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NOVA SCOTIA SANATORIUM

VOL. 50

MAY 1969

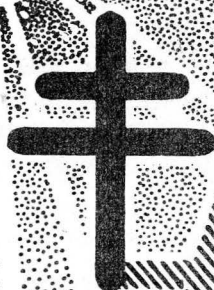
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Health Rays



HEALTH RAYS

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

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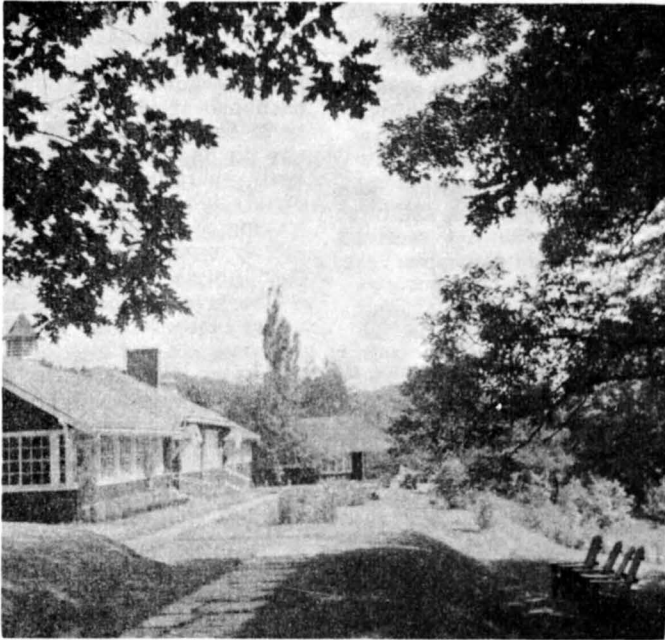
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Patients are asked to notify friends and relatives to this effect.

SPRING IS HERE



Rehabilitation Department
Nova Scotia Sanatorium, 1968

IT IS SPRING TODAY

There's a Springlike tinge in the morning
sky
And a small boy laughs when a kite sails
high
For Winter has whistled a last good-bye
And there's Spring in the air today.

There are patches and streaks of tawny
brown
In meadows where snow has melted down
And a sweet air of mystery stirs each town
Because it is Spring today.

In the garden young tulips are showing
green
In borders the bonny wee crocus is seen
And the peony shoots have a rich, rosy
sheen
For it's Spring in the garden today.

There's an odor of Spring in the whispering
pines
There's a sparkling flash where a little
brook shines
And a happy bird singing in last year's
vines
For it's Spring — It is Spring today.

— Hazel Hutchings

ACADIA UNIVERSITY INSTITUTE

J. E. HILTZ, M.D.

(The following is an address presented to the Wolfville Rotary Club on October 8, 1968. It is printed in Health Rays at this time because a number of Public Health personnel have been involved in some of the Institute's research projects and in the hope that it may be of general interest to our readers. — Ed.)

* * * * *

The Acadia University Institute was incorporated under Chapter 79, Statutes of Nova Scotia, 1955. The Act received Royal assent on April 7 of the same year.

The original incorporators were:

Dr. Watson Kirkconnell, then President of the University

Dr. Malcolm Elliott, then Chairman of the Board of Governors

Dr. C. B. Lumsden, then Executive Secretary of the Board of Governors

Dr. Norman H. Morse, then Professor and Head of the Department of Economics and Sociology

Dr. Marian E. Grant, then Professor and Head of the Department of Psychology

Dr. Chalmers Smith, then Professor and Head of the Department of Biology

Professor Roy Watson, Sociologist, and Dr. Earle Hiltz, Medical Superintendent of the Nova Scotia Sanatorium

The Act of Incorporation designated the purposes of the Institute to be:

a) to expand the contribution of Acadia University to its surrounding community and in general to the Province of Nova Scotia;

b) to conduct research in any field and implement the results of such research in the processes and patterns and problems of the area hereinbefore set forth;

c) to do all such other matters and things which may be necessary for, or incidental or conducive to, the exercise of the hereinbefore enumerated objectives.

An analysis of these stated objectives will indicate that they were fairly broad with the thought of developing an Institute which would make it possible for the University facilities to be used for the benefit of the Province as a whole.

The By Laws of the Institute stipulated originally that the Board of Directors should consist of 23 members and that at least ten of the Directors must be outside the employ of the University. On January 26 of this year, the potential size of the Board of Directors was expanded to 40 members of whom 10 must still be out-

side the employ of the University. The purpose of the last stipulation is in order to permit the Institute to look for guidance to knowledgeable persons working in areas of endeavour other than the purely academic. It allows for a two way exchange of ideas — from the community to the Institute and from the University to the Institute with the Institute, itself, operating as a corporate body completely independent of the University and serving as a focal point for scholarly research on either a pure or an applied basis.

