prince of Wales, later Edward VII, was about to visit Canada. At a meeting in Toronto's St. Lawrence Hall planning his welcome, Dr. James Richardson moved that the maple leaf be officially adopted as Canada's national emblem and everyone voted for his motion.

Thus by Confederation in 1867 Canadians already knew and accepted the familiar symbol. In that same year a Toronto school teacher, Alexander Muir, composed "The Maple Leaf Forever", a song which rang out in Canadian classrooms for generations. And Queen Victoria gave the national emblem still more status in 1868 when she granted permission for it to be used in the coats of arms of Ontario and Quebec.

Soon Canadian regiments began using the maple leaf on badges and insignia. It saw service in the South African War and in both World Wars; a three-leaved sprig still appears on buttons and badges of the Armed Forces and police. Tourists abroad today can get instant recognition as Canadians if they wear maple leaf brooches or pins. In souvenir shops it appears on everything from ash trays to paper weights. Team Canada hockey sweaters displayed a massive maple leaf.

IN COAT OF ARMS

The maple leaf symbol is far older than the Canadian coat of arms though it figures prominently in it. We had been a nation for 54 years before the day (November 21, 1921) when King George V established a distinctive coat of arms for Canada. On it are pictured the two founding races, French and English, in heraldic symbols. The coat of arms bears a shield which is divided into five parts.

At the top left appear the three lions of England and beside them the single lion of Scotland. Below the English lions is the harp of Ireland flanked by the fleur-de-lis of France. At the base of the shield is a sprig of three maple leaves. Surmounting the shield is a crest: a golden, crowned lion holding a bright red maple leaf in its upraised right paw.

On the left a lion symbolizing England and Scotland supports the shield and flies a Union Jack; opposite him a Scottish unicorn flies the banner of royalist France. The lion and the unicorn stand on Canada's motto, "A Mari Usque Ad Mare" (from sea to sea), which rests on a wreath of roses, shamrocks, thistles, and lilies and forms the base of the coat of arms.

The sprig of maple leaves on the shield was originally green, but the proclamation of 1921 which gave us a coat of arms also made red and white the official Canadian colours. In keeping with this, the maple leaves were changed to red in 1957.

One further step was taken in 1965 to confirm the maple leaf as Canada's national symbol. At that time Queen Elizabeth II proclaimed a new Canadian flag which is red at either end with a white square in the centre. On the white background stands a large, red, stylized maple leaf. National emblem and national colours were thus joined in a distinctive design which is Canada's own.

Our coat of arms portrays only the two founding races and perhaps no longer accurately represents the makeup of a nation in which nearly 30 per cent of the people are of other ethnic groups than British and French. No matter how we may feel about this we can at least agree that the maple leaf is a truly national emblem which helps to give Canadians "A Mari Usque Ad Mare" a sense of unity.

from Canada & The World

CHRONIC RESPIRATORY DISEASE IN NOVA SCOTIA

A Preliminary Report

H. M. Holden, MD, & A H. McKean, RRL
Nova Scotia Sanatorium

It is common knowledge that the incidence of chronic respiratory disease has been increasing throughout North America as well as in other parts of the world. However, reliable documented information as to the magnitude of the problem is relatively scarce. This situation applies, not only to the prevalence of chronic obstructive pulmonary disease but also to the facilities available for its management.

The acutely ill patient with an underlying chronic respiratory disease problem requires emergency treatment in a highly specialized environment. More usually, however, the individual who suffers from a progressively disabling respiratory problem will benefit from a period of hospitalization and this type of patient might avoid hospitalization altogether if certain treatment facilities, including various breathing devices, could be made accessible to him in his home.

In an attempt too assess the situation in Nova Scotia, it was proposed by the Medical Advisory Board of the Nova Scotia Tuberculosis and Respiratory Disease Association that a survey be carried out, both to determine the frequency of chronic respiratory disease states in this province, and at the same time to obtain information as to the accessibility of medical, paramedical, and hospital facilities for treatment.

As a first step, a questionnaire was circulated to all practicing physicians in the province in order to obtain some idea as to the extent of the problem of chronic respiratory disease in their everyday work. It was also planned that a study of statistics regarding hospital admissions and discharges be made with particular reference to hospitalization for the treatment of chronic respiratory disease. Thirdly, it was planned to obtain information from the office of the Registrar General as to the number of deaths either attributed to, or associated with, chronic respiratory disease during the past few years in this province.

The possibility of carrying out a survey concerning certain population groups as to the incidence of chronic respiratory disease might be another way to approach the

problem. This method of study would assist in determining the actual frequency of respiratory disability, but would not necessarily be related to the numbers of those in need of treatment facilities at the time. Reference will be made to studies of this nature as carried out elsewhere.

Returning to the matter of the physicians' questionnaire, this was drawn up in as simple a form as possible, and all the questions were included on one page. Practicing physicians are faced with considerable paper work, and are apt to discard a complicated questionnaire. Actually, we obtained a very satisfactory response ratio, 46% of the questionnaires being completed. In a communication from Dr. C. W. L. Jeanes, Executive Secretary of the Canadian Tb and RD Association, it was stated that a county association in Ontario had adopted a similar questionnaire approach in a respiratory disease survey, and had received 70 replies from 170 physicians — i.e., a 41% response. We were very grateful to the President of the Nova Scotia Medical Society for his support in urging members of the Society to reply to the questionnaire. In addition, we are appreciative of assistance received from the Department of Continuing Medical Education of Dalhousie University, who provided us with an address list.

As this was to be a survey regarding chronic respiratory disease, we were particularly interested in asthma and chronic obstructive pulmonary disease of various types. These latter involved those conditions related to chronic airway obstruction, such as emphysema and bronchitis, as well as a few miscellaneous disorders. We were not concerned, for the purpose of this survey, with cancer of the lung, tuberculosis and acute chest illnesses. However, it is well to remember that any type of chest illness may occur as a complication of pre-existent obstructive disease. Indeed, many medical and surgical problems, even though unrelated to the chest, may present undue hazards owing to the presence of chronic obstructive pulmonary disease.

Before proceeding to the results of the physician survey itself, it might be well

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to consider some background information with regard to our problem. For Canada as a whole in 1969, the death rate amounted to 6.7 per 100,000 for chronic bronchitis, 5.9 per 100,000 for emphysema, 3.0 per 100,000 for tuberculosis, and 22.5 per 100,000 for cancer of the lung. Thus it is seen that the rate for bronchitis and emphysema now exceeds tuberculosis in this country although it is considerably less than that of cancer of the lung. The situation is much the same in the United States. In any event, it is not so much the rate for 1969, but rather the continuing rise in recent years that presents a cause for alarm among those who are interested in respiratory disease. In the United States, it was found that the male death rate increased fourfold in a period of ten years and there was a similar increase in the female population. However, in both Canada and the U.S.A., the rate is considerably lower among members of the female sex. This difference may be related to the difference in smoking habits.

Various factors may contribute to the increased incidence of chronic obstructive pulmonary disease — hence to the increased death rate. Unlike communicable diseases, these conditions are not reportable by physicians to health authorities and therefore information is not available from official sources as to the number of cases. There is no question, however, but that the rising death rate points to a corresponding or greater increase in prevalence of chronic obstructive pulmonary disease. While no population survey has been carried out in Nova Scotia, a carefully planned study took place in Chilliwack, British Columbia, in 1963, as to the incidence of this type of disease. A corresponding survey had taken place two years previously in Berlin, New Hampshire, a pulp manufacturing centre with its attendant air pollution. Chilliwack is in a farming district with little or no atmospheric pollution. A random sample of the adult population took part in each survey. Each subject underwent a personal interview for the purpose of obtaining answers to a standard questionnaire regarding respiratory symptoms, respiratory and other illnesses, and smoking habits. In addition, certain simple pulmonary function tests were done. These consisted of forced vital capacity and forced expiratory volume in one second, and were performed using a relatively simple spirometer. Approximately 700 persons in the Chilliwack

area were included as compared with 600 in the Berlin, New Hampshire study. Owing to the close similarity of the survey methods — indeed, some of the same personnel were involved — the results were considered to be quite comparable, thus affording the opportunity of comparing a non-polluted area with one in which industrial pollution was considered a probable factor in the production of chronic respiratory disease.

