

STACKS

NOVA SCOTIA SANATORIUM

VOL. 50

July, 1969

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HEALTH RAYS

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Sanatorium Visiting Hours

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.
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.
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Absolutely NO VISITORS permitted during

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

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



Lord, while for all mankind we pray,
Of every clime and coast,
O hear us for our native land,
The land we love the most.

O guard our shores from every foe;
With peace our borders bless;
With prosperous times our cities crown,
Our fields with plenteousness.

Unite us in the sacred love
Of knowledge, truth, and Thee;
And let our hills and valleys shout
The songs of liberty.

Lord of the nations, thus to Thee
Our country we commend;
Be Thou her refuge and her trust,
Her everlasting Friend.

— John Reynell Wreford



Is The TB Hospital Necessary?

E. M. FOUND, M.D., C.M.

Director of Tuberculosis Control and Medical Superintendent
Provincial Sanatorium, Charlottetown, P.E.I.

With the discovery of the effectiveness of modern drug therapy, tuberculosis hospitals have, for the most part, changed their attitudes regarding the type of patient who should be admitted and when he should be discharged, and have adopted the newer concept of individual treatment of patients and early discharge based on the merits of the individual situation.

I am sure if patients in tuberculosis hospitals today had access to controversial articles written by eminent authorities on modern methods of tuberculosis control, they might question the necessity of their being in hospital. However, when one examines minutely the remarks of those who favor the total management of tuberculosis (pulmonary or non-pulmonary) outside hospital, we find that a large majority agree that there are certain types or groups of patients who require hospital care, no matter how adequate out-patient services may be.

Let us consider the types of patient who require hospital care.

The person whose diagnosis is uncertain:

The patient who has an abnormal chest X-ray or chest symptoms may have tuberculosis, a tumor or a variety of other conditions. The physician must be certain that he is treating a person with active tuberculosis before recommending precious time away from work and an eighteen to twenty-four month course of TB drug therapy.

In hospital the physician has access to facilities specifically designated for the differential diagnosis of pulmonary or non-pulmonary disease.

Other types who need hospital care are:

(1) Those who have advanced disease or symptoms which prevent their attending a clinic, in particular the elderly and infirm, who have tuberculosis and/or complicating conditions such as diabetes, coronary disease, emphysema.

(2) Previously treated patients who have had a relapse.

(3) Because many patients develop symptoms of toxicity to the newer anti-tuberculosis drugs, they should be under initial supervision in hospital because the administration of toxic second-line drugs entails many risks.

(4) Patients who have serious emotional problems.

(5) The alcoholic, the homeless and others with personality problems which predispose to bad living habits with resultant failure to continue regular drug therapy. It is usually impossible to treat this type of patient outside the hospital.

So much for the type of patient who inhabit tuberculosis hospitals today. Let us get down to the individual, the person who has been told that he will have to spend weeks, months, or possibly a year in hospital before he is fit to continue treatment at home under the supervision of the out-patient diagnostic and treatment clinic.

How can such a person be persuaded to remain in hospital until such time as an effective regimen of drug treatment is established, and he will be no danger to his family or other contacts?

What format can be instituted to make the patient accept confinement in hospital even though he feels much better than he has for many preceding months?

How can the patient be indoctrinated regarding the importance of regular pill taking while in hospital and when he returns home?

The answers to these questions probably lie with the hospitals themselves, in particular, with the attending physician and the charge nurse, who must realize that after all the patient is the individual at the receiving end.

Today, scientific, diagnostic and treatment procedures have greatly overshadowed the art of management of chronic disease with the result that in too many places things that are most real to the patient are forgotten.

(Continued on Page 3)

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RON ILLSLEY

ESSO SERVICE STATION

IS THE TB HOSPITAL —

(Continued from Page 2)

In an effort to bridge the gap between the artificial environment of the hospital and reality, the attending physician has to come down from his ivory tower to the level of his tuberculous patient.

To successfully treat the hospital patient the doctor must be inquisitive; he should seek all available information regarding his patient: e.g. family and social history, behaviour, employment, emotional stability, habits.

In a small area such as Prince Edward Island such information is easily available and is always kept in mind when dealing with the individual patient.

Following admission to the tuberculosis unit of the Sanatorium Complex in Charlottetown, P.E.I., each patient is seen by the attending physician immediately and is given all available information relative to his illness. The following day, when appropriate X-rays and other preliminary examinations have been carried out, the patient is again seen in the doctor's office, where following physical examination, the patient's condition is explained and questions are answered.

Immediate members of the family are then invited to the hospital to discuss the patient's illness.

If and when the time comes to prescribe appropriate medication, the patient is again taken to the doctor's office, this time accompanied by the nurse-in-charge of his floor, and a full explanation of a plan for treatment of the affected person is outlined, great care being taken to present a positive approach regarding the patient's future.

A great deal of time and effort is expended in seeing to it that the patient's family is protected from the point of view of contagion, financial assistance, etc. Channels of communication are kept open between patient, hospital and family during the interval of investigation and initial treatment.

During their hospital stay our patients are seen by their attending physician at least five times weekly. Each time they have an X-ray an illustrated explanation of their progress is given.

Provided their disease is not too extensive and signs of activity have abated, our patients are encouraged to spend some time each day at handicrafts and are permitted very short passes to their homes. By so-doing boredom is curtailed.

The criterion for discharge in our hospital is when there has been satisfactory

clinical and X-ray improvement, and two sputum tests collected at weekly intervals have become negative on smear and culture.

By treating our patients as members of a family, by keeping channels of communication open between doctor, nurses and patient and by enforcing firm but sympathetic patient control, we have had exceptionally few disciplinary problems. Early discharge of patients based on individual situations has been most rewarding in that few, if any, of our seventy patients presently on treatment in the home under surveillance of the Out-Patient Diagnostic and Follow-Up Clinics, are recalcitrant regarding taking their drugs regularly, or in returning on appointment, to the out-patient treatment clinics. This is witnessed by the fact, that with the exception of two alcoholic patients, there have been no re-admissions to the Provincial Sanatorium among those on drug treatment during the past number of years.

What, then, is the most important thing you, the patient, must do in the next eighteen to twenty-four months to make sure you never again will have active tuberculosis? Your doctor has told you; your nurses have told you; let me repeat, "Take your anti-TB drugs regularly as long as they are prescribed."

When you have completed your treatment, and when you have returned to your work, much more efficient than before because you are feeling well, think the matter over. Could you have done it alone? Was the initial investigation and treatment in the tuberculosis hospital worth while? Having been a sanatorium patient myself, I know that the great majority of ex-patients would agree with me that the first few months of treatment were the hardest. We needed guidance, education and encouragement, as well as the scientific knowledge of the medical and nursing profession.

