

Stacks

NOVA SCOTIA SANATORIUM

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Health Rays



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.

Only A Dad



Only a dad with a tired face,
Coming home from the daily race,
Bringing little of gold or fame
To show how well he has played the game;
But glad in his heart that his own rejoice
To see him come and to hear his voice.
Only a dad with a brood of four,
One of ten million men or more
Plodding along in the daily strife,
Bearing the whips and the scorns of life
With never a whimper of pain or hate,
For the sake of those who at home await.
Only a dad, neither rich nor proud,
Merely one of the surging crowd,
Toiling, striving from day to day,
Facing whatever may come his way.
Silent whenever the harsh condemn,
And bearing it all for the love of them.
Only a dad, but he gives his all
To smooth the way for his children small,
Doing with courage stern and grim
The deeds that his father did for him.

Do Our Medical Records Meet Present Day Needs?

J. E. HILTZ, M.D.

(An address presented to the Nova Scotia Association of Medical Records Librarians at the Annual Meeting held in Miller Hall, October 19, 1968. It is reproduced here in the hope that it may be of some general interest to other professional groups and also to patients. Ed.)

I appreciate very much having the opportunity to meet with you today. It is a great honour that you have done me by asking that I express to you my, perhaps ill-formed, opinion regarding whether or not present day medical records meet present day needs. I am sure that it would be more appropriate if you were to tell me about this and make suggestions regarding how we might keep better records and how we, as a medical profession, may help you to perform in your profession at the highest possible standard. In the same way that food is of little value to a person unless it is eaten, the end result of medical records-keeping will be poor if those who initiate the process — the doctors, nurses and other professional personnel — do not provide the substance to nourish the records.

A well run Medical Records Department serves the past, the present and the future. It serves the past by making it possible to review the medical work of the hospital in detail with a view to assessing unmet needs and pointing out where there might well be a change of emphasis to meet changing demands or to justify current procedures and expenditures. If a review of our medical records did not show us the increasing prevalence of lung cancer, bronchitis and emphysema in our Sanatorium patients population, we might not be able to justify the expenditures of monies to provide personnel and equipment to look after an increasing patient load with such conditions.

The Medical Records Department also serves the present by providing for ready reference a record of the history, physical findings, consultations and laboratory and x-ray findings in respect to the patient's current admission to hospital. If the department has been functioning really well it will also have readily available for reference a complete record of all the patient's previous admissions to the same hospital or will obtain similar records regarding the patient's admission to other institutions. This is a very important func-

tion of a Records Department and one that is not always performed as well as it might be.

Not only must the Department be ready and willing to send for previous records it must be ready and willing to supply the same to other institutions. To this end, modern duplicating equipment is a god-send.

In order to serve the future, the Medical Records Librarian must be a crystal gazer, must be able to anticipate what may be required in five, ten, or twenty years and be willing to spend time recording and tabulating items which may seem to have little relevance now but may provide the basis for important clinical research in the years ahead. There cannot be many things much more disconcerting to a clinician or a statistician or a medical records librarian who wishes to do a bit of clinical research, who gazes at neat rows of charts in the files and then begins to open them only to find that needed examinations have not been done or, if done, have not been recorded. Not only has a Medical Records Librarian a recording and an analysing function but she or he must be a bit of a policeman as well. Tests and examinations and consultations must not only be carried out, they must be recorded. Sometimes it is the unfortunate duty of the Librarian, who knows that something has been done, to be persistent and even annoying until the appropriate staff member makes the necessary record of the findings in writing. Word of mouth or a mental note will be of no value in a year's time and, indeed, is of decreasing value every minute after a test is read or an examination carried out.

It is important then to see that records are kept and recorded promptly. A history recorded only after a patient has left hospital is almost useless for purposes other than recording the patient's current main diagnosis. Other matters of lesser immedi-

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DO OUR MEDICAL RECORDS —

(Continued from Page 2)

ate significance may take on increased importance at the time of the next admission. I suggest that a registered medical records librarian may well carry the initials R.R.L. and P, the "P" standing for policeman or policewoman as far as policing records is concerned.

In recording the patient's name, the use of initials should be deplored. In five years' time who was Mrs. F. Jones? Was she Mrs. Frank Jones, Mrs. Frances Jones or Mrs. Francis Jones? It may be very important to know when sending for previous records and when getting out your own earlier records of the case. And in one's index files how does one separate the records of all these three people if they are all filed under Mrs. F. Jones?

The name should be recorded as completely as possible, and, in the case of a married woman, her two names should be combined with her husband's two names; e.g., Mrs. Mary Hazel (Frank Henry) Jones. And be sure, too, that somewhere in your records you record her maiden name. There is no point in asking an institution for a discharge summary of Mrs. Mary Hazel (Frank Henry) Jones if she was Mary Hazel Petunia when she was a patient there before her marriage.

At one time, the use of Social Insurance numbers for identification purposes held promise of being helpful. This is less likely now as the special census for Medicare in Nova Scotia is going to group each member of a family under the SIN number of the father or the principal wage earner. It is a case of the SIN's of the father being passed on to the children. It is going to take some time to sort out the confusion in files caused by recording the wife, and children in summer employment (each with an individual SIN number), all under the husband or father's Social Insurance Number. It certainly will be impossible to maintain an index file according to SIN numbers until all adults and all children are given individual SIN numbers and not designated under some group SIN which only applies to one member of the family.

We would make a plea for better integration of In-patient and Out-patient records. At the Sanatorium, when an out-patient becomes an in-patient, the records are all combined in the In-patient Files and continued there even when the person becomes an Out-patient again. This makes for less duplication of charts and provides a health experience or sickness experience record as a continuous chronological en-

tity. Alphabetical index cards giving the patients' chart numbers are maintained separately for In-patient and Out-patients as In-patients will probably be fewer than Out-patients and so the latter larger group can be sorted out and placed into inactive files after a specified number of years, if necessary. Once an Out-patient becomes an In-patient, however, his Out-patient index card should be left in the Out-patient file with a notation to indicate the new In-patient charge number where all his records will now be kept. Especially is this important for chronic disease hospitals where there may be many readmissions for the same condition.