The present Board of Directors is made up of persons listed in the addendum.

To date, the Institute has completed twenty-four projects. The first and the biggest, and probably the best known of these, was the co-sponsorship of the Fundy Mental Health Centre to which the Institute still names one-third of the members of its Board of Directors. The other research undertakings, for the most part, are related to economic or sociological matters. A number of them have been carried out by researchers other than members of Faculty of Acadia University, a number by Faculty members and some as a co-operative effort by persons from both groups.

At this point it might be well to define this word "research." In simple terms it is a seeking for truth or as near to the truth as it is possible to come. The truth may only be found when all sides of a problem are investigated and presented for analysis. Research is not the presentation of a thesis based on a premise and then developed along a restricted path while ignoring other obvious avenues which have a bearing upon the problem.

How is a project undertaken by the Institute?

Once some interested person or group of persons feel that there is a research project that should be undertaken, they

(Continued on Page 3)

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ACADIA UNIVERSITY INSTITUTE

(Continued from Page 2)

may submit an outline of it to the Institute. The Board of Directors or its Executive will then consider the project. If it appears to be a suitable one and is considered to be within the scope and competence of the Institute, the project will be accepted.

Three further steps are then taken:

a) a search is made for financial backing for the research project. The interested party who presented the proposal in the first place is expected to assist in the financing either directly or by working to this end along with the Institute staff, especially our Executive Director, Professor John Connor. So far we have usually been able to find the necessary financial help although this is not always easy.

b) a search is made for some competent person or persons to carry out the necessary investigation.

c) a Staff Planning Seminar is set up. This is composed of people especially knowledgeable in the field to be investigated. This Seminar will serve to guide the principal investigator in the setting up of his protocol and the carrying out of the investigation. When the research is complete and the report written, it is then submitted to this Seminar for approval in order to be sure, to as great a degree as possible, that the study has been broadly conceived and completely explored. If the report passes the Seminar the members are asked to sign it.

The report then comes before the Executive and/or the Board of Directors who must also approve it before it is released. This, frequently, is a mere formality as the main hurdle is to obtain the approval of the Seminar. The Board itself, however, has the right to send a report back to the Seminar and the Principal Investigator for further elucidation or expansion into another aspect to the research project which may not have been explored fully.

Once a report receives the approval of the Board, it must be prepared for publication.

The Institute is not a private investigation agency. It is a research institute. It seeks for the truth, tries to attain the whole truth and must make its reports available to the sponsor, other research groups, to the National Library of Canada, and to other agencies. The ultimate publication of the report is a condition of the

Institute's undertaking of the project in the first place. The report must be able to stand up to careful scientific scrutiny by other research groups.

May I stress in closing the fact that the Institute is not a pressure group and that it refuses to be involved in any undertaking designed to promote only one aspect of any matter. It is not a promotional group for one-sided ideas but it can be a promotional agent for worthwhile community projects which may arise out of well established research or scientific knowledge. Its sponsorship of the Fundy Mental Health Centre is an indication of this.

Truth is universal. It must not be restricted, and therefore, as already mentioned, the results of the Institute's undertakings must be made available to other research groups or scholarly interested persons. On occasions, it is necessary to maintain confidences and this is done by using code names or code numbers but the basic results of the findings must not remain hidden in the files.

There are numerous research projects, other than those so far undertaken, which the Institute could and should be doing. These are for the future. Its present activities are restricted mainly by the unavailability of necessary funds and the unavailability of an uncommitted body of research personnel.

We like to think of the Acadia University Institute, in part, as the University's window on the world and the community's doorway to the University.

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ACADIA UNIVERSITY INSTITUTE

(Continued from Page 3)

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(This was to have been published prior to Dr. Hiltz's death).

"Each time I take the wheel
Oh, Lord, I pray,
Grant that no harm shall come
Of me, today
See over hills for me,
On curves, stand by,
Post some bright Angel near
To see that I
Observe the playing child,
The old, less spry;
No act of mine must cause
Someone to die."

—San-O-Zark

* * * * *

Mark Twain wrote: I can live for two months on a good compliment.