Comparing Berlin, N. H., and Chilliwack, B. C., it was found that 40% of the males in Berlin were afflicted as compared with 29.3% in Chilliwack. The prevalence rates among the female volunteers showed less variation, being 21.5% in Berlin as compared with 18% in Chilliwack. It is quite probable that the lower rates among the females are due to the fact that cigarette consumption is lower in women, and that the higher rate among both sexes in Berlin is due to the additional factor of atmospheric pollution. Pollution in the Berlin area is mainly by regular exhaust of sulphur dioxide into the atmosphere from the pulp and paper mill.

If the mean of the two rates is applied to the population of Nova Scotia in the same age group (25-74 years) it would be expected that approximately 60,000 males and 30,000 females would be affected by one or more forms of chronic respiratory disease.

It must be emphasized that neither the Chilliwack nor Berlin population group surveys bear any relationship to medical services requested or received, with the exception of those individuals with asthma who must have received medical attention within the previous year in order to have been classified as having this condition. Also, neither of these studies necessarily represent patients who feel that they have a physical disability — rather an unknown percentage may look upon their symptoms as a tolerable inconvenience, not realizing the possibility of ir-

(Continued on Page 4)

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CHRONIC RESPIRATORY—

(Continued from Page 3)

reversible lung disease should their symptoms remain disregarded. This applies in particular to the smoking group.

Returning now to our own questionnaire, it was found that in a winter month in Nova Scotia, 4,553 persons suffering from chronic respiratory disease were reported to have been seen by somewhat less than one half of the physicians in practice in this province. If the same rate pertains to those physicians who did not reply, a total of 9,900 patients would have been encountered. In other words, roughly 10,000 Nova Scotians would have been treated in home, hospital, or clinic during the one month period.

Based on the Chilliwack and Berlin surveys, as noted previously, in our province a total of 85,000 persons between the ages of 25 and 74 years is estimated to suffer from chronic respiratory disease of varying degrees. Moreover, the pediatric group, teenagers, and young adults under the age of 25 years, are not included in this estimate. Also, if we consider those of 75 years of age and older, it would probably be no exaggeration to state that in Nova Scotia there are approximately 100,000 people with significant chronic obstructive pulmonary disease, no less than one in every ten individuals. This calculation is more than substantiated by one of our respondents who states with regard to his hospital as follows: "However, in the rather restricted type of patient one sees here, chronic respiratory disease is far and away the most common single cause of morbidity alone or combined with other diseases. From the autopsy material available to me in the past eighteen months, a normal lung is a rare entity — less than one per cent". Nothing could be more conclusive than this final statement as to the magnitude of the problem.

A total of 266 replies to our questionnaire was received from a total of 580 physicians, giving a return rate of 46 per cent.

The majority (214) were received from general practitioners and unidentified physicians, 28 from specialists, and 6 from clinics and others. In some instances, a member of a group or hospital staff answered for several colleagues. In these cases, the answers were listed singly.

It should be mentioned that the respond-

ents were not asked to identify themselves, though some did so, and at the same time made valuable comments.

In a period of one month, a total of 247 physicians was consulted 1392 times regarding asthma, 2356 times regarding emphysema and bronchitis, and 805 times regarding miscellaneous chronic respiratory conditions. This works out to an average of 5.6 asthma cases, 9.5 emphysema and bronchitis, and 3.2 miscellaneous conditions for each physician in the period of one month.

After obtaining an estimate of the patient load, the next two questions involved hospital facilities. The first question reads as follows: "Do you experience any undue delay in having patients with pulmonary insufficiency admitted to hospital when necessary?" Eighty-four respondents replied in the affirmative, and 147 stated that there was no delay, for percentages of 34 and 59 respectively. In other words, approximately one third experienced delay in obtaining hospital beds for patients with pulmonary insufficiency.

The next question reads as follows: "Are hospitals in your area able to provide beds to keep patients with pulmonary insufficiency in hospital until optimum improvement in respiratory function is obtained?" There were 248 replies to this question, 120 in the affirmative, 105 negative, for a percentage of 48 and 42 respectively. This would indicate that slightly less than half of the respondents feel that their patients are kept in hospital until optimum improvement is achieved.

The next question concerns home treatment. First of all, inhalation therapy services were considered. It is quite possible that this question was somewhat ambiguous and that the accessibility of hospital outpatient services was included with treatment in the home. In any event, these services are available to 118 or 48 per cent of our respondents, while they are lacking in the case of 81 or 33 per cent. It is regretted that ambiguity existed in this question but in any event there is no

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doubt that there is a substantial need for increased facilities of this type.

With regard to home nursing services, there would appear to be a definite lack in that 33.5 per cent, or 83 respondents, feel that these services are required. However, it is possible that not all physicians are aware of the home nursing services that may be available in their particular area.

Homemaker services were considered in a similar manner, and apparently the nature of this type of service was not quite understood, as 28.6 per cent failed to answer the question. Forty-three per cent indicated that homemaker services were needed and 22.6 per cent indicated they were available. Regrettably, the writers are unaware of the extent to which these services exist throughout the province.

As to rental or loan of IPPB equipment, only 44 respondents or 18 per cent stated that this type of equipment was available, while 136 or 55 per cent indicated that it was needed.

The questionnaire revealed differences in various parts of the province. For example, it was noted that the case load was highest in the coal mining communities of Cape Breton and Pictou Counties. It was also noted that inhalation therapy clinics are conducted in some hospitals, but are completely lacking in other areas.

In Nova Scotia, as in other parts of Canada, the death rate from chronic respiratory disease has been on the rise (Figure 1). In 1960 and 1961 there were 27 and 33 deaths respectively, as compared with 70 and 65 in 1967 and 1968. In other words, the numbers almost doubled in this short period — another indication of the increasing prevalence of chronic respiratory disease.

Similarly, hospital separations are revealing. In 1967 and 1968, 2454 and 2532 Nova Scotian patients spent totals of 27,601 and 27,005 days in hospital, or an average of 11.3 and 10.7 days per patient for treatment under the general classification of bronchitis.

DISCUSSION

For some years it has been realized that Nova Scotia in common with the rest of the North American continent, has been experiencing a considerable increase in the incidence of chronic respiratory disease. It is doubtful, however, that few of us, prior to the institution of this present study, appreciated the magnitude of the problem. The premise that in one month

roughly 10,000 Nova Scotians had respiratory symptoms troublesome enough to have them seek medical attention is amazing. It must be emphasized that these individuals were clinically ill, and that a large segment of our people regards a productive cough, occasional wheezing and shortness of breath on exertion as evidence of the fact merely that they are getting older. In reality, however, they have chronic bronchitis in a reversible stage. Based on the mass surveys in Chilliwack and Berlin, the estimate that has been made, that approximately 90,000 Nova Scotians between the ages of 25 and 74 have chronic respiratory disease, would appear to be a valid one. It should be noted, moreover, that both surveys excluded over half the population and, while the incidence of chronic respiratory disease is far lower in younger people, any paediatrician will confirm the fact that a considerable proportion of his time is devoted to children with chronic respiratory problems.