The need for a more or less comprehensive discharge summary card will vary from hospital to hospital. Certainly it should be possible to compile all Annual Report statistics from such cards, especially if they are punch cards, and it may even be expedient to combine the records for a number of years to determine trends available from the compilation of larger figures than are available from one year alone.

For Coding purposes it is essential that we all use the same system. It is hoped that after January 1, 1969, this will be the International Classification of Diseases Adapted not the H.I.C.D.A., not the Standard Nomenclature of Diseases, and not the International Classification of Diseases and Causes of Death. The Dominion Bureau of Statistics will be using the I.C.D.A. as will most of our United States counterparts and so it is hoped, in future, that we may arrive at a Utopia of comparable vital and epidemiological information.

The new revised I.C.D.A. will have a fairly comprehensive fourth digit system which will help to make reporting more meaningful, by allowing us to subdivide diseases into significant sub-categories.

Incidentally, such a classification as the I.C.D.A. is a very convenient method for physicians and other professional people to file away reprints and other medical information in their personal files.

Many physicians, unfortunately, are delightfully vague in their statements, nurses also can be guilty in this respect, but laboratory and other technicians are much more likely to be specific in regard to what they say. Medical Record Librarians can never afford to be vague. If something does not make sense to a librarian, it probably is not meaningful to anyone else and it is the Medical Record Librarian's duty to clarify the situation before the vagueness becomes part of the official record. Such

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DO OUR MEDICAL RECORDS —

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statements as "the tuberculin test was negative" without an indication of the type and date of the test; or "there has been weight loss" without indication of how much over how long a period; or "fluid was aspirated" without a description of the amount and type of fluid; or "the patient is a light smoker" without explanation of what he smokes, how many cigarettes per day and for how long he has done so, may just be a waste of so much ink. By expecting and demanding accuracy and care in the production of records, Medical Record Librarians will improve the work of doctors and nurses and provide a more valuable service to the hospital and the patient.

Although it means more work or even overwork for the Records Librarian, he or she should encourage clinical research and be willing to participate in it. The more the records are used by more people, the better they will be.

It must not be forgotten that the patient is more than a pair of lungs or a broken hip. He is a whole person. He may have mental problems, he may have spiritual problems and he may have social problems. Our chaplains and our social workers should make their contribution to the patient's record. The social history may be tremendously important. We must see to it that it becomes part of the active chart and does not find its way into the chart only after the patient has been discharged.

Confidentiality must be maintained but not to the patient's detriment. Provincial legislation in Nova Scotia makes it incumbent on every physician who has a case of tuberculosis to report it to the Health Unit Director and every pathologist or radiologist who suspects that he has a case of tuberculosis must do likewise. Indeed, it is a legal requirement that pertinent chest x-ray films be made available to the Health Department — without the requirement of the patient's signed consent — if tuberculosis is suspected. This is in the patient's best interest and for the protection of the community at large. My own personal feeling is that there should be no restriction placed on the availability of hospital records on an interchange basis between hospitals for registered In-patients or registered Out-patients.

I have said nothing about microfilming of records. Within the limitations of available space I would plead for the retention of the whole record — doctor's progress notes, nurses' notes and all — whenever possible. There is always the danger of throwing out

the baby with the bathwater when one begins to discard certain parts of the records because they are of lesser importance today — but how about next year?

And now, a word about the Hospital Medical Records Committee. The Records Librarian should be its secretary and keep good minutes. There must be at least one doctor on the Committee but do not forget the nurses. They are a most conscientious group in respect to record keeping, they have good ideas and they can be very helpful if given a chance. All problems regarding the inadequacy of record keeping or the inadequacy of forms in use should be referred back to the Committee and they should meet frequently. They are your auxiliary police force.

And lastly, may I suggest that Medical Records Librarians in Nova Scotia have not explored their potential to its utmost. You have concentrated upon teaching and you have concentrated your efforts within hospitals. Quite unofficially, I ask "How about Health Units?" Here are kept the Tuberculosis Case Registers, the V. D. Registers, the records of prenatal visits and immunization clinics. The Health Unit Directors operate tuberculosis clinics as well. I know of not a single Medical Records Librarian looking after the charts and records in a Health Unit office. Here, then, is a new frontier to be opened up now that Medical Records Librarians in sufficient numbers are available to more nearly satisfy the needs of hospitals and teaching departments. I am sure that you will accept this challenge as you have all others.

(To have been printed before the author's death.)

NIGHT SHIFT

"I shall have to put you fellows in the same room," said the host.

"That's all right," the guests replied.

"Well, I think," said the host, "you'll have a comfortable night. It's a feather bed." At two o'clock in the morning one of the guests awoke his companion.

"Change places with me, Dick," he groaned. "It's my turn to lie on the feather."

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MAYFLOWER MOTEL

Dr. J. P. Martin — Distinguished San Old Timer

EILEEN M. HILTZ

The death last spring of Dr. J. P. Martin took from our province one of its distinguished educators and historians. The Nova Scotia Sanatorium is proud to claim him as an alumnus, and it is this aspect of Dr. Martin we will dwell upon in this brief tribute.

"J. P.", as he was fondly known, came to the Sanatorium in 1928 so weakened by hemorrhages that he had been given the last rites of his Church. His return to health and productive work could serve as an inspiration to many forced to seek the cure for tuberculosis.

In those days "the cure" was sought by rest, with no drugs and only very elementary surgery to assist. For five long years "J. P." rested at the Sanatorium during the winter and at his summer cottage in Waverley, near Halifax, for the summer months. In 1931 Dr. Miller and Dr. Beckwith performed a successful phrenic operation to close a cavity in the apex of his right lung. Otherwise it was rest, rest, rest, as "J. P." himself expressed it: "like an Egyptian mummy."

His years of faithful curing were rewarded when he was able to return to teaching at St. Patrick's High School, Halifax, in 1934. He continued as a teacher there until his retirement in 1950.

"J. P.'s" days at the Sanatorium were not spent in lethargy or useless repining. He took part in patient activities for recreation, at a time when, with no Rehabilitation Department at the San., the patients had pretty well to make their own entertainment. One feature of San. life received

his special attention, and benefitted greatly from his talents. As he himself once said: "The very fact that *HEALTH RAYS* magazine was in existence helped me greatly in taking the cure. Ever and anon during the long hours, days and months in bed I used to be listening to the stories of others, so that I could turn them into something interesting for *HEALTH RAYS* readers — Then what a kick I would get seeing all this appear in print".