"TEMP STICK"

A Crude Instrument In 1582

Sanctorius was the first physician to measure body temperature in 1582. His thermometer was a long, twisted tube with a bulb nearly as large as an egg at the top; the open end at the bottom was placed in water. The patient held the bulb in his mouth; the air in it, becoming warmed, expanded and escaped through the water. When no more air leaked out, the bulb was taken from the mouth; on cooling, the air contracted and water rose in the tube. The height to which it rose was a measure of the patient's temperature. Sanctorius also counted the pulse. He did not use a watch, for, though watches had been invented in 1510, they still, in 1600 had no second or minute hand. He used a pendulum and varied the length until the rate of the pendulum corresponded with that of the pulse. The rate of the pulse was recorded as so many inches of pendulum.

—The Doctor in History, Haggard
(Reprinted from **Health Rays**, June, 1937)

How To Blow Your Nose

A health and safety tip from the American Medical Association advises: "The proper way to blow your nose is not to blow too hard and to leave both nostrils open."

Blowing too hard can cause ear trouble, AMA warns. Two tiny tubes which connect the upper throat and each middle ear, normally keep middle ear air pressure stabilized. When one has a cold, the germ-laden mucus in the upper throat may be forced into the tubes, particularly if one nostril is closed and the other is blown hard.

So — blow gently.

—The Link

Don't stay awake nights worrying how to succeed — just keep awake during the day.

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DRUG RESISTANT TB GERMS INCREASING

Drug-resistant TB germs are living and increasing inexorably to the point where this resistance is now considered a public health problem.

Streptomycin, first of the drugs to prove effective against tuberculosis, was not in use many months when it became evident that the tubercle bacillus had the power to develop resistance to it.

At that point drug resistance was "a cloud like a man's hand." It caused worry on behalf of individual patients.

This worry was considerably lessened when two more drugs — isoniazid and PAS — were found which could be used in addition to, or in combination with, streptomycin.

Cloud Grows

With the three of them it was generally possible to get the patient to the non-infectious stage of recovery before the germs became resistant to all three.

Now the cloud is much, much bigger than a man's hand. With mounting anxiety, clinicians are reporting that patients are coming into sanatoria already harboring drug resistant bacilli.

The resistance may be to one, two or all three drugs.

To the patient this means, "You have less chance of getting well."

To the nation this means, "The chances of eliminating TB have dropped another notch."

Warning of this came as far back as 1959 when Dr. C. W. L. Jeanes, now Executive Secretary of the Canadian Tuberculosis Association, did a study on 100 consecutive admissions to six Canadian sanatoria. This disclosed that of these 60 admissions 28 per cent were resistant to streptomycin, 14 per cent to isoniazid and 6 per cent to PAS.

The fact that the study was done on consecutive cases meant that readmissions were included. No separate study was done on patients being treated for the first time but it was known that some of them did arrive at the sanatorium already resistant to one or more drugs.

Selective Mechanism

Drug resistance to TB can be compared with the way that flies and mosquitoes are becoming resistant to DDT. When DDT was first used widely after World War II it nearly wiped out the insects that came in contact with it.

But one insect in a million or ten million, perhaps, didn't die from it — and that insect reproduced. Now we have

flies and mosquitoes that practically eat DDT and like it.

The same thing happened with penicillin and some of the germs that it fought. At first penicillin was an almost sure cure for a staphylococcus infection. This is a germ that spreads like wildfire (and kills) in hospitals where the standards of medical cleanliness fall down the least bit.

Penicillin controlled it. But then along came a staphylococcus that sneered at penicillin — and this particular killer is again a major problem.

The same selective mechanism seems to be at work with the TB germ. One bacillus out of a million or more is naturally resistant to one of the TB drugs. This resistant bacillus lives and spreads.

Under ideal treatment conditions, drug-resistant germs may be expected to develop in less than 5 per cent of TB patients. In poorer treatment programs, tests for drug resistance usually are not regularly made, so the question of how high the percentage may rise is unanswerable.

Patients who develop drug-resistant germs during treatment are passing those germs on to other people. This fact is demonstrated by the increase in patients never before treated whose germs show resistance — the drugs just don't work.

Treatment of any active case of tuberculosis requires at least two drugs because resistance will quickly appear if only one is used. Most TB patients require all three principal drugs.

Hope Not Realized

Streptomycin was found in 1945, PAS in 1948, isoniazid in 1952. Since 1952 no drug equal to these has appeared.

Certainly, the hope of the early 1950's that there would be a succession of powerful new drugs every three or four years has not been realized.

Studies of this drug resistance are being undertaken all over the world. The International Union Against Tuberculosis has sponsored studies in 72 institutions in 17 countries in North and South America, Asia and Europe.

The United States is undoubtedly the country which has most in common with

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DRUG RESISTANT —

(Continued from Page 5)

Canada in respect to tuberculosis treatment.

What they found is consequently what Canada could expect to find — and they found that 8.6 per cent of newly diagnosed patients were resistant to at least one of the drugs.