I definitely do not advocate elimination of the tuberculosis hospital. I would condone the shortening of hospitalization if there is insurance that patients will take their drugs regularly on an out-patient basis. Dr. G. J. Wherrett, formerly tuberculosis consultant with the Department of National Health and Welfare, has said "The cure of tuberculosis no longer requires prolonged hospital stay. Domiciliary care has become the order of the day. But, unless the necessary drug treatment is continued for as long as required under proper medical and nursing supervision,

(Continued on Page 5)



Playtime at the Sanatorium, Summer 1968

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. Your donation will help **Health Rays** to survive.

The standing of this fund as of June 19, 1969:

Previously acknowledged: \$1,410.23

Recent Contributors:

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Patrons:

Mr. and Mrs. Charles Eaves

Eileen M. Hiltz

Stanley Brown

Percy McKinley (second donation)

Betty McCausland

Barbara Ellis

Mrs. R. W. Healy

Total 97.82

Grand Total \$1,608.05

A FADING INHERITANCE

FRANCOIS LAVIGNE

*Information Services Department of
National Health and Welfare*

Canada is one of the few countries in the world where you can still sink a series of water mains, and then at the other end open a tap and drink what is called fresh water. This abundance is about to become a forgotten bit of history unless each one of us wakes up and gets involved in some sort of responsible planning.

To better illustrate how victimized one can become through inertia, I would like to call your attention to a simple incident. Before moving to the city, my home was in a village blessed with a mountain as a back-drop. On top of this mountain there is a beautiful lake that was out of bounds for swimming and fishing. The reason was that from this lake our town drank its water that was so pure it did not have to be chlorinated, or treated in any way. Except for a filter to catch small minnows . . . nothing. The water was splendid in summer. I must add that regularly, during winter, the water would have a somewhat unpleasant taste and smell. This situation was accepted as one of those added burdens of the winter months, until I heard the cause of it just lately.

In January of this year I was able to witness and report on the hearings dealing with water pollution in areas affecting both Canada and the United States. These hearings were sponsored by the International Joint Commission. Different levels of governments and private industries presented briefs in order to better organize the fight for the abatement of water pollution.

Near the end of the first day of the hearings, during the question period, a very disturbing statement came from the floor. A spokesman said that in regions where lakes and rivers freeze, the water remains trapped under an icy cap which prevents "breathing and sun-radiation" of the water.

(Continued on Page 16)

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SCHOOL REPORT 1968-69

During the past year a total of forty-five patients received academic instruction. Of this number 26 were transfers from other schools in Nova Scotia, 5 were beginners, and the remaining nineteen were adults.

Seventeen children returned to their own schools. One adult patient was accepted by a Vocational School, and two were admitted to courses. The remainder have either been discharged, or are continuing with their studies. Two are now taking the Accelerated Course to prepare themselves for a trade.

No students wrote provincial examinations this year, but one is at present studying Grade XI subjects. However, arrangements were made for three staff members to write some provincial papers—two Grade XII and one Grade XI.

This year the students were able to use a number of new teaching aids. On the advice of Professor Barnes of Acadia University, the SRA Laboratory system of reading was introduced. This method enables the pupil to read at his own level, regardless of the grade he is in. Instruments to improve visual perception, four teaching machines and a set of childcraft books were also added. It is hoped that the students will benefit a great deal from these aids.

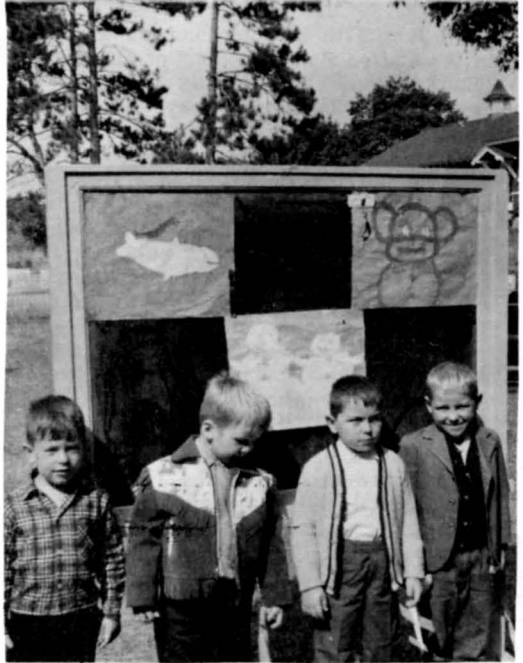
Another innovation, begun recently, is a Friday morning Art class. This class, conducted by Miss Barbara Baker of the Rehab. Department, is very much enjoyed by the children. An exhibition of the children's work is planned for later in the summer.

Although some of the students will have completed their year's work by the end of June, they will continue to study during the summer months. This will give them a good start on the work of the next grade and make it easier for them when they return to their own school.

The three San. teachers follow the curriculum laid down by the Department of Education. Instruction takes place at bedside and in three classrooms in the Annex, where the teachers' office is also located.

Mary MacKinnon,
Principal

Bride — I'm very bugged at recipes in cookbooks that simply tell you to add two eggs. They never say if they should be boiled or fried.



Young artists, 1968
Children's Art Exhibition

IS THE TB HOSPITAL —

(Continued from Page 3)

the program will fail AND FAIL BADLY."

The above comments are indicative of my personal opinion that the tuberculosis unit, in or out of the general hospital setting, is and will remain necessary and of great importance for a long time in the control and the ultimate elimination of tuberculosis in Canada and in other developed countries of the world.

—The Valley Echo

To what avail the plow or sail, or land,
or life, if freedom fail?

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TWO SAN NURSES RETIRE

On June 17th an afternoon tea was held in the Coffee Bar in honour of Mr. Ernest (Buddy) Boudreau, R.N. and Miss Floris E. Smith, R.N., both of whom are retiring from the Nova Scotia Sanatorium Nursing Staff on June 30th. Both were the recipients of gifts and best wishes from the Nursing Staff and other staff members present. Dr. Helen Holden, Acting Medical Superintendent, presented a public service award and expressed the good wishes of all staff members. Mrs. Hope M. Mack, R.N., Director of Nursing, presented gifts from the staff. Mr. Alex Buchanan, representing Division 4, Civil Service Association, also made presentations on behalf of the Association.

Mr. Boudreau, originally from Yarmouth County, graduated from the Victoria General Hospital and has been a member of the nursing staff at the Nova Scotia Sanatorium since 1929. His only absence from the Sanatorium was during World War II when he served with the Royal Canadian Air Force in Canada and overseas. Upon his discharge from the R.C.A.F. he returned to the Sanatorium where he worked as night nurse on the Hill (Pavilions 5, 6, and 7) from the 1940's until the closing of these pavilions. Numerous readers who have graduated from "the Hill" will remember Buddy's stories that he used to tell, (I have been told).