This talent for writing was further developed after he left the Sanatorium, and in 1958 he completed and published *The Story of Dartmouth*, a definitive history of the town in which he had lived much of his life. Honors came to him as historian and teacher. St. Mary's University conferred on him an honorary doctorate in 1955, and a school in Dartmouth was named the John Martin Junior High School. At the time of his death, aged 83, he was engaged on yet another history, the subject this time, St. Peter's Roman Catholic Church, of which he was a life-long member. Dr. Martin also wrote a newspaper column at one time, numerous historical articles, gave many lectures in both Halifax and Dartmouth, and made appearances on television and radio programs.

"J. P." was a kindly and truly lovable man, with a keen mind and Irish wit that made him a challenging and entertaining companion. These qualities of character were what enabled him to conquer far-advanced tuberculosis and live to become a valuable asset in his community and province.

No star is ever lost we once have seen,
We always may be what we might have
been.

Since Good, though only thought, has life
and breath,

God's life — can always be redeemed from
death;

And evil, in its nature, is decay,
And any hour can blot it all way;

The hopes that lost in some far distance
seen,

May be the truer life, and this the dream.

—A. A. Porchter

"Faith is the bird that feels the light and
sings when the dawn is still dark."

—Tagore

* * * * *

Too much rest is rust — Walter Scott

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RON ILLSLEY

ESSO SERVICE STATION

A friend is a jewel that shines brightest
in the darkness of misfortune.

Advice From Ex-Patient

My stay in the sanatorium was the beginning of a new adventure — something new and different. Obeying all rules was the important job whether I liked it or not, remembering my biggest job was to get well.

Don't pay any attention to those who ask, "Why do you take 'curing' so seriously?" I was kidded constantly, but remember this, "curing" wasn't easy, but it made me well again.

Learn to enjoy little things that make you laugh. It's good for you, and remember there are those who are worse off than you are. Don't gripe about the food. You are going to get a lot of things you never ate and never liked, but it's to make you well and strong again, so eat it.

Learn to live with others, because it's give and take, and you will be surprised how your personality will develop. It will make you a better person physically and mentally. You're going to miss some of the things you loved so well, but this will give you the opportunity to develop other hobbies.

If your friends forget you — and some will — forget it. This will give you the excuse to make new friends. Don't expect anything from anyone and you will save yourself many heartaches.

Learn to pray. Read again "The Eternal Goodness" by John Greenleaf Whittier. Memorize some of the verses. Try using your faith.

You are what you think you are, you create yourself in the image you hold in mind. What you are advertises what you think.

— NTA Reporter
— Via San-O-Zark

And what is so rare as a day in June?
Then, if ever, come perfect days.

— James Russell Lowell

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COMING SUMMER

What will the summer bring?

Sunshine and flowers,
Brightness and melody,
Golden-voiced hours;
Rose-gleaming mornings
Vocal with praise;
Crimson-flushed evenings,
Nightingale lays.

What will the summer bring?

Coolness and shade,
Eloquent stillness
In thicket and glade;
Whispering breezes,
Fragrance oppressed;
Lingering twilight
Soothing to rest.

— Frances R. Havergal

Question Box

J. J. Quinlan, M.D.



Q. Once acquired does a person retain tuberculin positivity through life?

A. The positive tuberculin test signifies that there are living tubercle bacilli in the body. In many cases of inactive tuberculosis and where the individual is in perfect health, these germs remain alive and

the tuberculin test remains positive. In other cases and in particular in people who have lung resection for tuberculosis, all the living tubercle bacilli may be eliminated by the body. If so the tuberculin test remains positive for an unknown period after the death of the bacilli but eventually becomes negative.

Q. How long does it take the bacilli to die after they are walled off or encapsulated?

A. In such circumstances the tubercle bacilli may remain alive indefinitely. Even calcified lesions found in individuals who have died from other causes and where the calcification has been known to be present for many years have been found to contain living tubercle bacilli. While the disease remains encapsulated the germs can do no harm but should the capsule break down as it sometimes does, reactivation and spread of disease will occur.

Q. How long after discharge should a minimal pulmonary tuberculous patient wait before sunbathing?

A. If reasonable care is taken with regard to direct exposure to the sun and a sunburn is avoided there is little or no danger of reactivation of an inactive, minimal tuberculous lesion. The impression held in former years that sunbathing is harmful to the tuberculosis individual is no longer held to be true. It might be remembered, however, that there appears to be a connection between the occurrence of skin cancer and over-exposure to the sun.

Q. When an x-ray is taken why is a tuberculin test done at the same time?

A. Usually both examinations are not done at the same time. In the search for undiagnosed cases of tuberculosis the tuberculin test is first employed. If the test is negative an x-ray of the chest is not going to reveal tuberculosis. It is in the positive rea-

ctors that clinically active tuberculosis may be present and therefore it is on these people that a follow-up chest x-ray is taken.

Q. Is scar tissue as satisfactory as lung tissue several years after a patient has been pronounced cured?

A. Scar tissue cannot function as lung and therefore is not as satisfactory as the tissue that it has replaced. A common example is seen in the patient who originally had very far advanced tuberculosis disease in both lungs with marked lung destruction. When the tuberculosis heals so much lung tissue may have been replaced by scar that the individual is rendered permanently short of breath on exertion.

The Family

The family, like the home, in which they live, needs to be kept in repair, lest some little rift in the walls should appear and let in the wind and the rain.

The happiness of a family depends very much on attention to little things. Order, comfort, regularity, cheerfulness, good taste, pleasant conversation — these are the ornaments of daily life, deprived of which it degenerates into a wearisome routine.

There must be light in the dwelling, and brightness and pure spirit and cheerful smiles. Home is not usually the place of toil, but the place to which we return and rest from our labours; in which parents and children meet together and pass a careless and joyful hour.

To have nothing to say to others at such times, in any rank of life, is a very unfortunate temper of mind, and may perhaps be regarded as a serious fault; at any rate it makes a house vacant and joyless.