The Canadian Tuberculosis Association in its quarterly Bulletin has this to say:

"This should bring us up short. Concern so far has been for the patient who, because of neglect to take drugs as the doctor ordered, broke down a second time. It is time that the risk to persons not yet infected be seriously considered.

In Own Interest

"Before it is too late let both ex-patients and the general public face the fact that this is a danger which is quite avoidable. The ex-patient who follows the doctor's order about the drugs and who reports for his check-up as advised has reduced risk of breaking down again to a minimum.

"This is in his own interest. He has removed danger to others. If he is reporting to clinic he will not become infectious again, (and consequently dangerous to those around him) without warning. If despite all precautions he develops disease again, at least he will not have endangered others.

The cloud — "like a man's hand" — is growing.

Since 1945 the sun has been shining for tuberculosis control and we have been making hay. If this cloud continues to grow at its present rate it may soon be raining.

Doctors, public health officers, the people themselves should be aware of this fact and gather as much hay as they can while the sun shines.

In the meantime, studies of drug resistance are underway in 72 institutions in 17 countries.

—Your Health, British Columbia TB Society.

Backward Through The Telescope To 1936

1. The atypical bacilli were recognized only as annoying curiosities.

2. Antituberculosis drugs were purely speculation and ten years in the future.

3. Bed rest, geographic and social isolation, pneumothorax, and thoracoplasty were the treatments of choice. They are museum pieces now.

4. The improved tuberculin testing agent, Purified Protein Derivative, had just been developed.

5. A 5 mm. positive tuberculin reaction meant tuberculous infection and nothing else.

6. Diseases such as histoplasmosis, cystic fibrosis, farmer's lung, alveolar proteinosis, hyaline membrane disease, interstitial fibrosis, and viral pneumonia were unknown or only recently described.

7. Measurement of pulmonary function was essentially limited to the determination of vital capacity.

8. Chemoprophylaxis was not even a speculation.

9. Culturing of tubercle bacilli was just being developed and was available in only a very few sanatoriums and hospitals.

10. The planigram and the photofluorogram as diagnostic tools were unknown.

11. And people were confidently predicting the early and complete eradication of tuberculosis!

Dr. G. M. Meade
NTRDA Bulletin

A couple of generations ago — if, indeed that long! — the common belief was that TB runs in families. Most people thought tuberculosis to be hereditary. Medical science succeeded in convincing just about everybody that it's transmitted by a germ (bacillus) and in no other way.

—Sanatorium Outlook

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J. M. DUGUID, JEWELLERS

Chronic bronchitis isn't usually considered a "killer." Perhaps that's why so many people neglect it until it is in an advanced stage. Often by the time a patient goes to his doctor his lungs have been injured seriously. Then he may be susceptible to heart attacks or to serious lung diseases.

Question Box

J. J. Quinlan, M.D.



Q. How do tubercle bacilli become resistant to certain drugs?

A. The development by the tubercle bacillus of drug resistance is a rather complicated phenomenon. The bacillus is a single cell organism and multiplies by dividing in two. Eventually, as a result of this division

repeated many times, the number of bacilli in any given colony reaches, say, 100,000. A few of the bacilli will be different from all the rest. We call them "mutants." A characteristic of some of these mutants is the ability to withstand the effects of a drug such as isoniazid and, if the drug is added to the colony, it may kill off the great majority of the sensitive organisms but the few resistant mutants will remain unaffected. When they, in turn, multiply, they produce a totally resistant colony of tubercle bacilli.

Fortunately, it has been found that the mutants which resist isoniazid are almost always susceptible to streptomycin and likewise the mutants which are resistant to streptomycin are not resistant to isoniazid. Consequently, if both drugs are used at the same time, the bacilli are usually controlled without any resistance developing.

Q. Is it advisable for patients to reduce if they are ten or more pounds overweight?

A. An individual is definitely much better off if he tends to be underweight rather than overweight. This is particularly true as he gets older.

Q. Why is the left lung shorter, and why has it only two lobes?

A. The left lung may have only two lobes, but actually it is longer rather than shorter than the right lung. The right lung is shorter and wider than the left due to the fact that the right diaphragm rises higher in the chest than the left and that the heart encroaches to a greater extent on the left lung. The total result of this is that the volume of the right lung is somewhat greater than that of the left. In percentage, roughly, the right lung, 55, left lung, 45.

As to the lobar distribution, there is

really no satisfactory explanation. Nowadays when considering anatomy of the lung we are more inclined to think in terms of segments rather than the lobes, and actually both lungs have the same number of segments.