Mr. Boudreau is a square dance enthusiast, he is a member of the Masonic Lodge, and is also a boating enthusiast. We understand that he and Mrs. Boudreau who, by the way, has recently retired from teaching, expect to spend a good deal of their time at their cottage on Gaspereau Lake.

Miss Floris E. Smith, a native of Baccaro, Shelburne County, graduated from the Yarmouth Hospital in 1931. For the first two years following graduation she did private nursing. At this point her professional duties had to be laid aside for a three-year bout with tuberculosis, one year of which was spent at the Nova Scotia Sanatorium. The next sixteen years were devoted to caring for her invalid father, during which time she was often a "ministering angel" to many who fell ill in the community of Baccaro.

After her father's death in 1950 Miss Smith joined the staff of Roseway Hospital in Shelburne, being in charge of wards in both the tuberculosis and general units at various times.

When the tuberculosis unit of that Hospital closed in the fall of 1960, Miss Smith transferred to the Sanatorium taking up her duties in January of 1961. She immediately won the hearts of all by her conscientious concern for her patients, and her refreshing sense of humor.

It is Miss Smith's intention to remain in the Valley for the present but eventually she may succumb to the lure of the South Shore.

SUNBURN

If you are one of the vanishing Americans (those who consider baking their outer hides to a crisp brown each summer a "status" thing to do) you should be aware of some of the hazards of tanning.

Tanning induces premature aging of the skin and various freckles and blemishes.

Continued tanning brings gradual changes in the blood vessels of the exposed surfaces. The connective tissue of the skin degenerates, causing wrinkles and a coarsening of texture.

If you must tan your skin, do it without burning. Gradual tanning with a minimum of discomfort is possible for most people. Gradual exposure to the sun is the safest and simplest method of acquiring a tan. As a general rule, begin with 15 minutes exposure the first day, and increase the time by a few minutes a day. The time of day is important, with the midday period, when the sun is directly overhead, being the hottest for burning purposes.

The physical benefits of tanning are almost nil. The only beneficial effect of sunlight, other than the psychological lift of sporting a good tan, is the formation of vitamin D, and the American diet already provides an ample supply. — Contact.

The greatest of faults, I should say, is to be conscious of none.

—Carlyle—Heroes and Hero Worship

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Question Box

J. J. Quinlan, M.D.



Q. When tuberculosis is present in another part of the body does this retard the healing of a pulmonary lesion,

A. If the patient's tuberculosis is being adequately treated with drugs and bed rest, the presence of disease in another part of the body will have no effect on the

healing of the lung tuberculosis. The drugs will reach all parts of the body, and tuberculosis outside the lungs will usually respond just as well as the pulmonary lesion.

Q. Will tubercle bacilli thrive in blood?

A. While the tubercle bacilli use the blood stream to get around the body during the development of the first infection, they are not apt to multiply or "thrive" until they leave the blood stream and are deposited in some part of the body. It might be mentioned that it is extremely difficult to culture tubercle bacilli from the blood, even in the presence of overwhelming acute miliary tuberculosis.

Q. What is histoplasmosis? Is there any cure for it?

A. Histoplasmosis is a disease, chronic in nature, which commonly involves the lungs. It is caused by the inhalation of an organism, *Histoplasma Capsulatum*, which is a type of fungus or mould. The disease is quite common in parts of North America, particularly in the Missouri Valley of the United States. However, epidemics have occurred in Canada, particularly in Montreal in recent years, and at the Nova Scotia Sanatorium we have had several cases. Usually it is a self-limiting mild disease which requires no special treatment and goes on to healing. In some cases, however, surgery and/or drug therapy may be required.

Q. Is 98.6 the standard or normal temperature regardless of prevailing atmospheric temperature? Is severe heat or cold to be allowed for?

A. May I first of all tell you that at the Nova Scotia Sanatorium since January 1, 1969, temperatures have been recorded as in degrees centigrade, the 98.6 Fahrenheit is now 37 centigrade. At any rate, there is a considerable range of normal temperature in Fahrenheit terms,

from approximately 96.0 to 98.6, and in Centigrade from 35.2 to 37.1.

The body has an excellent heat control system which, under normal conditions, keeps the body temperature at its usual level no matter what the atmospheric temperature is. However, in extreme of heat or cold, this central regulating mechanism may break down, in which case the temperature may be abnormally high or low, as the case may be.

Q. Can a person gain weight even though there is no healing going on in the lungs?

A. Usually if the tuberculosis in the lungs is getting worse and is producing constitutional symptoms such as fever, there will also be an associated loss of weight. However, it is not unusual for an individual to gain weight, even though his lung disease is very extensive, active, and without too much evidence of healing.

Would You Be Popular? Then Read On

Do you want to be popular — or more popular than you now are? There is no easier or surer way than this:

Make it a point to remember the nice things you have heard said of anyone you know, and repeat them to him or her. No matter how big or important the man and woman, a genuine compliment always gives pleasure. You like to hear pleasant things about yourself. Why not confer that pleasure on others by repeating the compliments you hear about them?

This world needs more pleasant reports and fewer biting criticisms. Life has hard roads a-plenty — and discouragements not a few for most of us. If you can make sad experiences less painful by saying or repeating a kind word, why not do it? How much better that would be than to repeat only the disagreeable things one hears.

Sanatorium Outlook

With meekness, humility, and diligence, apply yourself to the duties of your condition. They are the seemingly little things which make no noise that do the business.

—Henry More

Editorial Comment

First, we would like to thank the students and faculty of the Clinical Pastoral Education class for sponsoring a most enjoyable picnic for our patients on June 11th. We were fortunate in having a perfect day for this event — the bay at Margaretsville was unusually calm and the air temperature was just right.

As usual, a tasty and substantial lunch was prepared by the Dietary Department and we had adequate time to fully enjoy it.

We were accompanied by the two summer interns from Finland, Dr. Seppa and Dr. Viano, complete with first aid kit, which we are pleased to say was not needed. Everything went smoothly and we hope that there will be opportunities for other outings this summer.

By the time this is read another summer session of the Clinical Pastoral Education Course will have ended, the closing date being set for June 27th. We hope that our patients have enjoyed the opportunity of talking with the students and have benefited from their visitations. In talking with members of the group I am sure that they have found their time at the Sanatorium both interesting and rewarding. Many have expressed the hope that they may be able to return next summer for further sessions.

* * * * *

A number of us from the Sanatorium are making plans to attend the sixty-ninth annual meeting of the Canadian Tuberculosis and Respiratory Disease Association which is being held in St. John's, Newfoundland, June 22nd to 25th. We will expect to make further reference to the meetings at the time of our next edition.