— Benjamin Jowett

In the spring a livelier iris changes on the burnished dove;

In the spring a young man's fancy lightly turns to thoughts of love.

— Tennyson

* * * * *

Education is what you have left over after you have forgotten everything you have learned.

Actor Leaves Message

"Don't be a loser!"

Actor William Talman, who died recently of lung cancer, left this message in a dramatic anti-smoking film completed just six weeks prior to his death, according to a recent news release from New York.

A three-pack-a-day cigarette smoker for his entire adult life, Talman says in the film:

"Before I die I want to do what I can do to leave a world free of cancer for my six children."

At the commercial's opening, which was filmed at the Encino, Calif., home of the Talmans, the actor introduces his wife, Peggy, and the children. The next scene shows Talman sitting next to a photograph of Raymond "Perry Mason" Burr, as he recalls that Burr "used to beat my brains out on TV every week for about 10 years."

"You know, I didn't really mind losing those courtroom battles," the actor says, "but I'm in a battle right now I don't want to lose at all because if I lost it, it means losing my wife and those kids you just met. I've got lung cancer.

"So take some advice about smoking and losing from someone who's been doing both for years," he continues. "If you haven't smoked, don't start. If you do smoke, quit. Don't be a loser."

A Cancer Society official said Talman, who is obviously in pain during the sequence, was under heavy sedation and had received a cobalt treatment in the morning. He said Talman volunteered to make the commercial after reading that the society had difficulty in getting actors to appear in anti-smoking films because they feared cigarette sponsors would not consider them for their commercials.



On Sunday afternoon, April 27th, about 200 people participated in a Walkathon in aid of the Blanchard - Fraser Memorial Hospital, Kentville. Among the participants who completed the designated 14 miles, were four members of the Sanatorium staff, three of them ex-San patients, shown in the picture above. Reading from left to right are: Hector McKean, Chief Medical Records Librarian; Mrs. Helen MacKinnon, Lab. Technician; and Leland Nickerson, C.N.A. We congratulate them on their achievement, and also Miss Marjorie Croft of the Business Office.

"Brown's youngsters seem to be growing by leaps and bounds."

"Yes, I know it. I live in the apartment underneath."

* * * * *

A Chicago man who is a great believer in efficiency hung up a sign in his office one day last week, saying: "Do it Now." Within twenty-four hours the cashier had bolted with the contents of the safe, his stenographer eloped with his eldest son, the office boy threw the ink bottle into the electric fan and the whole force struck for a six-hour day. Now he is looking for a new motto.

If you have succeeded in putting one truth into circulation, or demolishing one falsehood, you have done a very good day's work.

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Editorial Comment

We hope that our patients enjoyed the annual Apple Blossom Parade which, for the first time, was held in Wolfville, rather than Kentville. We are again indebted to the members of the Kentville Rotary Club for providing transportation for the patients from the Sanatorium. Mr. Laurie Harrison organized the transportation, most of the patients having travelled in the Rotarian's own bus, and the remainder in a rented bus. Our sincere thanks to the Rotarians for once again taking on this project.

One notable change from other years was that we were not able to take the children from the Annex to view the Children's Parade. Wolfville seemed like quite a distance to take them for this event. Other than that there appeared to be several advantages to the new setting. For example, Acadia University's Raymond Field lends itself well to an event such as this, the sheltered stands being a great improvement over the open bleachers at the Kentville Ball Park. Having roasted there in the sun on numerous occasions, one can only remark that it is better than sitting there in the rain!

* * * * *

The writer was privileged to attend the annual meeting of the Canadian Public Health Association which met in Halifax from May 20 - 23rd. It is quite inspiring to meet with workers in the field of public health from across Canada, and some excellent material was presented through addresses and panel discussions. I wish that it was possible to share with you some of these experiences but perhaps a few random notes will suffice: Many of our readers will be interested in hearing that Dr. C. J. W. Beckwith, former Medical Superintendent of the Halifax Tuberculosis Hospital, was awarded an Honorary Life Membership in the Canadian Public Health Association. Regarding some of the panel discussions, it was difficult to make a choice as to which to attend, since different rooms were being used at the same time. Some that I attended, however, were: "Family life education"; "Handicapped, socially, physically, or mentally"; and "Adjustment to contemporary life". The last presentation, on Friday morning, was "Education of the public health team to meet the needs of the child in contemporary society".

I should mention, before changing to another topic, that there were a great many people at the meeting who mentioned how much Dr. Hiltz was missed at this annual

meeting. Dr. Holden said that she, too, had noted how many times this was said. There were likely more than five hundred persons attending the meetings, and this is quite a tribute to be missed by so many in a gathering of so many unfamiliar faces.

* * * * *

We welcome to our Rehab staff Miss Barbara Baker who is a handcrafts instructor. Miss Baker, whose home is in Halifax, has completed three years of study at the Nova Scotia College of Art and will be returning there next term to complete her studies. Present plans are that she will then return to the Sanatorium. We understand that this area — or someone in this area — has an attraction almost equal to that of the Sanatorium, so there is a good chance that she will be returning!

* * * * *

At this time we wish to welcome to our midst the members of the summer course in Clinical Pastoral Training who began classes on May 20th and will be with us until June 27th. This is the seventeenth summer that this course has been held at the Sanatorium and as in all past years is under the direction of Dr. (Rev.) Charles Taylor, Professor of Pastoral Theology, Acadia Divinity College. Professor Taylor is assisted by Rev. Dale MacTavish, Coordinating Protestant Chaplain at the Sanatorium and Kings County Hospital. It is noted that this year some of the students who are in their second year in this course are dividing their time between the Sanatorium and the Kings County Hospital.

Students attending this six weeks intensive course are: Rev. Stephen Adkins, St. John's, Nfld.; Rev. David B. Wilton, Upper Canard, Kings Co.; Rev. Keith A. Crouse, Mahone Bay; Rev. Donald E. Robertson, Digby, N. S.; Rev. Robert Horton Cooté, Mahone Bay; Rev. Ralph A. Billard, Dark Cove, Nfld.; Rev. Albert N. Marshall, New Ross; Lic. Gary Tonks, Summerville, Hants Co.; Lic. George Allaby, Wolfville; Lic. Harold H. Price, Kentville; Lic. Allan Jorgensen, Wolfville; Lic. David P. Dawson, Wolfville.