Q. What causes chronic bronchitis? Can it be cured?

A. Chronic bronchitis infers that the lining membrane of the bronchial tubes, particularly the larger ones, has become thickened and is producing abnormal amounts of secretion. The result is a persistent cough with sputum. The most common example of chronic bronchitis is the smoker's cough.

In the early stages of chronic bronchitis if the cause of the irritation can be removed, the lining of the bronchial tubes will revert to normal or near-normal and the symptoms of cough and expectoration will disappear. This is a common experience, for example, in the heavy cigarette smoker who has been able to cut out smoking completely.

Q. Can you tell by x-ray if a cavity has healed well or just filled in with foreign matter?

A. It is usually possible to tell by radiological examination and particularly by the use of planigrams whether or not cavity has been replaced by scar tissue and has truly healed or has become blocked and filled with caseous germ-laden debris.

MAY DAY

O haste, O haste to the fields away!
For dawneth now the month of May;
O leave the city's crowded street,
And haste ye now sweet May to greet.

For May is come on fairy wings,
And thousand beauties with her brings;
The fairest month of all the year,
Oh, well can she the sad heart cheer.

—Frances R. Havergal

Sweet May hath come to love us,
Flowers, trees, their blossoms don;
And through the blue heavens above us
The very clouds move on.

—Heine

Patients Entertainment

"SPRING FANTASY"

On the evening of April 14th our patients, staff and guests enjoyed "Spring Fantasy," presented as a joint project by the Kentville Lionettes and Lions. Similar to last year's "Maytime Supper Club," it provided an evening of lively comedy, floor show, music and good food. Our old friend and former patient, Victor Cleyle, acted as master of ceremonies — and assures us that he was not responsible for the jokes provided in his script!

Special mention should also be made of the "Kinettes" chorus line from Club Allegro, the "Bunnies" who distributed gifts and flowers to the patients who attended — and later to the rooms of many of the patients who were not able to attend, and Ron Maxwell and Jack Bowser who portrayed the ever-popular Jackie and Frank team from the Jackie Gleason Show. Our thanks to "Hap" Day and his orchestra for the musical portion of the program.

It is not possible to name all the ones who should receive special thanks, for we are sure that many people worked behind the scenes in order to make the program the success that it was. It will, without a doubt, be the highlight of our entertainment for the current season. We are pleased that so many patients were able to attend, it having been so near the time when many were returning from Easter passes.

Dr. Holden thanked the sponsors and participants, on behalf of the Sanatorium and all who were present.

* * * * *

"BILLY WHALEN SHOW"

On Saturday afternoon, May 3rd, a variety show was presented in the Recreation Hall, under the leadership of Billy Whalen. Appearing with him were Vic Mullen, Earl J. B. Wentzell, Ron Naugle, and the George, Rick, and Kay Coffin, combo.

Ron Naugle, the only one who had not appeared in the show at the time of their previous appearance, December 7, 1968, possesses a pleasing voice for the singing of ballads. The other members of the cast were in their usual good form: Billy Whalen, acting as an amiable M.C. and rendering western, folk and gospel songs: Vic Mullen, displaying his virtuosity on banjo, guitar and violin; Earl Wentzell, whose singing can fill any hall, also played the harmonica while accompanying

himself on the guitar; and the Coffin family from Hantsport, whose music and rhythm is dear to the hearts of the young — though young in years they have had many hours of playing and singing at public performances.

The program was enjoyed very much by the patients who attended, and was also carried over station SAN for those who could not come out.

Our thanks to the above performers for fitting us into their busy schedules.

MISTER HOP-TOAD

Howdy, Mister Hop-Toad! Glad to see you out!

Bin a month o'Sund'ys sence I seen vou hereabout.

Kind o'bin a-layin' in, from the frost and snow?

Good to see you out ag'in, it's bin so long ago!

Plows like slicin' cheese, and sod's loppin' over even;

Loam's like gingerbread, and clods's soft-er'n deceivin' —

Mister Hop-Toad, honest - true — Spring-time — don't you love it?

You old rusty rascal you, at the bottom of it!

— James Whitcomb Riley from
"Mister Hop-Toad"

* * * * *

MAGIC OF LATIN

A farmer who was much troubled by trespassers during the nutting season consulted with a botanical friend. The botanist furnished him with the technical name of the hazel, and the farmer placed the following notice at conspicuous points about his premises:

"Trespassers, take warning. All persons entering this wood do so at their own risk, for, altho common snakes are not often found, the *Corylus Avelana* abounds everywhere about here, and never gives warning of its presence."

The place was unmolested that year, and the farmer gathered his crop in peace.