The questionnaire, in addition to emphasizing the widespread prevalence of chronic respiratory disease, suggests that there is considerable room for improvement in both the investigation and the treatment of these individuals. Briefly, the most pressing need is the provision of increased facilities and personnel to study adequately the individual patient's particular respiratory problem. Once that is determined, appropriate treatment can be prescribed. By far the greater part of this treatment will be carried out outside the hospital. This will necessitate not only sufficient equipment but, more important, the trained personnel to ensure that the various modalities of therapy are properly applied.

The Nova Scotia Tuberculosis and Respiratory Disease Association must never relax its efforts in the struggle against tuberculosis. A challenge of equal importance is afforded by the vast multitude of Nova Scotians who have other respiratory diseases.

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The Nova Scotia TB & RD Association Annual Meeting

The Nova Scotia Tuberculosis and Respiratory Disease Association held its annual meeting during the week of May 7. Dr. J. J. Quinlan presented the Dr. J. Earle Hiltz scholar awards. As there was no award made in 1972 there were two awards made this year in the amount of \$1,000. each. Funds from the Bridgewater TB Association made possible the second award this year. The recipients were both students at Dalhousie Medical School entering their fourth term. They were Thomas A. Peacocke, 215 Crichton Avenue, Dartmouth, and Ronald A. Killeen of Halifax.

Distinguished service awards were presented to Alfred C. Milner (in absentia) formerly president of the Cumberland County TB and RD Association, a board member of the N.S.T.R.D.A. three of the nine years as president, and two terms as Secretary of the Canadian TB and RD Association.

A distinguished service award was also given to Gerald D. Cunningham for nine years on the Provincial Board of N.S.T.-R.D.A., three as president, and now president of the Canadian TB and RD Association.

Five-year awards were presented to Mrs. Lettie MacLeod, Secretary of the Guysborough Municipality TB and RD Association, and Mrs. A. G. Darnbrough, Vice President of the Cape Breton County TB and RD Association.

Awards for ten years and over were made to Mrs. Harvey Veniot, President of the West Pictou TB and RD Association; Victor Cardoza, President of the Digby Town Association and former Board member of the N.S.T.R.D.A.; Mrs. W. F. MacIntosh, Secretary, Antigonish County TB and RD Association; Mrs. James DeCost, Past Secretary of the West Pictou TB and RD Association; Joseph LeBlanc, President of the Yarmouth County TB and RD Association and former N.S.T.R.D.A./Board member; Joseph Lette, President of the Guysborough Municipality TB and RD Association, and former Board member of N.S.T.R.D.A.; Mrs. Walter Freeman, former secretary of the Cumberland County TB and RD and for many years one of the most active of that association's Executive Board members; Mr. W. E. Jefferson, past Treasurer of Cumberland

CHRONIC RESPIRATORY—

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SUMMARY:

1. In an attempt to determine the impact of chronic respiratory disease in present day medical practice in Nova Scotia, a survey under the auspices of the Nova Scotia Tuberculosis and Respiratory Disease Association has been carried out.

2. All practicing physicians in Nova Scotia were sent a simple questionnaire, in the completion of which was summarized their experience in the management of chronic respiratory disease, and 46 per cent completed and returned questionnaires.

3. Analysis of information submitted would seem to confirm our impression that we have, indeed, a real problem in Nova Scotia with reference to chronic lung disease, and that there is an urgent need to educate both the public and the profession. At the same time, there is a pressing requirement both for properly trained medical and paramedical personnel and appropriate equipment for the further diagnosis and management of these conditions.

* * *

Presented at the Annual Meeting of the N. S. Tb and RD Assn. May 8, 1971

:o:

The new arrival had been struggling to master the pronunciation of English. He'd learned the difference between "cough" and "bough" and "rough" and felt he was getting somewhere at last. Until he paused outside a city theatre and noted, with undisguised horror, the words on giant poster, 'Musical Comedy Pronounced Success.'

County TB and RD Association; Colonel J. W. A. Dunbard, Executive Board member of the East Pictou County TB and RD Association, and former Board member of the N.S.T.R.D.A.

Dr. A. Gordon Jessamine of Ottawa was keynote speaker this year at both the Thoracic Society meeting and at the N.S.T.R.D.A. meeting.

Dr. Jean-Jacques Laurier, newly appointed Executive Medical Director of the Canadian TB and RD Association was present on his first official visit to Nova Scotia.

Editorial Comment

It is the first week in June as I write this and the apple blossoms are at their best. Having had somewhat less than perfect weather during much of May it seemed that nature held back its energy until the weekend of June 2 — the Apple Blossom weekend. Nature again smiled on the festival organizers and participants — the blossoms were at their best and the weather was indeed pleasant.

It still seems strange for the festival to be held in a town other than Kentville, it having been here for so many years. It has always seemed a part of the spring for us to get the patients out to view the parade. The festival being held in Windsor this year it seemed a bit too far to take our patients. With traffic being what it is, it would be most difficult to get someone back to the Sanatorium in a hurry if the need should arise. I, for one, was pleased to keep the car off the road that day.

* * *

We have become so dependant upon cars that it takes considerable thought to picture what it would be like in a society without them. And from the shortages in gasoline already experienced in some parts of the United States — together with the ever-present possibility of added legislation to control the air pollution caused by the internal combustion engine — there's always a strong possibility that we may find ourselves seeking other means of transportation.

Continuing on somewhat the same line of thinking, I was recently reading something that gives considerable food for thought. It was part of the series of articles written by a lady in her 88th year — the sister of one of our Kentville residents: who is putting in writing something of the family and community history for the benefit of the grandchildren. It concerned life in a small English village as she so vividly recalled it. How difficult it is for young people brought up in a world of noise to fully grasp the tremendous difference in the way of living. The scene was described something like this, "Picture, if you will, life with absolutely nothing mechanical. What sounds there were mellowed by distance — the chimes of the village clock, the distant lowing of cattle, and the occasional sounds from the blacksmith's forge. Then, in the evenings, no sounds at all, just as on Sundays."

What a difference it is when we compare that with what we experience in our present day society. And most of it due to the development of the internal combustion engine. One must say development rather than perfection, for it still has a long way to go to reach a state of perfection. Many small engines, such as installed on lawn mowers, start or refuse to start as the spirit moves them and the engines of many fine looking cars still overheat when idling in heavy traffic on a hot day, decline to start in sub-zero weather, or when the weather has moderated following a cold spell. I remember reading a joke some time ago that went something like this: A motorist took his nearly new luxury car back to the dealer complaining that its engine was hyper-sensitive to dampness. The dealer defended the car by saying that most cars tend to skip a bit after being driven through flooded sections. "Flooded sections!" exclaimed the motorist, "I wouldn't complain about that but I swear that if a small pup comes in the driveway and wets on a tire that car won't start for the rest of the day!"

And so it may be that within our generation the internal combustion engine which has reigned supreme may be replaced by something else — such as the electric car. It is interesting, too, to see that bicycles are making a strong comeback and so, for that matter, are horses!

* * *

At this time we wish to welcome to our midst the members of the summer course in Clinical Pastoral Education. Classes began later than usual this year and will run from June 5 to July 11. This is the 21st summer that this course has been held at the Sanatorium and is held under the direction of Reverend Howard Taylor, assisted by Reverend Gary Tonks, coordinating Protestant Chaplain at the Sanatorium. As in recent years the students will be dividing their time between the Sanatorium and the Kings County Hospital.

Students attending the course are Rev. Mel Scott, now of Bridgewater, who is known to many in this area through the program which he used to have on the Evangeline Broadcasting Network. Also on the course is Rev. Douglas Spinney who served in Northern British Columbia before returning to Paradise, which is the home of his parents, Rev. and Mrs. Her-

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A YEAR FOR GROWING MEN

(By DWAYNE W. LAWS)

What makes a man?