Slower, Sweet June,
Each step more slow;
Linger and loiter as you go.

— Julie Harris May

* * * * *

Garden: A thing of beauty and a job forever.

Chaplain's Corner

REV. ALLAN GRIFFIN, Pastor United Baptist Church, Kentville
JESUS CHRIST, THE LIGHT OF THE WORLD

In John 8:12 we have reported one of the most significant and dramatic of the sayings of Jesus: "I am the light of the world, he that followeth me shall not walk in darkness but shall have the light of life."

In these words Jesus paints a picture in which the entire world is in darkness. This image of darkness describes the inner life of man who is living without God. It portrays the hopelessness, the meaninglessness and ignorance that is to be found within man as a creature who is living in rebellion against his Creator.

Against this background Jesus Christ portrays himself as the LIGHT which enters the darkness, dispels it and is the light of the entire world. Throughout Christian history the Holy Spirit has also borne testimony in the experience of His disciples to the validity of Christ's claim.

The darkness is deepening in our world. One after another, the lights have gone out. The darkness in our secular world is penetrating into the souls of men. Christ's message is needed today. Let us seek to understand His claim and His promise as He says: "I am the Light of the World."

Throughout the Old Testament light is a symbol of the presence of God. Jesus is adapting this imagery to say that in His Person God has entered the darkness of this world, is revealing Himself in history and in the experience of men. Just as it is the nature of light to shine, so it is God's nature to reveal Himself. This He is doing in the Person of Jesus Christ.

Jesus is the Light of Revelation shining in the darkness of our world and revealing God's love and grace to men.

One of the most obvious characteristics of light in our common experience is its power to illuminate man's environment and to enable him to gain reliable knowledge. It is only in the presence of Jesus Christ as the Light of Illumination that we can come to truly know ourselves. Only in the presence of His forgiving love can we honestly face the fact of our selfishness and sinfulness. Only in Christ's presence can we see what God meant for us to become and only as we open our lives to Him can we achieve God's purpose for our lives.

Another characteristic of light is that it transforms that upon which it shines. It has long been known that light is essential for life and it is now known that light is

radiant energy that is capable of transmitting itself to that upon which it shines. In John 9:5 Jesus reaffirms His claim to be the "Light of the World" in connection with His healing of the man who was born blind, and restoring to him his sight. One of the truths which Jesus was teaching in this incident was that Jesus, the Light of the World, transforms men's inner life, heals their blindness and enables them to see. He says that He came into the world that those who do not see, may see.

Jesus Christ is the Light of Transformation Who gives to men new life, and new eyes to see.

The image of darkness represents the difficult and trying experiences through which most men must go as finite human beings. Disappointment, suffering, injustice, betrayal, grief, and death are often the occasion for our passing through the valley of deep darkness or the dark night of the soul. At these times also Jesus is the Light that shines in the darkness and drives it away. Whatever the experience that brings on the darkness, Christ is with us, and He Himself is the Light that drives away the darkness. He is always adequate to meet all of our needs. "He that spared not His own Son but delivered Him up for us all, how shall He not with Him also give us all things?"

Christ ignores all the artificial differences that seem important to men and that divide men and presents Himself to man as Man and extends His offer and claim to all. He is not only the Light to the "bad" men or to those who have come under the judgment of the moral order. Christ's claim must be brought to all men in all parts of the world and again and again in every period of human history.

Although Christ's claim is to be the Light of the World, we must also recognize that the promise is effective only to those who follow Him. There are those who reject the Light and continue to walk in darkness. "They love darkness rather than light because their deeds are evil." To the man who follows Christ, believes in Him, is united to Him by faith, Christ becomes both Life and Light.

Having listened again to Christ's claim and promise to be the Light of the World, having had a new vision of Christ as the

(Continued on Page 11)



Chapel Notes

A "Worship-in-Song" Service was held in the Chapel at 10:00 o'clock on Sunday morning, May 11th. The Chaplain, Rev. Dale MacTavish, conducted the Service, while the musical portions were contributed by guest vocalists — Mr. Charles Cogswell and daughter Goldie of Pereaux, and Miss Cheryl Matthews, student nurse at the Sanatorium. Besides a solo by each of the guests, Mr. Cogswell and Goldie sang a duet. The Cogswells were accompanied on the piano by Mrs. Dimock, also of Pereaux.

While expressing our sincere appreciation, we also express the hope that these gifted folk will return in the not-to-distant future.

* * * * *

Again, on May 18th, our 10:00 o'clock Service was much enriched by the musical contributions of three of our patients—Mrs. Elizabeth Cameron and the Misses Rachel Winters and Virginia Wheaton. The trio of voices blended beautifully in "In the Garden" and Miss Wheaton's solo, "Have Thine Own Way, Lord," was rendered feelingly. We are glad to see that more of our patients are attending these services.

* * * * *

We welcome Lic. Allen Jorgeson as student Chaplain at the Sanatorium for the summer months.

CHAPLAIN'S CORNER —

(Continued from Page 10)

Light of the World and reaffirmed our faith in Him and our commitment to Him, we must listen again to the strange and unbelievable words of Jesus as He says to us, "Ye are the Light of the World." Having had the darkness cast out of our own lives and having received the Light we must now be reflectors of His Light. "Let your light so shine before men that they may see your good works and glorify your Father which is in heaven."

ENCOURAGEMENT

Encouraging others in noble callings is the next best to performing the work ourselves.



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 Infirmaries.

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.

Ex-San Staff Members Receive Degrees

Degrees were conferred on three ex-Sanatorium staff members at Acadia University Convocation on May 6, 1969: Miss Mary Lou Parker, Bachelor of Music, and Licentiates James Alton Alexander and Gerald Randolph Fisher, Bachelor of Divinity. Mr. Fisher was also awarded the Edward Manning Saunders prize for the highest record in Theology. Congratulations to all!

In maintaining good human relations, these are vital:

The five most important words — "I am proud of you".

The four most important — "What is your opinion?"

The three most important — "If you please."

The two most important — "Thank you."

The least important — "I".

* * * * *

One on God's side is a majority.