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Editorial Comment

We are sure that our readers will understand the reasons why we are running behind schedule in getting your Health Rays to you at the accustomed time. Our regular material for April was ready to go to the publishers when the death of Dr. Hiltz made most of our articles seem inappropriate. We withdrew the material and spent several weeks in making up the special issue in tribute to Dr. Hiltz. At the time of writing it is already early May and it will be some time yet before the April issue will be in your hands — though you surely will have it before reading this. In the meantime, we are past our deadline for submitting the material for the May issue, and can only hope that the finished product will be ready for mailing sometime during the month.

* * * * *

Here at the Sanatorium some of the pieces are being picked up and put together, following Dr. Hiltz's death. Dr. Helen M. Holden is Acting Medical Superintendent and is retaining much of her former work as well, such as: 1. Physician in charge of the second floor of the East Infirmary; 2. Discharge appointments; 3. Medical consultations; 4. Pathology; 5. Chairman of the staff conferences, administrative staff conferences, and medical records committee. This is certainly an imposing list of duties for any one person to attempt.

* * * * *

One of the few functions which has been relinquished is that of Administrator of Tuberculosis Control Services, this position having gone to Dr. H. B. Colford who is now designated as Acting Administrator. Although this position has its rewards, among them being the opportunity for attending meetings in centres throughout the world, there is a great deal of time and work involved. To the Administrator falls the responsibility of co-ordinating the program aimed at eradicating tuberculosis in the province. It calls for working closely with the eight Health Unit Directors and their staffs, with the Department of Public Health in Halifax, and with those who are working in the treatment centres.

In compiling and tabulating the information and statistics, which contribute such an integral part of the monthly and yearly reports, Dr. Hiltz was aided greatly by Hector McKean, Chief Medical Records Librarian of the Sanatorium, as well as by others. Characteristically, Dr. Hiltz put a great deal of himself into the task of

tuberculosis control and, by his example, led others to do the same. We are sure that although Dr. Colford's office is in Halifax the Sanatorium and its staff will continue to feature prominently in this all-important program.

It may be appropriate here to quote Dr. Hiltz's closing paragraph in his annual report on Tuberculosis Control Services, dated November, 1968:

"We must not relax in our efforts to detect, at the earliest possible moment, the tubercle bacilli and their handiwork in the form of tuberculous disease. The bacilli do not relax or relent in their efforts to perpetuate the species. The battle lines were first drawn in the nineteenth century. They change from time to time but this enemy is still formidable and demands our respect. Nothing less than our best will bring tuberculosis under control . . ."

We wish Dr. Colford every success in directing and coordinating this program.

MOTHER

Mothers are the people who
Get into the heart of you,
Taking pain from all things bad;
Adding joy to all things glad.
Mothers are the dearest plan
God has ever given man.

—Anon.

* * * * *

TINY TOKENS

The murmur of a waterfall
A mile away,
The rustle when a robin lights
Upon a spray,
The lapping of a lowland stream
On dipping boughs,
The sound of grazing from a herd
Of gentle cows,
The echo from a wooded hill
Of cuckoo's call,
The quiver through the meadow grass
At evening fall—
Too subtle are these harmonies
For pen and rule,
Such music is not understood
By any school;
But when the brain is overwrought,
It hath a spell,
Beyond all human skill and power,
To make it well.

—Frances R. Havergal

Chaplain's Corner

REV. KENNETH G. SULLIVAN — St. Paul and St. Stephen United Church

As you are in the Sanatorium I know you have times of loneliness and think the rest of the world is unsympathetic. Therefore, I suggest you think of Joseph Scriven who lived from 1820 to 1886. This is an interesting account of his life:

"In Dublin where he came from, Joe Scriven was known as the man who never trusted anybody. They said that he had been born with a glint of suspicion in his eyes. From his earliest schooldays he had played the part of a lone wolf. He never belonged to a boys' club, never went on church picnics, and had never even had a chum.

"What was wrong with Joe Scriven? So many years have passed since Joe was born that one can only imagine his youth. Perhaps all that is known about him is the amazing thing that happened to him when he was growing up. But one can surmise these things; can look into the past as into a crystal ball and suppose that some disgruntled elder, soured on life, warned the boy against his fellows, against fate, against the world.

"One thing we do know. He became dissatisfied with Dublin and decided to seek his fortunes elsewhere. That was how he found his way to a little town in Canada. Perhaps the newness of his surroundings intensified the loneliness he must often have suffered. At any rate, one thing is certain—the man who was afraid of making friends suddenly fell in love. She was young and lovely, with a fragility unusual in the primitive settlements of those days. To this girl Joe Scriven plighted his troth. Forgetting the distrust in which he had been schooled, he gave her his faith, and counted on her promise to meet him at the altar and become his wife. But that promise was not kept.