Is it the environment in which he is reared? Is it heredity? Does the social climate in which a child chances to grow up tend to shape his character? Does poverty breed crime? Do scions of the wealthy always have advantages over children of the poor?

Who can answer these questions with absolute certainty? When one engages in research to prove his point he finds criminals among the descendants of pious progenitors, and world leaders emanating from the somber depths of sordid slums.

Undoubtedly all men's views on the matter are tempered by events of the past. So are mine. In fact, one childhood conversation played a stronger role in shaping my perspective than any other single event.

The year was 1930. It was winter. The day was cold and dark. Night had come early. My widowed mother and I had finished the farm chores and the evening meal, and had settled down around the rustic fireplace in our modest farm home for that brief but fruitful interlude of unhurried conversation between the end of the day's activities and bedtime.

That year the normal, unproductive results of the farming efforts of an aged widow and an inexperienced son had worsened as the result of a scorching and prolonged drought. Food was scarce. A dollar was a rarity. In spite of painful and ceaseless efforts, our farming activities that year simply had not produced a harvest adequate to sustain our meager needs through the winter. To my young mind the situation appeared hopeless.

As was her nightly custom, Mother sat reading the discolored pages of a well-worn Bible. She read aloud, attempting, often without results, to keep my wavering mind centered on the unqualified assurances that came to her from that hallowed Book. That evening she sought to remove my recurring doubts and to assure me that if I would but have unfeigned faith all would be well with us.

"But, Mother," I said, "we have shown our unwavering faith. We have worked our hands to the bone. We have gone, uncomplaining, day after day to those barren fields and done everything it is humanly possible to do. Now, what are the results?

We have failed, through no fault of our own. I don't understand it"

Mother sat pensively for a moment or two, looking straight into the flickering firelight, then raised her compassionate eyes and said, "Son, as you grow older you will, no doubt, look back on this year and conclude that it was one of the worst crop years you ever experienced. But, you are overlooking one important fact. Neither God nor I am primarily interested in growing cotton or corn. We are much more interested in producing a crop of men. This may well turn out to be one of the worst years ever for growing things on the farm, but it may yet prove to be the best year yet to help you and other young men like you to grow into a man!"

The years have tended to make stronger that belief implanted by that flickering fireside. No character is ever well-rounded nor strong without experiencing some drought years. And when conditions are the worst for growing things they may be the best for producing men.

HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to this Fund may be addressed to:

HEALTH RAYS JUBILEE FUND

Nova Scotia Sanatorium
Kentville, N. S.

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

The standing of this Fund as of May 30, 1973:

Previously acknowledged: \$4,596.84

Recent contributors:

Century Patrons:

Nil

Patrons:

Sidney Robert
Miscellaneous

Total:

10.90

Grand Total:

\$4,607.74

NOTES AND NEWS

Rev. Dr. J. D. Archibald proudly announced that daughter Eleanor and her husband Ned Chase are the proud parents of a daughter, Margaret Gertrude, born Friday, June 1, 1973. There was much rejoicing in the Chase and Archibald households. We extend our warmest welcome to the little one and our hearty congratulations to the parents.

The Nova Scotia Tuberculosis Respiratory Disease Association's annual meeting was held during the week of May 7. Held in conjunction with this was the 16th annual meeting of the Nova Scotia Thoracic Society. We are pleased to report that Dr. Helen M. Holden, Medical Director, Nova Scotia Sanatorium, was elected president of the Society. Our congratulations!

We are pleased to welcome Miss Brenda L. Manthorne as assistant Chaplain at the Sanatorium for the summer months. Brenda has just completed her fifth year at Acadia University, graduated with the class of '71 with a B.A. in English and is now working toward a Master's Degree in Divinity.

Billy Ward left the Sanatorium staff in May to take over a grocery at North Alton. Billy has worked a number of years with the housekeeping department and for some time assisted in the canteen. We wish him well in his new venture.

Mrs. Leanna A. Jackson, of the Physiotherapy Department, retired at the end of May. She will be very much missed, especially by the patients whom she used to wheel to and from their treatment sessions, for she has been a very willing and cheerful worker. We wish her many happy years of retirement.

EDITORIAL COMMENT—

(Continued from Page 7)

man Spinney. The third member of the class is Dr. John Legge, a Jesuit Scholastic who has a Ph.D. in Physics and whose home address is now Toronto.

AT WIT'S END

(By ERMA BOMBECK)

The whole mess started when my husband found a charge from the dime store for \$63.31. He said if the Good Lord had meant for me to carry all those credit cards, He'd have given me a pouch.

I contended EVERYONE uses credit cards and that it's only a matter of weeks before money is obsolete. To prove my point I challenged him to go through just one day using cash for everything. The results were pretty much what I expected.

His first encounter was at a service station. "That'll be \$6.15," said the attendant. My husband reached into his pocket and extracted \$6.25.

The attendant scrutinized the bill carefully. "You trying to tell me your name is Ivy Baker Priest?" he asked.

"No," said my husband, "That's the signature from the Treasury Department."

"Whatever it is," he said handing it back, "The date on it is expired."

"Look, Mac," said the attendant, "I work here alone on Mondays until three. If you think I'm gonna carry that kind of cash around to make change, you're crazy."

The next stop was a restaurant. When my husband handed the cashier a \$10 bill she snapped it and examined it closely. "Do you have any identification?" she asked brusquely.

My husband fumbled around in his pockets. "Look," she said, "Why don't you step out of line and wait for our manager, Mr. Whiteside. He'll check you out."

When my husband returned home, he slumped in his chair. "My money couldn't buy anything," he sulked.

"A mugger came out of the alley, stuck a gun in my ribs and took my billfold. He gave my money back and took my library card."

"Why didn't you write him a check?" I asked.

"I tried," he said, "But he wouldn't take a counter check without a credit card for identification."

St. John's Evening Telegram
(Submitted by Doug Hallamore)

RON ILLSLEY

ESSO SERVICE STATION



Chaplain's Corner

Msgr. J. H. DURNEY
from "The Veteran"

The Modern Conspiracy Against Truth

We are witnessing today a worldwide conspiracy against truth. Truth has probably never been held more cheaply. Skepticism is rife among us, for so many of our sources of information are suspect. The utterances of politicians and statesmen, and the communiques of governments, are uniformly discounted. While the physical universe is ever more accurately measured and analyzed by physical science, the study of truth increasingly languishes. Pilate, who flippantly asked Christ, "What is truth?" and not Socrates, with his unflagging zeal to know the truth, typifies our sentiments today. It is significant that the term "ideology" has mostly supplanted the term "philosophy." A philosopher is supposed to be seeking the truth, however misguided and unsuccessful his effort may be. But not so the ideologist. His office is merely to rationalize to put a logical face on things, to sell a bill of goods, to feed the propagandist.

Truth, and the quest of truth, are not luxuries. They are the very object and life of man's mind. To destroy the earth's foodstuffs would be to starve man's body; to destroy truth is to starve his mind. And to attack the mind is to attack man's real dignity, and to seek to efface in him the image of God. Frightful as it sounds, this seems to be the drift of things today.

Christ came, appealing to the mind as well as the heart, or rather, appealing to the heart through the mind. No word was oftener on His lips than the word "truth." The world thinks of truth as simply acquired by intelligence, but truth is acquired through the heart as well. A man's aptitude for truth is conditioned by his desires. An evil heart incapacitates the mind for truth-finding. A great defect of modern education is that it neglects the heart, leaving it with only concupiscence for its teacher. It is from the heart that the turbulence and restlessness of human life proceed. Only when the heart is brought to acquiesce in the will of God, can it know rest and abiding joys. What wounds the heart and makes it bitter is the ever-changing character of this earthly scene, for which there is one recourse, communion by faith and piety with God.