—Wendell Phillips

OLD TIMERS

Anne Marie starts off by telling us what a delicious goose dinner she and Grace Adams had at the Newport Station home of their friend and 1949 San patient, Enid Davis, a few weeks ago. Enid is busy and well, and, one is bound to deduce, a most competent cook.

While home for a weekend in May Anne Marie saw a couple old timers: Jacqueline (Melanson) Blinn of Grosses Coques was discovered working in her garden. Mrs. Blinn cured at the Sanatorium in 1943. Jean Dugas of Belliveau Cove, who was here in 1965, is back to school — Clare District High — and is in grade XI.

Visiting at the Sanatorium recently was Freda Murphy (nee Jackson) of Berwick, who was a patient here in 1950. Freda is in the pink of condition, and enjoys fishing and horse-back riding in her spare time.

Back in 1946 Mrs. Ann Morton of Ste-wiacke gave birth to a daughter while curing at the Sanatorium. The "baby" whose name we regret to say eludes us, recently visited the Sanatorium with her husband.

While attending a tea sponsored by the Dawson Memorial Hospital Auxiliary of Bridgewater, Marjorie Roberts was one of a group caught by the camera. The picture appeared in a late May issue of The Chronicle Herald. Marjorie will be remembered by patients and staff of fifteen years ago.

One day early in May Yours Truly met Mrs. June Wegger at the Bayers Road Shopping Centre, Halifax. Mrs. Wegger was looking well, and is still self-employed as a dressmaker. Making wedding gowns and formals is a specialty with this ex-patient who left us four years ago.

During the week of April 27th a group of students from the Coady International Institute, Antigonish, toured the Valley in order to see something of the agricultural industry as carried on in this area. The group, which was representative of many countries, was under the direction of Kevin LeMorvan, a member of the Institute staff. Kevin, whose career was interrupted by illness back in 1962, spent several months at the Sanatorium regaining his health, and we are glad that he is able to carry on the work to which he is so completely dedicated.

Mrs. Dorothy Walters of Brookfield, Colchester County, visited the Sanatorium briefly one day in early May, enroute to Bridgetown. "Dot" cured here some twelve years ago, and is now in good health and leading a normal life.

On the same day Mrs. Marjorie (Hatt)

MacKenzie of Amherst arrived with her young son to call on San friends. Marjorie will be remembered as a member of the Medical Records team, about two years ago.

Peggy MacEachern of the switchboard heard through a Sanatorium visitor — a brother of old timer Stewart Matheson of Glace Bay — that Stewart is well, married, and drives a taxi in his home town. Stewart cured here in 1936.

When Mary and Percy Doucette visited Gertie Rafuse recently at her home in Chester they found her well and proud of having become a grandmother. Gertie cured at the San in 1948.

LAUGH A LITTLE

A laugh is just like sunshine;
It freshens all the day,
It tips the peak of life with light,
And drives the clouds away.
The soul grows glad that hears it
And feels its courage strong.
A laugh is just like sunshine
For cheering folks along.

A laugh is just like music.
It lingers in the heart,
And where its melody is heard
The ills of life depart;
And happy thoughts come crowding
Its joyful notes to greet:
A laugh is just like music
For making living sweet.

—Author Unknown

HORSE SENSE

A horse can't pull while kicking,
This fact I merely mention.
And he can't kick while pulling,
Which is my chief contention.

Let's imitate the good old horse
And lead a life that's fitting;
Just pull an honest load, and then
There'll be no time for kicking.

—Unknown

Truth has only to change hands a few
times to become fiction.

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NURSING NEWS

Director Of Nursing Service Appointed



Miss Edrie Jean Dobson's appointment as Director of Nursing Service at the Nova Scotia Sanatorium has recently been announced.

Miss Dobson graduated from the Victoria General Hospital, Halifax, in 1954, obtaining her R.N. the same year. Between 1954 and 1959 she was employed as a staff nurse in Halifax and Bermuda hospitals; as industrial nurse in Montreal; and as assistant head nurse at the Montreal General Hospital.

Returning to her native Province in 1959, Miss Dobson joined the staff of the Nova Scotia Sanatorium as head nurse on Third East (Surgical Floor). In 1962 she obtained her diploma in Nursing Service Administration from Dalhousie University, following which she held the position of Administrative Supervisor at the Sanatorium.

In 1969 the degree of B. Sc. N. Cum Laude, was conferred upon Miss Dobson by Mount Saint Vincent University, and once again she has returned to the Sanatorium, this time in the capacity of Director of Nursing Service. We congratulate and welcome Miss Dobson.

On May 22nd we enjoyed a visit from three of our former nursing assistants — the Misses Catherine Dagaust, Nora Marinelli, and Linda Rideout. All were looking the picture of health, and are currently on the staff of the Cape Breton County Hospital. The girls were happy to be in Kentville again, and from the Sanatorium went over to Church Street to call on their former co-worker and friend, Judith (Carey) Saunders, C.N.A. Miss Carey became the bride of Donald Saunders on May 10, 1969, and set up housekeeping on the Church Street property formerly owned by Hollis Parker. We take this opportunity to extend congratulations and best wishes to the happy couple.

A capping ceremony for the student Nursing Assistants, Class '70A, was held on June 10, 1969. The Ladies Auxilliary of the Gideon Bible Society presented each student with a New Testament.

Mrs. Hope Mack, Mrs. Catherine Boyle, and Misses Vilda Skerry and Gayle Wilson, attended the Annual Meeting of the Registered Nurses' Association in Yarmouth, May 26th and 27th.

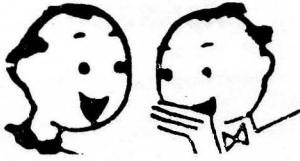
Miss Adelaide Munro, R.N., a former Director of Nursing at the Nova Scotia Sanatorium, is looking forward to a trip to England and Scotland in June. We wish her "Bon Voyage".

Sincere wishes for a speedy recovery go out to a number of our staff members who are on sick leave at the present time: Mrs. Paula Anderson, R.N., who has been quite ill at the Blanchard - Fraser Memorial Hospital, Kentville; Mrs. Lila Bird, C.N.A., who underwent surgery at the Victoria General Hospital, Halifax; Mrs. Audrey Hansen, R.N., who is in Montreal to undergo surgery; and Mrs. Eleanor Wagner, C.N.A., who is well on the road of recovery, and looking forward to resuming her duties shortly.