* * * * *

If space permits we hope to include at least one of a series of reports, in the form of letters, on medical missionary work in the Congo, written by Dr. Sidney Gilchrist. Unfortunately, our limited space will prevent us from printing them unbridged but we will try to include as much as possible. The first one, entitled "A Savannah Silhouette," we have had in our possession for one year. In preparing it for publication, Dr. Hiltz wrote the following footnote regarding the author:

"Dr. Sidney Gilchrist is from Pictou County. He and his wife, Frankie, have spent most of their lives in the mission fields of Angola and the Congo. He grad-

uated in medicine from Dalhousie University shortly before I did. It was my privilege to board with his wife's aunt and uncle for six years while I was in medical school. Although not well he has just returned to continue his life's work with the natives of Africa. Our problems pale alongside his as described in this letter."

A SAVANNAH SILHOUETTE

(Being one of a series of letters from Dr. Sidney Gilchrist in the Congo to friends and concerned persons).

Institute Medical Evangelique
Kimpese par Kinshasa
Republique democratique du
Congo

Dear Friends:

I know that there is not time to read everything — I haven't been away from Canada long enough to forget the existence of that burrowing, boring evil of human leisure and communications — Television.

I sit in an office of a quite important medical centre in the Lower Congo. A few days ago, five minutes by car from where I write, I collected snails from rocks and sticks in a muddy stream. The villagers whose homes are situated along the banks of that little river, bathe in it, wash their clothing in it, and from it draw water for domestic use. The snails, when crushed and examined under a microscope, were found to contain the midway stage of the bilharzia parasite in its evolution between one human and another — or the same one again! These parasites were there because human excreta had entered the water, for this was the Mansoni type of schistosoma.

Man is conquering some diseases, almost controlling others. But I sometimes wonder if bilharzia is not conquering man in some of the loveliest areas of the earth. At any rate there are many new foci of this parasite in more than one continent,

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EDITORIAL COMMENT — A SAVANNAH SILHOUETTE

(Continued from Page 8)

and the control of the disease and its vectors is extremely difficult and costly. In just this little corner of a new African nation where we work, all of a dozen doctors' time, plus that of a few engineers, a large number of health educators, nurses, technicians, and labourers might well be spent for the next twenty or forty years in an attempt to diminish the ravages of this one disease. I write "one disease," but you should have been present at an evening pow-wow here a few nights ago when two visiting experts of the World Health Organization sat down with us to discuss our most important problems. We were rash enough even to attempt identification of the most important enemy of human health. Of course this got us nowhere.

The competitors for first place were: Sleeping sickness, malaria, tuberculosis, malnutrition and, of course, bilharzia. Our experts said, "If you want to get the most for your money, abandon all other measures to control tuberculosis and just "plaster" the population with BCG." Actually our BCG immunization program is going well. I am writing to Connaught Laboratories in Toronto to see what they can do about big new supplies of BCG, but I can't turn my back on more than 100 cases (most of them advanced) of active tuberculosis for whom I am responsible here in hospital and camp, just to plug for more immunizations. So here I am plumb in the middle of the old dilemma that has been with me all my life as a doctor. The choice between doing something about the ravages of disease and that of keeping disease away from the door!

In the meantime we have selected as Job Number One, at this growing Medical Centre, the training of African public Health teachers and technicians . . .

* * * * *

Again, in a letter dated early April, 1969, Dr. Gilchrist writes:

"We are at the coast for a few days. Between the sea and me there is a patch of tall and rank grass which I fancy I can almost see growing. The heat is intense and the moisture extreme. Besides the grass, there are two baobab trees — stolid, impassive, sombre, and somewhat mysterious as all of their ilk have ever seemed to me. One of the baobabs may be older than I am, and I had my 68th birthday two months ago. Its dominating neighbour may have seen the arrival of the first missionaries to sail up the Congo.

A few rods away down the seabank, lapped by the waves, is a real patriarch of a tree. Perhaps it bowed (as much as a baobab can bow—not much) as Vasco de Gama passed by enroute to find India . . .

What of our work here in the Congo? It is as different from Angola as night from day. Here the authorities are Africans. They welcome our work. They cooperate and aid us as much as they can. They want their people to have good medical services. Problems? Yes, plenty of them. Tough, formidable, sometimes seemingly insoluble problems.

Tuberculosis for instance.

Yesterday I spent much of the morning playing "God," and trying to decide conundrums that no doctor should ever have to decide. A new case of tuberculosis. Skin and bones. Not a quarter of a lung left in normal condition. Bed treatment is a must. But all thirty-two beds for tuberculosis patients in the hospital are filled. Not with just 32 patients either, for six of them have both infected mother and infected child in them. Not one of these is in fit shape to go and sleep on the concrete floors in the overflow quarters. However, one is chosen as less likely to suffer than the others. An hour or two afterwards a worse case is admitted. Again another patient has to be sent from bed to unsatisfactory overflow building. Late in the afternoon, the worst case of all arrives. This time it seems utterly impossible to discharge to "overflow" anyone now in bed. Yet it has to be done. This is work that hurts and follows you home to your own bed at night to worry about . . .

But tuberculosis is only one of our major problems. Sleeping sickness is on the increase. Bilharzia is multiplying. Measles slays numberless children. (Yes, plain old measles. The same all over Africa, but remember it goes hand-in-hand with intestinal parasites, malnutrition and chronic anaemia).

I examined a long line of children from 2 to 9 years of age last week. Over 60% of them had large (some very large) spleens, many of them had swollen livers. All of them had had repeated attacks of the worst kind of malaria there is in the world — "falciparum."

BUT, give Congo a chance and she'll solve her health problems, and her other problems. In the meantime she needs help and that help must be for the spirit as

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Chaplain's Corner

REV. J. DOUGLAS ARCHIBALD, B.A., D.D.
 United Church Chaplain Nova Scotia Sanatorium
THINGS THAT WEAR WELL

It is very desirable that many things we buy for our homes have the quality of durability. If they are expensive articles we don't want to replace them again and again during our lifetime.

One of the great tests of many things in life is, "Will it wear well?" We may even hope that its value will increase with the passing of the years. One of the treasured possessions in our home is a grandfather's clock. It has ticked away the seconds and years for nearly a century and three quarters, and it will likely see several more generations come and go before it is worn out. There is no doubt but it was built to tell the time, not for years, but even for centuries.

We think of the realm of music, and how the great musicians of our day go back to the master composers and attempt to interpret their works. In the world of art the work of distinguished artists and sculptors of centuries ago are still studied and sought after and demand fabulous prices on the market. I have no doubt that many of the treasured volumes on your book shelves go back to the pens of men who wrote by candle light. The Bible, which is often spoken of as the world's best seller, was first written on papyrus scrolls. We wonder if rock and roll in music, and some of the strange combinations of colors in the realm of art, as well as many of the books that roll off the presses, will stand the test of time and continue to wear well for years to come.