Beware Of The Praise Of Men

After the miraculous multiplication of the loaves and fishes, Jesus closed His ears to the praises of men and fled from the honors they were offering Him. He sought the solitude of prayer. This furnishes us with a supreme lesson in the mortification of our vainglory. All other self-denials, such as fastings and abstinences, restraints placed upon the tongue, curbing one's curiosity, and the like, are powerful means which enable us to stifle our selfishness and to live more earnestly for God. But more profitable and, indeed, more necessary than all of these is the renouncing of our undisciplined desire for the praises of men. Even the most fervent good works undertaken with an eye upon the esteem of our fellowmen are spiritually worthless. "Take heed," said Christ, "not to practise your good before men, in order to be seen by them; otherwise you shall have no reward with your Father in heaven."

By nature we cling to nothing more earnestly and resolutely than to our longing to enjoy the good repute of our fellowmen. It is not sinful for us to have our hearts warmed by the regard shown us by our associates. To seek praise is in itself not wrong. But it is sinful to prefer anything to the will of God. Because the love of praise can cause us to forget God, this inborn self-love must be mortified.

Too much concern for the opinions others have of us is likely to lead us into shameful weaknesses. Often this yearning for praise is the first step towards forgetting God. Even Aaron, the spokesman for Moses and the director of worship, succumbed to this terrible apostasy. Solomon, with all his wisdom, could not refrain from becoming unbalanced by the flatteries and exaggerations of those around him. The principal weakness of the Scribes and Pharisees was their love of flattery. "They loved the glory of man more than the glory of God." Pilate, seduced by his love for authority, issued the most criminal decree of all history when he said of Jesus: "Let Him be crucified."

Nothing so ruins our character and deprives it of spiritual strength as the craving for recognition and renown among

men. It is a form of pride. It robs God of the honor which is His due, and therefore must be mortified. By performing all our actions for the greater honor and glory of God they will be acceptable in the sight of Almighty God.

UP THE HILL

Some men give up their designs when they have almost reached the goal; while others, on the contrary, obtain a victory by exerting, at the last moment, more vigorous efforts than before.

—Polybius, Greek Historian

* * *

When you're climbing wearily a steep and stony track,
When your heart is heavy and you're tempted to turn back,
When you wonder if it's worth it and you're fit to drop,
It's that little extra pull that brings you to the top.
So it is with everything. It's not the jog-trot pace
But the little extra spurt that wins the final race.
It is just the willingness to go the second mile—
To bear the added burden and to bear it with a smile.
Whether you are working with a pen or with a pick,
It's the extra punch which counts. It's that which does the trick.
That is what we need today, an effort of the will—
A little extra push by all to get us up the hill.

By Patience Strong

Judge: Do you know the difference between unlawful and illegal?

Accused: Yes, sir. Unlawful is something that is against the law. Illegal is a sick bird.

* * *

Some people have tact, others tell the truth.

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MORE REMEMBERING

"A little more smile, a little less frown,
A little less kicking a man when he's down;
A little more 'we', a little less 'I',
A little more laugh, a little less cry,
A little more flowers in the pathway of life,
And a fewer on graves at the end of the strife."

—:o:—

"Nobody's opinions are worthless. Even a stopped clock is right twice a day."

* * *

"A big man makes mistakes, but he is always bigger than they are."

* * *

ULYSSES ON GOLF

Dwight Eisenhower was not the first of our President-Generals to take an interest in golf. A century ago, Ulysses Grant was introduced to the game in Scotland. To demonstrate what a fine, manly sport it was, Grant's host took him out to a nearby links, placed a leather, feather-stuffed ball on the tee and took a mighty swipe at it. Turf and dust flew through the air but the ball remained untouched. Again the host swung mightily and again great dusty divots flew through the air, but not the ball.

Fascinated, Grant remarked, 'Mmmm. There does seem to be a fair amount of exercise in the game, but I fail to see the use of the ball.'

* * *

BLITHE SPIRIT

Dr. Charles Mayo, distinguished surgeon of the Mayo Clinic, received a letter once from a spiritualist. It read: "Ever since your late great father crossed the line, he has been my doctor. What do you say to that?" Dr. Mayo's reply: "Fine! Please estimate what my father's services have amounted to and send the check to me."

Bob Considine,
Hurst Headline Service

* * *

After the baby had been christened, a neighbour asked what they had called her. "Hazel," ans'd the mother.

"Lord forgive you," said the neighbour. "With all the saint's names available and you name her after a nut!"

* * *

Miss: "A husband like yours must have been hard to find."

Mrs.: "He still is."

OLD TIMERS

Former patients and former staff members have frequently remarked that one so often unexpectedly comes upon those who are "fellow-graduates" of the Sanatorium. I recently had occasion to phone Mr. G. E. Smith, Veteran's Welfare Services, and was surprised when he said that he had visited Pat McEvoy the previous day, having known him when a patient at the Sanatorium in 1941, following service with the Canadian Navy.

On June 5, I was pleased to have the opportunity to converse with Dr. Florence Murray who came to visit Dr. Holden. Dr. Murray was commenting upon the changes which are taking place since she knew the Sanatorium. I understood her to say that this was the first time that she had revisited the Sanatorium in 25 years. It was in November, 1945, that she came to the Sanatorium. This was several months after Dr. Holden, who had begun working here on May 2, 1945. Dr. Murray had spent many years as a medical missionary in Korea, prior to coming to the Sanatorium. Later she returned to Korea and some of her later years there were devoted to the care of lepers. It would be interesting to read of some of her experiences and perhaps she will write something for publication.

Friends will be interested in hearing that Steve Mullen is in for a check-up and appears to be well, although he said that he is short of breath on exertion. Steve came to the Sanatorium as a patient in 1941 for about one year and returned in 1945 where he was to remain as a patient until 1957, at which time he became a staff member. He remained on staff until he retired a little more than a year ago for reasons of health.

Stan Robichaud tells us that on the Saturday of the Apple Blossom Parade in Windsor he was talking with Peggy Giles (now Peggy Steele) who, with her husband and two children, took in the festivities of the day. Peggy was a popular member of the Physio-Therapy Department several years ago.

From John Henry MacKinnon we have a change of address to 57 Poomer Drive, Bible Hill, Truro. He is with his daughter Mrs. Anne Blair and family, and they have recently moved into a large new trailer.

We have a note from Mrs. Lilah Bird (Mrs. John H.) RR 1, Wolfville, renewing

her subscription and telling us that since her retirement from the nursing staff she has kept busy with her grandchildren and also she is taking piano and painting lessons. She has a choir started at the East Wolfville Baptist Mission Church and at Christmas and Easter they presented a program of carols and the Christmas and Easter story. As a further activity to take up any possible slack time she had a position as night porter at one of the Acadia University residences. For the summer she and her husband are looking forward to camping and tenting trips. She sends her best wishes to all of her friends at the San, and formerly at the San.

A note was received from Alpee Poirer, 1271 Wright Avenue, Halifax, commenting on the sudden death of Dr. Laretei, and also the retirement of Mrs. Sophie Spencer. Alpee enjoys reading Health Rays and passes the copies along to the Atlantic Health Centre, which we think is an excellent idea.