There's room in the world for sunshine
And flowers and smiles galore —
But the only place for a knocker
Is just outside the door.

When your knees are knocking, it may help to kneel on them.

Just Jesting



LOGICAL REASON

A small boy at a zoo asked why the giraffe had such a long neck. "Well, you see," said the keeper gravely, "the giraffe's head is so far removed from his body that a long neck is absolutely necessary."

Prof.: "I want a little attention."
Voice from rear: "You're getting as little as possible."

The summer boarder asked: "Why is it that old hog keeps trying to come into my room? Do you think he has taken a fancy to me?"

Little Willie explained it: "Why, that's his room during the winter."

Diner: "Two eggs, please. Don't fry them a second after the white is cooked. Don't turn them over. Not too much fat. Just a small pinch of salt on each. No pepper. Well, what are you waiting for?"

Waiter: "The hen's name is Betty. Is that all right, sir?"

The bossy colonel, while inspecting the army kitchen, stopped two soldiers who were carrying a soup kettle.

"Here you!" he growled, "give me a taste of that."

The colonel was used to being obeyed and so he received the desired taste without question or explanation. Then he spat and sputtered.

"Good heavens, man! You don't call that stuff soup, do you?"

"No, sir," replied the soldier meekly, "It's dishwater we was emptying, sir."

The absent-minded professor has nothing on our dentist. The other day he crawled under his car, and as he prepared to fit the pliers to a bolt he was heard to say, "Now, Madam, this may hurt a little."

The nervous father-to-be telephoned the hospital and announced, "I'm bringing my wife in. She's going to have a baby."

"Is this her first baby?" asked the nurse.
"Of course not," stammered the distraught husband. "This is her husband!"

The teacher had been giving a lesson on the reindeer its haunts, habits, and uses. One boy was not paying the slightest attention, so the teacher pounced on him.

"Now, Tommy, what is the use of the reindeer," she asked him.

The startled youngster looked nonplussed, and then replied: "Please ma'am, it makes things grow."

An Englishman heard an owl for the first time. "What was that" he asked.

"An owl," was the reply.

"My deah fellah, I know that, but what was 'owling?"

Then there's the silly story about the man who got hungry during the night and went down to the kitchen. As he opened the refrigerator door he was surprised to see a cute little rabbit leaning on its elbow, calmly smiling up at him.

"Hewwo", said the rabbit.

"Hello, yourself. What on earth are you doing there?" asked the man.

"This is a Westinghouse, isn't it?" said the rabbit.

"Yes."

"Well, I'm westing."

Doctor: "Do you use toothpaste?"

Patient: "No sir, my teeth ain't loose."

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An American and an Irishman were talking about different concerts at which they had sung.

"When I first sang at a concert," said the American, "such a shower of flowers came from the audience that I could have set up a flower shop."

"Well, that's nothing," said Pat. "When I first sang at an open-air concert the crowd presented me with a house."

"A house?" said the American, astonished.

"Faith, it's true," said Pat, "but, begorra, a brick at a time."

Rose: "I went to the dentist yesterday."

Joan: "Does the tooth still ache?"

Rose: "I don't know; he kept it."

"Where law ends, tyranny begins."

— William Pitt

Ins And Outs



NOVA SCOTIA SANATORIUM

Admissions: April 16 to May 15

GEORGE HERBERT AKIN, Falmouth, R.R. 1, Hants Co.; RAYMOND EUGENE AMIRAULT, Amiraault's Hill, Yarmouth Co.; CLEVELAND PEARL ANDREWS, Bear River, Annapolis Co.; ALFRED JAMES BARNETT, 5506 Gerrish St., Halifax; JOHN ERNEST DOUCET, West Dover P. O., Halifax Co.; SHARON BLANCHE DURNFORD, 31 Circle Drive, Spryfield, Halifax Co.; MRS. EVELYN LORETTA ELLIOTT, Shore Rd., Eastern Passage, Halifax Co. (Shearwater P. O., General Delivery); MRS. ERESSA BEULAH GRAHAM, Three Fathom Harbour, Halifax Co. (Halifax County Hospital); JAMES HENRY GREENOUGH, 1762 Henry St., Halifax; SCOTT CAMERON HOLSTAD, River John, Pictou Co.; GORDON JOSEPH LEVY, New Ross, R.R. 2, Lunenburg Co.; YVONNE BRENDA LEVY, New Ross, R.R. 2, Lunenburg Co.; OWEN FRANCIS LOVETT, 58 Shore Rd., Dartmouth; DIANNA JEAN MURPHY, R.R. 1, Canso (Fox Island) Guysborough Co.; MRS. ANNA CONSTANCE MCCARTHY, 56 Normandy Ave., Truro; JOHN GRANT MacINNIS, West Bay, Inverness Co.; RICHARD GRANVILLE PATTERSON, 27 Farquarson St., Dartmouth; MRS. JACQUELINE JESSIE SALITTER, 32 Lorne Ave., Dartmouth; HARRIS ALBERT SMITH, Walton, Hants Co.; GERALD ANGUS TIMBURY, Ocean View Manor, Eastern Passage, Halifax Co.; HARRY VINCENT TRAVIS, Waterville, Kings Co.; ROBERT YOUNG, Cape Breton Hospital, Sydney River.

Discharges: April 16 to May 15

RUSSELL BIGNEY, River John, Pictou Co.; VICTOR ST. CLAIR HILTZ, R.R. 1, New Ross, Lunenburg Co.; MARCUS AUBREY HARNISH, Mill Cove, Lunenburg Co.; HERBERT CAMERON MacQUARRIE, Ford St., P. O. Box 60, Stellarton, Pictou Co.; ROBERT PARSONS, R.R. 3, Lunenburg; ALFRED GEORGE SMITH, Lower Clark's Harbour, Shelburne Co.; KATIE TATTRIE, Tatamagouche; THOMAS VINCENT WALKER, Carleton Corner, Annapolis Co. (and Annapolis Home for Disabled, Bridgetown);

MRS. THERESA WARNER, 31 James St., Yarmouth.