We have much for which to give thanks to Almighty God if we have found in life some of the treasures that wear well — that have even more meaning and value for us with the passing of the years.

I am writing this early in the month of June. Each morning as I drive to the Sanatorium the road passes through a world of fantasy. These are the days when apple, pear and peach blossoms are a delight to the eye and their aroma fills the evening air. It is the time of lilacs and flowering crab, and so many other shrubs and trees that are a joy to behold. Lawns and fields are of the deepest green. How well the world of nature wears! We look forward to the springtime year after year, and our wonder grows as we see the new life that spring and summer bring.

One must make mention of friendship and how well it wears. It is a wonderful thing to know a friendship that continues on and on, not dimming with the years, but rather, becoming more rich and meaningful.

While I was in the process of thinking about this matter of friendship, I received a letter from a friend. It was to tell me of the death of a mutual friend of many years. The writer went on to say how much it meant to be able to live over again in one's memories the joys of true friendship. True friendship is something that wears well. Years pass, changes come, but the tie remains strong and firm.

One can think of many reasons why having to remain for months in a Sanatorium to regain one's health can become a trying experience, but one can see the possibility of friendships being formed that will mean much, not only while you are on the cure, but on down through life. If even one true friendship has been formed then something very wonderful in addition to regaining your health has been made possible to you.

It would be difficult to think about things that wear well without mentioning one's faith in God. Here is something that continues to grow stronger with the years. This, of course, is as it should be. God expects us to have a growing, adventurous faith. This is the faith one finds over and over again within the covers of the Bible. In no other book will you find, gathered together, the record of so many people who have a faith that wears well.

In the eleventh chapter of the Book of Hebrews the writer tries to name the great heroes and heroines of the faith. It is an impressive list. Finally, he seems to realize that the names and accomplishments of these people are without end and he tries to sum it up in the words "And what shall I say more? For time would fail me to tell of Gideon and Barak and Samson, etc."

It is not only on the pages of scripture that you find men and women of great faith in God. Down through the ages brave souls have testified to the value of a faith that wears well — the martyrs of the centuries, down to those of today who endure because of their faith in God. One

(Continued on Page 11)



Chapel Notes

Lic. David P. Dawson of Wolfville was pianist at the 10:00 Protestant Chapel Service on Sunday, June 15th.

On the following Sunday, Miss Faye Veinot, student nursing assistant, recently returned from a two-month affiliation at the Payzant Memorial Hospital, Windsor, favored us with a solo, "Breathe on Me, Breath of God."

We are glad to have Miss Veinot back in our midst, and appreciate both her and Mr. Dawson's contributions to our Services.

WINS PRIZES

We extend congratulations to a former Sanatorium student chaplain, Lic. J. A. Alexander, whose name appeared in the Acadia University. Mr. Alexander was recently published prize list for 1968-69 of awarded the Edward Manning Saunders theology prize in Hebrew (\$25); the Rev. Isaiah and Frances DeMille Wallace Award (\$100); and the Robert MacGregor Fraser prize in World Mission of the Christian Church (\$25).

Talk happiness! The world is sad enough without your woes.

—E. W. Wilcox

CHAPLAIN'S CORNER —

(Continued from Page 10)

thinks of a great soul like Abraham Lincoln who, time and time again, was driven to his knees because he had no other place to go for courage and strength he needed at that hour.

A life of depth, meaning, and usefulness depends on the choices one makes. We are, to a very large extent, the kind of people we are today because of the choices of the past. In a great life will be found the choice of qualities that will not rust or corrode with the passing of time. That is why the thirteenth chapter of I Corinthians, after examining many of the treasures for which we may strive, ends with the words, "And now abideth faith, hope, love, these three; but the greatest of these is love."



RELIGIOUS SERVICES AT THE NOVA SCOTIA SANATORIUM

PROTESTANT

Worship Service (Chapel)

Sunday: 10:00 a.m.

Vesper Service (Station San)

Monday through Saturday: 6:25 p.m.

Sunday: 5:45 p.m.

This Is My Story (Station San)

Tuesday: 7:00 p.m.

Communion is served quarterly in the East and West Infirmarys.

ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)

Sunday, 7:00 a.m.

The Rosary (Station San)

Monday through Saturday: 6:45 p.m.

Sunday: 6:15 p.m.

The Hour of The Crucified (Station San)

Sunday: 6:30 p.m.

TRUST

We know not what the future hath,
'Tis not for us to know.
This is a special blessing,
From Him Who loves us so.

For He Who notes the sparrows' fall
And guides them in their flight.
Will stand by us, His children,
Throughout the darkest night.

Just trust in Him through every day,
Don't worry or complain,
And He will give us strength to bear
Our weakness and our pain.

— Grace L. Reid
Kentville, N. S.

Quotable notables: "I venture to suggest that patriotism is not a short and frenzied outburst of emotion but the tranquil and steady dedication of a lifetime."

—Adlai E. Stevenson

* * * * *

Home is the basis of national morality.

OLD TIMERS

One felt just a wee bit guilty about descending upon Anne Marie's sanctum while preparations for a history "Provincial" were underway, but because it was for "Old Timers" sake, she was indulgent, and we came away rejoicing with the following items of news.

Carl Peach of Hantsport came in for a check-up recently, and brought Anne Marie up to date on news of ex-patients of that town. Carl, who was a Sanatorium patient himself some twenty years ago, is now Personnel Manager at the Gypsum plant in Hantsport. He reported having seen Mildred Salter, who is employed as a stenographer for Minas Basin Pulp and Paper Company Limited. Mildred keeps well as do also Erna Creaser and Grace Blackburn, who is now Mrs. Morris. These were all Sanatorium patients back in the 'Forties.

When on a weekend shopping expedition in Truro, Grace Adams ran into another old timer of the same era — Mrs. Joyce Hayward. Joyce is likewise in blooming health.

There was a romantic touch to the 'Forties, too, for Lorraine Riley and Richard Patterson met on the cure here in 1946, and subsequently married. Mr. Patterson, who is in real estate business in Dartmouth, has recently been re-admitted to the Sanatorium. Mrs. Patterson, who is bookkeeper for the company, visits her husband frequently, and also keeps an eye on the business.

Lorenzo Wolfe of Beach Meadows, Queens County, who cured here in 1953, runs a nursing home in Annapolis. He attended the Apple Blossom Parade with his two little girls.

Also attending the Apple Blossom Festival was Demetrius Amirault, who competed in the Ox Pull at Port Williams. Demetrius, whose home is in New Edinburgh, Digby County, was a Sanatorium patient in 1966.