Going over the list of renewals since last month, we see the following names: Mrs. Marjorie Smiley, Port Dufferin; Edgar Scott, 1122 Studley Avenue, Halifax; Miss Marion Clifford, R.N., Tiverton; Russell Bigney, River John; H. Noble Ayer, 30 Spring St., Amherst; Clyde Higgins, Meaghers Grant; Mrs. Kathleen Randall, RR 2, Centreville, Kings Co.; Chester Hiltz, Chester; Victor St. Clair Hiltz, New Ross RR 1, who is back with us at the time of writing; Lucille LeJeune, West Arichat; Clara Gray, 15 Oakdene Ave., Kentville; Mrs. W. K. (Burdena) Cowan, Vancouver; Charles Dort, Halfway Cove, Guysborough Co.; Mrs. Percy McKinley, Shelburne; Annis Mosher, RR 2, New Germany; Mrs. John (Dora) Murphy, Port Williams, and Mrs. Ralph Hughes, RR 1, New Ross, who sends her best wishes to everyone at the San.

Renewals have also been received from Arthur C. Pettipas, Secretary-Treasurer of the Halifax Co. Anti-TB League; Mrs. Stanley Porter, RR 1, Cross Roads, Country Harbour, Guysborough Co., and Sanatorium staff members Dr. F. J. Misener; Mrs. Eleanor Woodman, R.N.; Mrs. Velena Lloyd; Mrs. Helen MacKinnon, and Mrs. Mildred (Gordon) Schoffield, Centreville.

Some notes have come in from Anne-Marie, who reports as follows:

When Catherine and Theodore Amero of New Edinburgh were touring the South Shore recently they visited Preston Smith in Barrington Passage. Theodore and Pre-

(Continued on Page 15)

Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS:

MAY 1 TO MAY 31, 1973

DORIS HARVEY, Hantsport; THEODORE JOSEPH PAUL, Eskasoni, Cape Breton; GARY STEVEN MERLIN, 117B St. Margaret's Bay Road, Halifax; PATRICK LOUIS HARRIS, 13 Pleasant St., Kingston; MRS. MARY HELEN MacDONNELL, 4 Markland Road, Kingston; DANIEL ELLSWORTH LEWIS, Port Lorne, Annapolis Co.; FREDERICK STANFIELD HAMILTON, Kingston, Box 48; ADAM MURRAY HALLIDAY, Fox Brook, Pictou Co.; ARTHUR EDWARD PECKHAM, RR 2, Scotsburn, Pictou Co.; WILLIS ROY REESE, RR 2, Berwick; MRS. BERTHA WINDORA PENNY, RR 1, Kingston; MRS. ROSALIE DOUGLAS, Victoriavale, Annapolis Co.; EUGENE NELSON BLINN, Spicer's Rest Home, Berwick; REX ORVILLE BARKHOUSE, Wilmot, Annapolis Co.; SAMUEL RODERICK LAKE, Walton, Hants Co.; ORLAND RUSSELL BARRET, Lower Canard, Kings Co.; REGINALD CHARLES BARLEY, Mastown, Colchester Co.; BERNARD TRUMPLE, 9 Bishop Ave., Kingston, Kings Co.; GEORGE MATTHEW PHELAN, 4 Lakeland Road, Apt. 104, Dartmouth; MRS. CLARA VIRTUE WARREN, Main Street, Berwick; NOLIE WHELOCK HENSHAW, Torbrook Mines, Annapolis Co.; MRS. CARMELITA JUDITH SMITH, Cambridge Station, Kings Co.; MRS. HAZEL GLADYS SCHAFFNER, Lawrencetown, Annapolis Co.; ALOYSIUS LEO MATTIE, Williams Point, Antigonish Co.; ELVIN JAMES STEVENSON, Brickton, Annapolis Co.; CAROLYN FRANCES ARMSTRONG, Barss Corner, Lunenburg Co.; FREDERICK HARDWICK SCHOFIELD, 19 Front St., Wolfville; ROBERT TUTTLE O'ROURKE, 231 McKittrick Road, Kentville; MRS. JESSIE HODGSON CORSBIE, 49 Nichols Ave., Kentville; ARCHIBALD JOSEPH MacDONALD, % Clyde Long,

Thorburn, Pictou Co.; CORNELIUS GEORGE DANIELS, New Germany, RR 3, Lunenburg Co.; DEBORAH ELIZABETH FAULKNER, 5 Kenwood Ave., Greenwood, Kings Co.; HAROLD VAUGHN ANTHONY, Chebogue, Yarmouth Co.; RAYMOND VICTOR LUDDINGTON, Drumhead, Guysborough Co.; STEWART RUSSELL KEDDY, Lawrencetown, RR 1, Annapolis Co.; MRS. QUEENIE ADELIA McGILL, Cambridge Station, Kings Co.; MRS. CHARLOTTE FLORENCE BARKHOUSE, 149 Mee Road, Kentville; MRS. ROSS ANTOINETTE POTTIE, Orchard St., Berwick; ROBIE MAXWELL PATTERSON, RR 1, Walton, Hants Co.; LOUIS FRANK KAULBACK, Kingston; FRANKLYN JAMES SMITH, Torbrook Mines, Annapolis Co.; SISTER MARILYN ELIZABETH CURRY, St. Rita Hospital, Sydney; DAMA LYNN SANGSTER, New Harbour, Guysborough Co.; MRS. JOSEPHINE MARIE MOULAISON, 542 Main Street, Yarmouth; MRS. LORETTA FRANCOISE JACQUARD, Comeau's Hill, Yarmouth Co.; WILFRED EARL BARKHOUSE, Medford; GEORGE LEWIS GEDDES, Foster Ave., Stellarton, Pictou Co.; STEVEN EVERETT MULLEN, 62 Prospect St., Yarmouth; GEORGE GARFIELD STEVENS, River Herbert East, Cumberland Co.; MRS. MABEL REGAN WHITE, Port Williams, Box 14, Kings Co.; OTIS ELROY WOOD, Inglisville, Annapolis Co.

DISCHARGES:

MAY 1 TO MAY 31, 1973

WILFRED EARL BARKHOUSE, Medford, Kings Co.; CLINTON LEROY SWINDELL, 127 Woodworth Road, Kentville; RALPH EDGAR BURGESS, North Kingston, Kings Co.; MRS. KATHLEEN MARY MELANSON, 225 St. George St., Annapolis Co., (Expired); CLIFFORD ROY HOLLYWOOD, Gottingen St., Halifax; JOSEPH LEONARD MELANSON, Nictaux, Annapolis Co.; RALPH LEANDER MASON, Lunenburg; MURRAY CHUTE-SHEFFIELD, Hillcrest, Kings Co.; WALTER LAWSON COFFILL, Grand Pre, Kings Co.; YVON JOSEPH LUCIEN DUCHESNE, 6065 Cunard St., Halifax; AUBREY GIDEON CORKUM, Wileville, Lunenburg Co.; GARY STEVEN MERLIN, 117B St. Margaret's Bay Road, Halifax; BARRY CLARK BUCHANNAN, 28 Park St., Kentville; STUART RUSSELL KEDDY, East Inglisville, Annapolis Co.;

(Continued on Page 14)

HEALTH RAYS

INS AND OUTS—

(Continued from Page 13)