POINT EDWARD HOSPITAL

Admissions: April 16 to May 15

MRS. LILA ISABEL BRELIEGH, 18 French St., Sydney; LINUS ARCHIBALD FORTUNE, 286 Plummer Avenue, New Waterford; THOMAS NOEL HERNIE, Eskasoni; CHARLES RAYMOND HOLMES, 756 Westmount Rd., Sydney; LEVI ISADORE, Nyanza; FRANCIS KELLEY, Lingan; MARY ALICE KING, Queen St., Florence; DONALD JOHN MATHESON, Dutch Brook P. O.; ALEXANDER JOSEPH MacASKILL, River Ryan; ALEXANDER DANIEL MacDONALD, Mabou, Inverness Co.; ALLAN CHARLES MacDONALD, 104 Wood Avenue, New Waterford; ALLAN ANDREW MacLEAN, 265 Holland St., Reserve; KAYWARD OAKE, 41 Brookside St., Glace Bay; PAUL DOUGLAS O'NEIL, 25 Regent Drive, Dartmouth; CHARLES MARTIN ROBINSON, 20 Steele's Hill, Glace Bay; MURDOCK KENNETH SMITH, North River Bridge; MRS. CHRISTINA STEVENS, Nyanza.

Discharges: April 16 to May 15

PATRICK BONA, North River Bridge, Victoria Co.; JOSEPH ALEXANDER FITZGERALD, Aspy Bay, Victoria Co.; MRS. NANCY GOOGOO, Eskasoni; HUGH WILLIAM HART, R.R. 3, Shore Road, Baddeck; HENRY HEAD, R.R. 1, Lingan Road, New Waterford; JOAN MARIE HULL, 96 Main St., Sydney Mines; LEVI ISADORE, Nyanza; GEORGE DOUGLAS LYON, Port Caledonia; DONALD JOHN MATHESON, Dutch Brook P. O.; ALEXANDER J. MacASKILL, River Ryan; MRS. EMILY MacDONALD, Hawker, River Bourgeois; BRUCE ARCHIBALD MacINNIS, Spring Garden Villa, Sydney; KAYWARD OAKE, 41 Brookside St., Glace Bay; JOHN PRICE, 12 Elm St., Dominion; MRS. CHRISTINA STEVENS, Nyanza; MICHAEL WALKER, 3rd Avenue, Florence; ROBERT YOUNG, C. B. County Hospital, Sydney River.

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PETERS' LUNCH

Wrong Drug At The Wrong Time

Just over a year ago an unusual episode in a midwest nursery school suddenly placed 20 children on the sick list. A tuberculosis epidemic had broken out. In addition to the 20 with active disease, many others had acquired TB infection but were not actually ill.

The incident is worth recalling for a couple of strange reasons. For one thing, such epidemics have become comparatively rare; evidently they still happen. Another thing: it all began with a case of arthritis.

The arthritis sufferer, a member of the school's adult staff, was being treated with steroid drugs. Some years before she had had tuberculosis, but it had long since retreated to an inactive stage. Now it was found active again.

Coincidence? Not a bit. It has been known for some time that steroid drugs such as cortisone, often prescribed for arthritis, can cause TB to change from an inactive to an active phase. It can also activate TB in a person who has tuberculosis infection but has never had the active disease.

The American Thoracic Society, medical section of the National Tuberculosis and Respiratory Disease Association, wrapped up the situation in a comment published in its magazine, **Clinical Notes on Respiratory Diseases**:

"It needs to be emphasized again and again that no patient should be treated with adrenal corti-costeroids without a careful investigation for the presence of tuberculosis." The ATS also recommends the anti-TB drug isoniazid for any patient with a history of TB while he is receiving steroid treatment and for six weeks after.

The patient, needless to say, shares the responsibility. Any person who has ever had TB infection or active disease should make sure his doctor knows about it — particularly if present treatment involves a steroid drug.

—Information Service, Arkansas TB-RD Association

—via Itam

Heroism is the brilliant triumph of the soul over the flesh, that is to say over fear: fear of poverty, of suffering, of calamity, of illness, of loneliness and of death. There is no real piety without heroism. It is the glorious concentration of courage.

—Amiel

Blood Vessel Damage Caused By Smoking Important In Emphysema

There is new evidence to support the concept that damage to the blood vessels of the lung, caused by cigarette smoking, plays a major role in the development of emphysema.

The cause of emphysema, a lung condition from which 20,000 people in the United States died in 1966, has never been clearly defined, although cigarette smoking has been implicated as a contributory cause. J. Bruce Williams, M.D., of the University of Louisville (Ky.) School of Medicine, reported a study which seems to implicate cigarettes in the malfunctioning of the pulmonary vascular system.

Dr. Williams is an American Thoracic Society teaching fellow.

A group of patients, some with lung disease and some with normal lungs, were asked to smoke one commercial unfiltered cigarette. Comparison of the values before and after smoking showed, Dr. Williams said, that there was an increase in sections of the lung not perfused with blood and a decrease in ventilation of the air sacs, where exchange of gases with the blood takes place.

"These changes observed in pulmonary blood distribution induced by smoking," Dr. Williams said "are in the same direction and type as those found in patients with chronic bronchitis and emphysema when compared with normal subjects. This observation may lend support to the contention that emphysema is a disease of the pulmonary vasculature induced by repeated exposure to cigarette smoke."

— Contact

An old, old man once said to me;
 "I've dug a well at the top of a tree
 I've found a nest in the Caspian sea
 I've caught a fish in a cup of tea
 I've put some sugar in the air
 I've seen a kite inside a pear
 I've found a worm with twelve false teeth
 I eat my meat with a holly wreath
 I decorate my home with cheese
 I catch the mice upon my knees
 I do declare the truth you'll see
 If you punctuate this carefully."

— Reprinted from *Health Rays*, May 1941

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

Co-ordinating Protestant Chaplain

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

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

CHRISTIAN REFORMED

Minister—Rev. J. G. Groen

SALVATION ARMY
Capt. H. L. Kennedy

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

ROMAN CATHOLIC

Parish Priest—Msgr. W. J. Gallivan

UNITED CHURCH

Rev. Robert Hutcheson

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.



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