The Carl Wagners saw Don Hiltz in Halifax one day recently. Don cured here and also in Roseway Hospital in the 'Fifties, and is currently working in the Halifax Bank of Commerce. He sent greetings to his San. friends.

Joel Melanson of Church Point was a casual visitor to the Rehab. Department a few weeks ago. One of the Clare District High School students whose schooling was interrupted about two years ago for a period of curing at the Sanatorium, Joel is now hale and hearty, and completed Grade XII this term. It appears that

his Sanatorium experience was the dominant factor in shaping his plans for the future, which include training in nursing within the framework of the Canadian Airforce.

Two more of our ex-patients from Clare District High School, Misses Josephine Muise and May Gaudet, were members of a vocal trio that provided entertainment for the Registered Nurses' Association dinner in Yarmouth in June.

Early in June we read in the **Chronicle-Herald** the announcement of Neil Alexander MacLean's engagement to Miss Marianne Joy Haverstock of Dartmouth. Neil, whose boyhood home was in Smith's Cove, Digby County, was a patient at Roseway Hospital in the mid-Fifties, and a Grade IX pupil of your scribe. After graduating from High School he attended Teachers' College and taught school. Neil and Miss Haverstock will be married on June 28th.

Frank LeSeur, who came to the Sanatorium in September of 1941, then a Squadron Leader in the R.A.F., was one of the first instructors sent over in the Commonwealth Air Training Plan. After spending about a year at the Sanatorium, he returned to active duty for the rest of the war. Frank, a native of Jersey, in the Channel Islands, is now with BOAC, and lives in New York. He has married and has five children ranging in age from 24 to 13 years. He sent condolences upon hearing of the death of Dr. Hiltz.

From a recent issue of the **Chronicle-Herald** we learn that John Stanley Doyle, who was a San patient in the mid 'Sixties, graduated from the Nova Scotia Institute of Technology. John achieved the

(Continued on Page 14)

A SAVANNAH SILHOUETTE —

(Continued from Page 9)

well as for the mind and body. There is no field of human need in Canada or Congo where men of God should not be in the front line of service. There is no hope that alone can be trusted to meet that need unless it is accompanied by the hope that is to be found in Jesus Christ and in His love and spirit in the hearts of His followers.

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NURSING NEWS

On June 9th, 1969 at the closing of the Refresher Course in Psychiatry sponsored by the Valley Branch R.N.A.N.S. the Nova Scotia Sanatorium was presented with a Canadian Flag and a Nova Scotia Flag for the Auditorium in Miller Hall, in appreciation for the use of Miller Hall.

The presentation was made by Mrs. Catherine Boyle, R.N., President Valley Branch Registered Nurses Association of Nova Scotia and the flags were accepted by Dr. Helen Holden, Acting Medical Superintendent and Mrs. Hope Mack, R.N., Director of Nursing Nova Scotia Sanatorium.

A Trainex film strip on "Nursing Care of Patients Receiving I/V Therapy", was also donated by the class.

Three members of the Sanatorium staff were honoured at the Nova Scotia Nurses' Association two-day convention in Yarmouth, in late May. Mrs. Joan Fox was elected president of the Association and Miss Jean Dobson, secretary. Mrs. Hope Mack, Superintendent of Nurses at the Sanatorium, was presented with an honorary life membership.

CAPPING CEREMONY

Twenty-seven nursing assistants in the class '70A at the School for Nursing Assistants, Nova Scotia Sanatorium, received their caps on June 10, 1969, upon completion of the first four months of their twelve months' course.

Mrs. Catherine Boyle, R.N., Director of Nursing Education, presented the students to Mrs. Hope Mack, R.N., Director of Nursing, for placing of caps. As each student was capped she was presented with a blue Testament from Mrs. Dean Hennigar of the Gideon Ladies Auxiliary. Other representatives from the Gideon Ladies Auxiliary included Mrs. Robert Newcombe, Mrs. Gordon MacFawn — who gave a short talk and Mrs. Hance J. L. Mosher, who gave the dedication prayer. Mrs. Mack in her opening remarks welcomed the Gideon representatives and spoke on the subject "Why A Cap". She said that whatever the reason for the

cap, it was part of the nurses uniform and should be worn with dignity and pride. The student nursing assistants' cap is white with a scarlet velvet band and distinguishes the student from the Certified Nursing Assistant, who wears a white cap with a yellow velvet band.

The Hospital Pledge was recited by the class following the Capping.

Tea was served in the Nurses Residence. Miss Nancy Carmichael thanked the Gideon Ladies Auxiliary for their participation in the capping. Miss Patricia Pothier expressed to Mrs. Mack and the Sanatorium Staff the appreciation of the class for the efforts on their behalf; while Miss Janice Cleveland thanked Mrs. Boyle and the Instructors for their interest and work with them in the classroom and on the wards.

Included in the class were:

Miss Darlene Archibald, Windsor, N. S.
 Miss Bonnie Armstrong, Kentville, N. S.
 Miss Thelma Baxter, Amherst, N. S.
 Miss Valerie Beeler, Coldbrook, N. S.
 Miss Rosemary Bouzan, Saulnierville, N. S.
 Miss Jean Brennick, Bras d'Or, N. S.
 Miss Jocelyn Brown, North Sydney, N. S.
 Miss Nancy Carmichael, Glace Bay, N. S.
 Miss Janice Cleveland, Digby, N. S.
 Miss Nancy Craig, Summerside, P.E.I.
 Miss Wanda Crouse, Dartmouth, N. S.
 Miss Christina Deveau, Meteghan, N. S.
 Miss Wanda DeYoung, Kentville, N. S.
 Miss Mary Fortune, New Waterford, N. S.
 Miss Arlene Fraser, Westville, N. S.
 Miss Linda Hillier, North Sydney, N. S.
 Miss Deborah Hiltz, Aylesford, N. S.
 Miss Wilma Hiltz, Kentville, N. S.
 Miss Patricia Llewellyn, Sydney, N. S.
 Miss Katherine MacKinnon, Glace Bay, N. S.
 Miss Elaine MacNeil, New Waterford, N. S.
 Miss Patricia Pothier, Westville, N. S.
 Miss Linda Reashore, Bras d'Or, N. S.
 Miss Brenda Rogers, Sheffield Mills, N. S.
 Miss Vera Serroul, Florence, N. S.
 Miss Andrea Sutherland, Sydney River, N. S.
 Miss Barbara Wilson, Steam Mill, N. S.

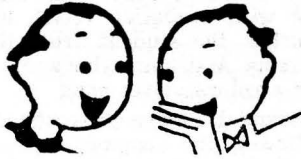
THE SIGN OF THE COUGH

One person out of four suffers from a bad cough each year, and one out of eight suffers shortness of breath . . . both symptoms can be signs of serious respiratory disease.