ROBERT GLASCOYNE BOURKE, 6 St. Margaret's Bay Road, Armdale; FRANCIS WENTWORTH McMAHON, Canning, Kings Co.; MARY ELIZABETH ROBI-CHAUD, Meteghan, Digby Co. (Expired); HERMAN LLOYD MANSFIELD, Westfield, Queens Co.; JOHN LEPEAN MOSHER, Harbourview Manor, Lunenburg; GWENDOLYN SEYMOUR LUSBY, 11 Lawrence Street, Amherst; MRS. LAURA JEAN DORMAN, 299 Cornwallis St., Kentville; MRS. JUNE EILEEN MARSHALL, Danvers, Digby Co.; GEORGE ALFRED RAFTER, Fall River, Halifax Co.; OWEN RICHARD WHYNOT, Inglisville, Annapolis Co.; MRS. EVA LORRAINE MAXWELL, Riverside, Hants Co.; OTTIS CHARLES WAMBOLDT, Sheet Harbour Passage, Halifax Co.; DENISE CLAIRE ROBICHAUD, Lower Wedgeport, Yarmouth Co.; ALEXANDER WHITE, James St., Amherst, Cumberland Co. (Expired); IVAN STANFORD DAUPHINEE, Cambridge, Hants Co.; JOHN HENRY MacKINNON, 45 MacLean St., Truro; DANIEL ELLSWORTH LEWIS, Port Lorne, Annapolis Co.; JOANNE PATRICIA SAWLER, Western Shore, Lunenburg Co.; MRS. MARY HELEN MacDONNELL, 4 Markland Road, Kingston; PATRICK LEWIS HARRIS, 13 Pleasant St. Kingston; MRS. DORIS PATTERSON Hantsport, Hants Co.; MRS. WILDA ETHEL MARCOTTE, Tatamagouche, Colchester Co.; JOSEPH DOWNEY, North Preston, 552 Site 3, Halifax Co.; MRS. CHARLOTTE FLORENCE BARKHOUSE, 149 Mee Road, Kentville; MRS. EMMA DOUCETTE, Little Brook, Digby Co.; WAYNE WILLIAM MacDONALD, P.O. Box 313, Antigonish; GEORGE MATTHEW PHELAN, 4 Lakeland Road, Dartmouth; MRS. JANET MARY TRITTON, P.M.Q. No. 206, Debert, Colchester Co.; SISTER MARILYN CURRY, St. Rita's Hospital, Sydney; MRS. MABEL BLANCHE HIGGINS, Box 56, Shubenacadie, Hants Co.; RODERICK SAMUEL LAKE,

RR 1, Walton, Hants Co.; LOUIS FRANK KAULBACK, Kingston, Kings Co.; BERNARD TRUMPIE, 9 Bishop Ave., Kingston; MRS. MARGARET MAY PORTER, Crossroad Country Harbour, Guysborough Co.; ROBERT TUTTLE O'ROURKE, 231 McKittrick Road, Kentville; LESLIE STEWART ASBELL, Oxford, Cumberland Co.; REX ORVILLE BARKHOUSE, Wilmot, Annapolis Co. (Expired).

POINT EDWARD HOSPITAL

ADMISSIONS:

MAY 1 to MAY 31, 1973

MRS. AGNES NOBLE (JAMES), 36 Crescent St., Sydney Mines; MRS. LENA (JOHN) B. GOULD, Eskasoni, Cape Breton Co.; DONALD ALEXANDER GILLIS, 3450 Duggan Ave., New Waterford; SAMUEL LeREAUX, Mary's Hill Home, Mabou, Inverness Co.; MISS CASSIE HELEN O'HANDLEY, 22 Forest St., North Sydney; JOHN JOSEPH MURPHY, 370-14th St., New Waterford; PETER PHILIP CAMPBELL, 437 St. Peter's Road, Sydney; MRS. AGNES (JAMES) NOBLE, 36 Crescent St., Sydney Mines.

DISCHARGES:

MAY 1 to MAY 31, 1973

MRS. AGNES NOBLE, 36 Crescent St., Sydney Mines; MISS CASSIE HELEN O'HANDLEY, 23 Forrest St., North Sydney (Expired); WILLIAM CHARLES DILLON, 91 Beacon St., Glace Bay; WALLACE WILLIAM MORRIS, 9 Jessome St., Glace Bay; PAUL ALLISTER MacDONALD, 20 Johnson Ave., Bible Hill, Colchester Co.

John was the son of parents who were sufficiently popular to receive more invitations than they could conveniently accept. In the course of a general knowledge lesson, the teacher said, "Can any boy tell me the meaning of the letters, RSVP?"

John's hand shot up. "It means," he explained, 'Rush in, Shake hands, and Vanish Pleasantly.'

* * *

The private detective was trying to get his final instructions straight concerning his spying on his client's wife.

"Look," said the client. I don't give a damn if my wife is playing around, I just want to know where she is when I am."

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OLD TIMERS—

(Continued from Page 12)

ston were patients at the San way back in 1943. The Ameros report that Preston, an accountant, is fine and has a lovely home and property.

Another old timer from New Edinburgh, Ronald Wagner, who was here in 1966, keeps well. He is married and has an eighteen month old son.

Desire d'Eon of West Pubnico stopped at the San to visit his friends on his way back from a Credit Union Convention in Halifax. Desire was here in 1952 and is very active in the Credit Union work.

Frances Carr of Weymouth North visited me recently while reporting for a check-up. Fran will be remembered as a former patient and staff member in the early 1950's. We took advantage of her short stay to visit Joan Walker's new home on the North Mountain. Joan's dream home affords a spectacular view of the valley.

When Florence Belban was visiting her sister in Halifax she saw three old timers from the Dartmouth area while shopping at the K-Mart: Mae Gaudet who was here in 1964 has kept well; Kay Conrod who left here four years ago looks the picture of health, and Shirley Goodyer who was here in 1971 was shopping with her young daughter, Carla, who also spent a few days at the San under investigation. Carla is now a very pretty two year old.

Grace Adams of Masstown spent a week or so at the home of Mrs. Harriet Campbell, returning to her own home on the weekend of May 20. While here she was able to visit a number of her friends in and about the Sanatorium. Grace is busy sewing and her finished products are well modelled by her!

Thank you, Anne-Marie, for the above notes.

Next, we should like to mention that Marion Lacey, former teacher at the San, visited early in June and looks very

youthful for a retired lady! Marion maintains her rented apartment in Halifax and expressed the intention of being home in Woodville for the summer months.

We were recently talking with Mrs. Violet Silver, former Handcrafts Instructor. She had recently enjoyed a visit from her son Fred and his family. She had, however, recently recovered from an attack of the shingles which she had enjoyed not at all.

A renewal was also received from Mrs. Lloyd Pelton, RR 3, Middleton, and this seems to be the end of our column for the merry month of June.

The first night out, on our fishing trip with Grampa, we discovered we had forgotten his old alarm clock. "Never mind," he said, opening the oatmeal box. "This will get us up."

He stepped outside and tossed a generous supply of cereal on top of the camper. With the first streak of daylight we awoke to what sounded like hailstones. A flock of noisy birds were having breakfast on our metal roof.

—Contributed by Helen A. McLean

* * *

One proven way to teach your children to count is to give them different allowances.

—General Features Corp.

* * *

"Do you play cards for stakes?"

"No, I'm a vegetarian."

* * *

Waiter: "Madam, your husband just slid under the table!"

Madam: "No! my husband just walked in the door!"

* * *

TOMORROW

He was going to be all that a mortal could be. — Tomorrow.

No one should be kinder or braver than he. — Tomorrow.

A friend who was troubled and weary, he knew,

Who'd be glad of a lift — and who needed it, too;

On him he would call to see what he could do. — Tomorrow.

Each morning he stacked up the letters he'd write. — Tomorrow.

And thought of the folks he would fill with delight. — Tomorrow.

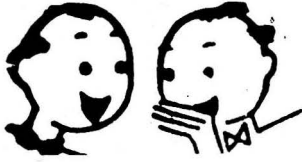
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Just Jesting



Little Johnny: "Mom, if I fell out of a tree, would you rather I broke a leg or tore my pants?"

Mother: "What a silly question. I'd rather you tore your pants."

Johnny: "I've got good news for you. That's exactly what happened."

* * *

There are three kinds of miniskirts: mini, micro and don't bend over.

* * *

Asked to spell banana, the little girl said, "I know how to spell banana, but I don't know when to stop."

* * *

Many of us would be pleased to pay as we go, if we could only catch up paying off where we've been.