"She had gone to a town across the bay and was returning with her wedding clothes when, on the night before their marriage day, she was drowned, all hands lost in a sudden storm. Joseph Scriven stood alone again in the world. He, who had tried to make sure that life could not hurt him, now was plunged into what seemed insupportable anguish. The pain of it was too great to be borne alone, yet to whom could he turn? The only friend he had ever made was gone. In his agony, alone in his room, he fell upon his knees

and cried to God. And in the darkness the tears came.

"When after long hours of seeking the hand of his Father in Heaven he got back on his feet, he felt weak and dazed. Putting on his hat, he started down the stairs of his boarding house, and there in the hall he saw a group of people—the ribbon clerk who had the third floor back, the schoolteacher, the old lady from the library, and the boarding house mistress. They held out their hands to him. They embraced him. They told him to have courage. And the old clergyman was there; he took him by the arm and led him to the manse. Joe Scriven was amazed to find how much sympathy there was in the world, how much friendliness around him like a cloak in a wind. Now here is the oddity. No one had ever thought of Joe Scriven as being religious, nor had anyone ever thought of him as being musical. And certainly no one had ever thought of him as one who would be able to bring comfort and consolation and the vision of a courageous new life literally to millions of grieving people. Yet such were the facts. Joe Scriven, strengthened and deepened by his loss, gave all his goods to the poor, and spent the rest of his life gratuitously sawing wood and making repairs for poor people. And in the solitude of his room one night, he wrote a hymn that is still sung in uncounted churches around this world: "What a Friend We Have in Jesus."

Just for today I will have a quiet time all by myself, and relax. During this half hour, sometime, I will try and get a better perspective of my life.

Just for today I will be unafraid. Especially I will not be afraid to enjoy what is beautiful, and to believe that as I give to the world, so will the world give to me.

—Sanatorium Outlook

Little self-denials, little honesties, little passing words of sympathy, little nameless acts of kindness, little silent victories over favorite temptation — these are the silent threads of gold which, when woven together, gleam out so brightly in the pattern that God approves.

—Canon Farrar



Chapel Notes

On Sunday morning, April 27th, we welcomed Mr. Charles Embree and his Young Adult Sunday School Class from the United Baptist Church, Kentville, to the Sanatorium Protestant Chapel Service. Several of the visitors participated in the service, which was conducted by Mr. David Stedman, one of the group.

Miss Debbie Hamilton read the scripture selection, and the sermonette was delivered jointly by the Misses Carol and Madelyn Janzen. Miss Madelyn Janzen sang, unaccompanied, "God Hath Not Promised." Mr. Charles Bush offered the prayer, and the regular Chaplain, Rev. Dale MacTavish, pronounced the benediction.

Some of us remember that for many years, Mr. Bush ("Charlie") faithfully visited the patients, offering prayers for them, until failing health forced him to discontinue.

The Janzen sisters are also remembered for their contributions to the musical portion of our Chapel Services last summer while they were employed here between college terms.

A return visit of this group would indeed be welcome.

We are grateful to Mrs. Lloyd of the patients' dining-room staff for so kindly acting as pianist for several Sundays.

In "pastures green"? Not always; sometimes He
Who knoweth best, in kindness leadeth me
In weary ways, where heavy shadows be.

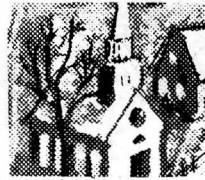
So, whether on the hill-tops high and fair
I dwell, or in the sunless valleys, where
The shadows lie, what matter? He is there.

—Henry H. Barry

CAST OF CHARACTERS

I WON'T is a tramp,
I CAN'T is a quitter
I DON'T KNOW is lazy,
I WISH I COULD is a wisher,
I MIGHT is waking up,
I WILL TRY is on his feet,
I CAN is on his way,
I WILL is at his work,
I DID is now the boss.

—Sanatorium Outlook



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.

MOTHER

Wherever man has made his fires of home
And builded roofs and plowed the fruitful ground,

Sweet songs of mother from his heart
have come

To hymn her praise with music's golden
sound

Her name has ever stirred within his
breast

Fond memories of how she calmed his
fears

With softly spoken words when she car-
essed

The wounds of youth, and kissed away
his tears.

Our lives unfold from her life-giving
love,

That kindles in the gloom upon this earth
A light that burns with radiance from
above,

Forever blessing from the hour of birth.

A mother's gentle ministry is given

In God's own way, to lift us nearer He-
aven.

—Dorothy Cooper Johnson

* * * * *

Love and faith are seen in works.