* * * * *

Mixed greens: An assortment of fives, tens, and twenties.

Just Jesting



A dear old lady had returned from her first visit to France. "What impressed you most?" she was asked.

"Well" she replied, after a moment or two's thought, "I think it was the French pheasants singing the mayonnaise."

* * * * *

"Can you take me to the station?" the old lady asked the taxidriver.

"Sorry, ma'am, I'm engaged," was the reply.

"Then I'm sure I wish you every happiness, but you mustn't let love interfere with your work."

* * * * *

The following message was flashed on the screen of a popular cinema — "A five dollar bill has been found in the stalls. Will the owner please form a queue outside the box office tomorrow night?"

* * * * *

She (sighing): "Oh- I met such a lovely, polite man today."

He: "Where was that?"

She: In the street. I must have been carrying my umbrella carelessly, for he bumped his eye into it. And I said, "Pardon me," and he said, "Don't mention it —I have another eye left."

* * * * *

The two travellers had wandered far from civilization and had fallen into the hands of a savage chief. The day following their departure the chief ordered them to go out and gather fruit.

The first returned bearing a plentiful supply of grapes.

The chief commanded him to swallow them whole.

The traveller burst into laughter, and the chief demanded to know the reason.

"Sorry," apologized the prisoner. "I was just thinking of my pal; he's bringing coconuts."

* * * * *

The pretty young thing smiled sweetly to the waiting line as she put another coin in the telephone slot.

"I won't be a minute this time," she confided. "I just want to hang up on him."

Seeking an interview with his commanding officer, the young flyer shyly asked for special leave.

"Humph," said the C.O. "And what do you want it for?"

"Well, sir," said the bashful one, "a lady friend of mine is getting married and she wants me to act as bridegroom."

* * * * *

Little Joe says: "Co-operation is a wonderful thing . . . even freckles would make a nice tan if they'd get together."

* * * * *

A sailor who limped into the naval hospital had his foot x-rayed and was asked to wait for the results. Some time later an orderly appeared and handed the sailor a large pill. Just then a mother with a small child in need of immediate attention entered. After the orderly disappeared with the new patient, the sailor hobbled over to get a glass of water, swallowed the pill and sat down to wait. Sometime later the orderly reappeared carrying a bucket of water. "O. K.," he said, "let's drop the pill in this bucket and soak the foot."

* * * * *

Two dogs were watching a twist dance. After a while one dog looked at the other and said: "When I act like that they give me worm pills!"

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OLD TIMERS —

(Continued from Page 12)

highest standing in his class in electronics. Congratulations!

Ernest MacMillan, another patient of about that same era, motored down from his home in Thorburn, recently, to renew San acquaintances. He is in tip-top condition, and drives a school bus.

We note by the United Church **Observer** that Dr. Florence E. Murray, recently retired after about 50 years' missionary service in Korea, was awarded the Order of Civil Merit by President Chung Hee Park of the Republic of Korea. Dr. Murray, who worked among tuberculosis and leprosy patients, was also director of the medical records department of Severance Hospital, Seoul. Dr. Murray was a member of our Sanatorium medical staff from October 1945 to April 1947.

Ins And Outs



NOVA SCOTIA SANATORIUM

Admissions: May 16 to June 15

MRS. MARY HELEN AUSTIN - SMITH, 51 Highland Avenue, Wolfville; WAYNE KENNETH BEAVER, 2353 Barrington Street, Halifax; GEORGE WHITMAN BROWN, 32 Fairbanks Street, Dartmouth; SIDNEY PALMER BROWN, Chignecto, R.R. 1, Maccan, Cumberland Co.; MRS. IDA MAY CHUTE, Waterville, Kings Co.; MRS. MARY JOSEPHINE GILLIS, R.R. 4, Lanark, Antigonish Co.; WAYNE HARRY LEITCH, 235 Waverly Road, Dartmouth; FREEMAN ALBERT MUNROE, Sheet Harbour, Halifax Co.; DAISY ELIZABETH ROBINSON, Hantsport, Hants Co.; EDWARD GUSTAVE SLAUNWHITE, Terence Bay, R.R. 4, Armadale, Halifax Co.; MRS. ADELINAE MAE UPHAM, Masstown, R.R. 1, Debert, Colchester Co.

Discharges: May 16 to June 15

CLEVELAND PEARL ANDREWS, R.R. 1, Bear River; SAMUEL BALLANTINE, Apt. 7, 1039 South Park Street, Halifax; GEORGE EDWARD BELL, 14 Bolton Terrace, Dartmouth; JAMES LLOYD BRUCE, R.R. 1, Lower Sackville, Halifax Co. (Expired); MRS. MARY PRISCILLA BURGESS, Upper Dyke, Kings Co.; MRS. MARY ELIZABETH CAMERON, 6-3rd Crescent, Greenwood, Kings Co.; MRS. JOAN ANN CHAMBERLAIN, 37 Pioneer Street, Rockingham, Halifax Co.; FREDERIC WILLIAM CHAPMAN, 4 Sackville Road, Amherst; JAMES JOSEPH COMEAU, Box 26, Meteghan, Digby Co.; PATRICK JOSEPH CONNORS, Lorne, R.R. 1, Hopewell, Pictou Co.; MRS. CATHERINE MARY CONRAD, 73 Prince Albert Road, Dartmouth; MRS. VENETTA JANE DeWOLFE, 27 Ochterloney Street, Dartmouth; MRS. ETHEL MAY FORTIER, Elmsdale, Hants Co.; WILFRED LAURIER FRASER, Waternish, R.R. 2, Aspen, Guysborough Co.; YVONNE BRENDA LEVY, New Ross, R.R. 2, Lunenburg Co.; ANNIS CLAYTON MOSHER, Osbourne Road, R.R. 2, New Germany, Lunenburg Co.; JOSEPH LOUIS MacDONALD,

Main-a-Dieu, Cape Breton Co.; PERCY ROBERT MacKINLEY, Buckley Street, Shelburne; GERALD McWILLIAMS, 2357 Clifton Street, Halifax (Transferred to Basinview Home, Halifax); ANGUS DONALD RANKIN, R.R. 2, Mabou (South West Ridge) Inverness Co.; MARY JANET RICHARD, 3239 Union Street, Halifax; WILLIAM STANLEY SHAW, 1027 Lucknow Street, Halifax; EDWARD GUSTAVE SLAUNWHITE, Terence Bay, R.R. 4, Armadale, Halifax Co.; RALPH CHARLES TAYLOR, Spa Springs, R.R. 1, Melvern Square, Annapolis Co.; HARRY VINCENT TRAVIS, Waterville, Kings Co.; HAROLD AUSTIN WEBSTER, R.R. 1, Cambridge, Kings Co.