* * *

W. C. Fields was known to have some bad mornings. A friend asked him on one of those mornings if he wanted a Bromo Seltzer. Replied Fields: "Oh no. I just couldn't stand the noise."

* * *

A dentist we know finally got even with his TV repairman. When the guy needed some fillings, the dentist sent him a bill: "\$20-plus parts."

* * *

If a lot of people really said what they think, they'd be speechless.

* * *

Wife greeting grouchy-looking husband at door: "I'll bet your office had a hard day."

* * *

Have you noticed it's no longer necessary to encourage young people to set the world on fire?

* * *

Employer to man applying for a job: "Mind dawdling around the water cooler for a few minutes? I want to see how you fit in with the other employees."

* * *

Little boy to little girl: "Are you the opposite sex—or am I?"

Our great-grandfathers called it the holy Sabbath; our grandfathers, the Sabbath; our fathers, Sunday. Today, we call it the weekend.

* * *

"How do you let your daughter's boy-friends know it's time to go home?" one salesman asked another.

"I usually walk through the room with a box of breakfast cereal," was the reply.

* * *

Man walked into the psychiatrist's office with a chicken on his head.

"You need help!" exclaimed the doctor.

"You bet I do . . . Get this guy out from under me!" complained the chicken.

* * *

Mental patient: Doctor, I like you better than the last doctor. You act more like one of us."

* * *

A man was fishing one day when he heard a shout.

Say," yelled a farmer, "don't you see that sign: 'No Fishing Here?'"

"I sure do," said the man disgustedly. "The guy who printed that sign really knew what he was talking about!"

* * *

"Good news, dear," called the husband as he came into the house. "I picked up two tickets for the theatre on the way home from work."

"Oh, that's wonderful," said the wife, "I'll start dressing right away."

"That's a good idea," he said. "The tickets are for tomorrow night."

* * *

Two teenagers in a museum were looking at an Egyptian mummy with a small card placed under it that read: "2533-B.C."

"Wht does that sign mean?" the first lad asked.

"Oh, guess that's the license plate number of the car that hit him," the other explained.

* * *

Teacher: "What are three collective nouns?"

Student: "Wastebasket, dust-pan ,and vacuum cleaner!"

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A GIRL was home from university on vacation. The house was filled with eager and talkative undergrads. They argued for hours on end, until the girl's mother had to flee the house for some peace and quiet. She made a luncheon date with a friend.

"I don't understand it", she said to her friend. "They get on a subject and talk it to death! Last night's bull session went on for hours. They were arguing about heredity and environment. In our day, we didn't need discussions. We knew that if a baby looked like his father, it was heredity; if he looked like the neighbor, it was environment."

—Gerry Blummenfeld, *Tales From the Bagel Lancers* (World)

* * *

During our show-and-tell period in the third grade, Mike mentioned that his pet beagle was expecting puppies. From then on, the class eagerly awaited the news of their birth. When the day arrived, Mike announced glumly, "Well, they're here."

It was obvious that he was disappointed, but because of the intense interest of the class in the pups, I asked, "What's wrong, Mike? Tell us more."

"Well," he said, "I wanted a collie, and my sister wanted a poodle, and all we got were beagles — and we already have a beagle."

—Contributed by Nancy Nabbefeld

* * *

The bride asked the marriage counselor, "Isn't there some way I can keep my husband in line?"

"Young lady," he replied, "your husband shouldn't have to stand in line."

—Troy Gordon

* * *

Canny Campers

We are ardent outdoor fans. On camping trips my husband prepares a bed in our station wagon, providing comfortable sleeping quarters when we pitch camp. But with eight windows in the wagon, privacy is a problem — and we found our clumsy makeshift shades a nuisance.

One evening we noticed a fellow camper applying his blinds by spreading a sudsy glass cleaner over the windows of his station wagon. He had full privacy for the night, and next morning, with very little effort, his windows were sparkling clean.

—Contributed by Violette J. Evans

Honor Bright

A middle-aged woman deducted \$1.50 on her income-tax return as a "loss" on a racy novel. When questioned, she explained, "I bought the book as a birthday present for a friend in Boston. But after I bought it, the book was banned in Boston, and I — well, I thought it wouldn't be proper to send it."

The auditor was perplexed. "Did the book actually cost \$1.50?" he asked.

"Well, no," the lady answered in obvious embarrassment. "It really cost \$4. But after I heard about its being banned, I read the parts that they banned it for. So I thought that to be absolutely fair, I should only deduct \$1.50."

—The Infernal Revenue, edited by Albert G. Miller (Nelson)

* * *

Tangled Timing: Our third child was born exactly eight minutes after I arrived at the hospital. My husband had just completed the admittance forms, when the nurse told him that he was the father of a son. "Not me. I just got here," he replied.

—Contributed by Margaret A. Polla

* * *

Mom's the Word

After the mad rush of getting the older children ready for a party and putting the young ones to bed for a nap, a harried mother rested her aching head on the cool kitchen table. At this point, she felt her four-year-old's hand on her shoulder. "What's the matter, Mommy?" he asked sympathetically. "Don't you have anything to do?"

—Grit

* * *

For a school assignment my eight-year-old daughter had to list her parents' hobbies. Under the heading of "Father" she listed "golf, gardening, swimming and painting." Under "Mother" she put "ironing."

—Contributed by Mrs John M. Wilson

* * *

Brainwashed

There's a lot of talk about television being a great asset in the intellectual development of today's children. My three-year-old nephew, for example, is an avid TV viewer, and even the commercials command his interest. One day when visiting relatives he opened their cat's mouth and after careful inspection remarked, "What small dentures you have."

—Contributed by Gloria LaPlante

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P.	Medical Director
J. J. QUINLAN, M.D., C.R.C.S. (C), F.C.C.P.	Surgeon
F. J. MISENER, M.D., F.C.C.P.	Radiologist
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D., F.C.C.P.	Physician
E. W. CROSSON, M.D.	Physician
D. M. MacRAE, M.D., C.R.C.S. (C), F.C.C.P.	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.) F.R.C.S. (C)	Consult. Ortho. Surg.
DOUGLAS W. ARCHIBALD, M.D., C.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
MISS E. JEAN DOBSON, R.N., B.Sc.N.	Director of Nursing
MISS EILEEN QUINLAN, B.Sc. P.Dt.	Senior Dietitian
DONALD M. BROWN, B.A., B.Ed., M.S.W.	Director of Rehabilitation

Point Edward Hospital

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T. K. KRZYSKI, M.D.,	Physician
W. MacISAAC, M.D.	Consultant Bronchoscopist
D. B. ARCHIBALD, M.D.	Consultant Urologist
MISS KATHERINE MacKENZIE, R.N.	Director of Nursing
MISS B. JOYCE LEWIS, B.Sc., M.A., P.Dt.	Dietitian
MRS. ELIZABETH REID, R.N.	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

Co-ordinating Protestant Chaplain
Rev. Gary Tonks

PENTECOSTAL
Minister—Rev. T. Kenna

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

ROMAN CATHOLIC
Parish Priest — Rev. J. A. Comeau
San. Chaplain — Rev. Harlan D'Eon

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

SALVATION ARMY
Capt. Pauline Banfield

CHRISTIAN REFORMED
Minister—Rev H. Vander Plaats

UNITED CHURCH
Minister—Dr. K. G. Sullivan
San. Chaplain — Dr. J. Douglas Archibald

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

POINT EDWARD HOSPITAL

ANGLICAN
Rev. Weldon Smith

UNITED CHURCH
Rev. Robert Jones

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

PRESBYTERIAN
Rev. E. H. Bean

SALVATION ARMY

The above clergy are visitors at this hospital. Besides the above named many other protestant clergy from the surrounding areas alternate in having weekly services for our patients.