POINT EDWARD HOSPITAL

Admissions: May 16 to June 15

HERBIE ETIENNE, L'Ardoise, Richmond Co.; JOSEPH ALEXANDER FITZGERALD, Aspy Bay, Victoria Co.; JAMES McVEY HICKEY, 710 Winnifred Square, Glace Bay; CHARLES RAYMOND HOLMES, 756 Westmount Road, Sydney; KENNETH MacDONALD, R.R. 1, Port Hood, Inverness Co.; MRS. MARTHA EDITH MacDONALD, 16 Carroll Street, Glace Bay; JOSEPH NEARING, 203 MacLeod's Road, Glace Bay.

Discharges: May 16 to June 15

ANGUS JAMES CAMPBELL, 475 Second Street, New Aberdeen; JAMES DAVID CONNORS, 49 Mount Carmel Avenue, New Waterford; ANNE FITZGERALD, Dingwall, Victoria Co.; LLOYD GEORGE GILLIS, Baddeck Forks, Victoria Co.; CHARLES RAYMOND HOLMES, Westmount Road; KENNETH MacDONALD, West Mabou; MRS. SHIRLEY MacPHERSON, 132 Wilson Avenue, New Waterford; JOSEPH NEARING, 203 MacLeod's Road, Glace Bay; RONALD JOSEPH OAKEY, Wolfe Street, Louisbourg; JUDITH ANN WHITE, 18 Reserve Rows, Reserve Mines.

Trouble and perplexity drive us to prayer, and prayer driveth away trouble and perplexity.

—P. Melancthon

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PETERS' LUNCH

A FADING INHERITANCE —

(Continued from Page 4)

er used for human consumption. You could feel a certain tenseness building up during this statement. And the spokesman went on to affirm that "sampling of water during the summer months exclusively was a deceit" because the results were taken during a period when the water was usually at its healthiest or least polluted state. Needless to say the man voicing these facts was asked immediately to state his sources of information, his credentials and past experience in the matter. Well . . . we all had an ear-full of titles and university degrees from the unknown scientist. Immediate respect was given to every word spoken henceforth, and my own attention was focused on the speaker for obvious reasons.

I remembered the situation back home . . . how the water was so tasteful during the summer months . . . and how much of an odour this same water would carry from December to April of each year. One year the town engineer had the carcass of a deer pulled out of the lake in early May. How long it had been there was anybody's guess. I will admit that we lived through it, although the local doctor would recommend to all young mothers to boil the water.

Here is but one aspect of an inheritance very cheaply appreciated. It seems that the cheaper is our daily sustenance, the more it is neglected. By the end of his expose the young scientist suggested that an air bubbling system available at a very low cost would prevent freezing of any water surface in Canada near the intakes of public aqueducts. With this method, waters could release their odiferous gases and receive the necessary sun radiations.

Such examples are part of our present environment. It is sometimes a wonder that the community can find people to maintain the necessary enthusiasm in the fight against water pollution, while so many, under the false pretence of being labour providers, harness our natural resources and split them into two parts: the first to become dollars, the second to be made pollutants.

How long can this game go on? The answer is yours and mine. Let's hope that we will not have to familiarize ourselves with the daily chore of going miles away to pick up a jug full of drinking water . . . Will our children become a new breed of oasis searchers? The International Joint Com-

mission and the federal authorities can only recommend standards to be applied by other levels of governments. But, how about each of us — why not get involved? One of Canada's most precious and envied resources is on the way to a third mortgage if we satisfy ourselves with being passive in matters of public resources.

By the way, it comes back to me now: the municipality where I used to live has built a pumping and treating aqueduct station. The water is perfect, but the water mains are antiquated and the added pressure has weakened the thinning linings of the underground piping — as a result the water has now a permanent sweet smell of rotting wood — Am I happy I moved out!

— Canada's Health and Welfare, May 1969

A REAL MAN

A real man never talks about what the world owes him, the happiness he deserves, the chance he ought to have, and all that; all that he claims is the right to live and play the man. A real man is just as honest alone in the dark, in his own room, as he is in public. A real man does not want pulls, tips and favors; he wants work and honest wages. A real man is loyal to his friends and guards their reputation as his own. A real man is dependable; his simple word is as good as his Bible oath. A real man does not want something for nothing so the "get-rich-quick" people cannot use him. A real man never hunts danger and never dodges it when he ought to meet it. A real man is — well, he is an honest man, the finest, best, noblest, most refreshing thing to be found on all the green earth — unless it is a real woman.

— The Link

The Sunday school class was composed of three-year-olds. The teacher asked: "Do any of you remember who St. Matthew was?" No answer.

"Well, who was St. Mark?" Still no answer.

"Surely someone must remember who Peter was?"

The little faces were full of interest, but the room was quiet. Finally a tiny voice said, "I fink he was a wabbit."

* * * * *

"Where law ends, tyranny begins."

—William Pitt

* * * * *

Our knowledge is the amassed thought and experience of innumerable minds.

—Emerson

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C)	Acting Medical Superintendent
J. J. QUINLAN, M.D., C.R.C.S. (C)	Surgeon
F. J. MISENER, M.D.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D.	Physician
E. W. CROSSON, M.D.	Physician
V. D. SCHAFFNER, M.D., C.R.C.S. (C), F.A.C.S.	Consultant Surgeon
D. M. MacRAE, M.D., C.R.C.P. (C)	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.), F.R.C.S. (C)	Consult. Ortho. Surg.
E. J. CLEVELAND, M.D., C.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Courtesy Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
MRS. HOPE MACK, R.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
RONALD GERRARD, B. Comm., C.A.	Administrative Assistant

Point Edward Hospital

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

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

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

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

BAPTIST

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

ROMAN CATHOLIC

Parish Priest—Rt. Rev. J. N. Theriault
Curate—Rev. G. E. Saulnier

SALVATION ARMY

Capt. H. L. Kennedy

CHRISTIAN REFORMED

Minister—Rev. J. G. Groen

UNITED CHURCH

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

PENTECOSTAL

Minister—Rev. Robert Cross

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

POINT EDWARD HOSPITAL

ANGLICAN

Rev. Weldon Smith

UNITED CHURCH

Rev. Robert Hutcheson

ROMAN CATHOLIC

Parish Priest—Msgr. W. J. Gallivan

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Mr. William Brewer

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



The Canteen . . .

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AND BENEFIT

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- A good stock of all occasion cards and stationery
- Gift suggestions, Novelties, Cups and Saucers
- Clocks, Watches, and Costume Jewellery
- A wide variety of grocery items
- Ladies' and Men's wear — Nylons