—Old Proverb

OLD TIMERS



"The month it was the month of May,
And all along the pleasant way,
The morning birds were mad with
glee."

Delightful thought! And when you read these lines of Louise Chandle Moulton's the month of May will be fast slipping away.

Anne Marie is back from the sunny South, very fit, and bubbling with enthusiasm over the delights of Louisiana — beautiful old plantation homes, big, sweet grapefruits (no sugar needed!), and a much more general use of the French language than she had anticipated.

And now turning to Old Timers, Anne Marie reports that among those in for check-ups recently were: Kelly Croft of Dublin Shore, here in 1941. Kelly is well and keeping house at the present time. William John Green of Barney's River, here in 1950, is well. Joe Comeau of St. Alphonse, a 1958 patient, saw Steve Mullen, and said that he is not doing too much at the present time. Harold Nicolle, here in 1966, works in the post office in Amherst. Hazel Carleton of Pictou, here only last year, is on the office staff of the Marvin Biscuit Company in that town.

Some of our Old Timers have been making the news recently—and exceedingly good news it is. An April issue of **The Sou' Wester** ("Voice of the Atlantic Provinces' Fishing Industry," published in Yarmouth) featured an article titled "Lobsters Are His Business" and a picture of Harold Pothier, the subject of the article. Harold came to the Sanatorium in 1943, and spent four years here regaining his health. His association with lobstering began at the age of seventeen, when he went fishing, subsequently leaving to become a tuna guide in his native Wedgeport. Harold has since been advanced to several responsible positions. He is U.M.F. representative for S.W. Nova Scotia; manager of their pound at Cape Forshu; and their Newfoundland representative during the spring lobster season.

The New Glasgow **Evening News** reports that Robbie Stalker of Barney's River attained a very high mark in piano and was awarded a \$10 prize at this year's Music Festival in New Glasgow. Robbie was one of our Annex boys in the early 'Sixties, and a star academic and

typing student. We are most happy to hear of his successes.

Glenda Doucette's picture appeared in a March issue of the **Chronicle-Herald**. Glenda, who was one of the Clare District High School students here in 1967, was the senior winner of a public speaking contest held in that school. She was also winner of the grand trophy for the best over all in public speaking. Congratulations, Glenda!

Continuing their studies at Clare District High are ex-patients Mae Gaudet of Belliveau Cove, who has just returned from a visit to the United States, and Julien LeBlanc of Cross Coques. Geraldine LeBlanc of Little Brook, now a member of C. D. H. teaching staff, has just returned from a trip to Montreal.

One Sunday morning in April, in Milton, Queens County, at church time, your scribe met four ex-patients of that community—Mrs. Dorothy Wolfe, Mrs. Bernice Wolfe, Mrs. Hugh Collins and Miss Barbara Ellis. All four are well and living normal lives.

Two of our former Sanatorium Chaplains—Lic. Alton Alexander and Lic. Gerald Fisher of this year's graduating class of Acadia University Divinity College—received their commission at a very beautiful and impressive service in Manning Memorial Chapel on the evening of March 27th. Your columnist was privileged to be present and at the reception which followed, had a chat with Lic. Selwyn Hopkins, who was Chaplain at the Sanatorium last summer. Mr. Hopkins will be attached to the Kentville United Baptist Church after the end of the current college year. It was also pleasant, on the same occasion, to renew acquaintance with Miss Mary Lou Parker, who spent a summer or two here working with the children in the Annex. Mary Lou was to give her graduation recital (piano) the following evening.

An Easter note from Mrs. Ada Church of Martock, Hants County, indicated that she is in the best of health, but fearful of what the sudden cold snap might do to her tulips and daffodils! Ada, who was

(Continued on Page 13)

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NURSING NEWS

Representatives from seven Schools of Nursing, affiliating at the Sanatorium, met recently in Miller Hall to discuss the place of Tuberculosis Affiliation in the basic course for student nurses.

Film strips from Trainex on Fire Prevention were reviewed, and will be part of our film library. These are for use in all departments for instruction of staff. Mr. Bernie Robinson, Fire Chief, and Mr. John Madden are carrying out a program of instruction for fire drills, etc., on each ward and in each department area.

The Valley Branch of Certified Nursing Assistants held their regular monthly meeting in Waterville.

Mrs. Cheryl Scott, C.N.A., presented her husband (Bernie) with a bouncing baby boy on April 26, 1969. Congratulations to the proud parents!

A "blessed event" is also in the offing for Mrs. Mary Ann Spencer, C.N.A., who is currently on leave.

Two of our registered nurses have resigned—Mrs. Elaine Alford, to make her home in Aylesford, and Mrs. Shirley Clerk to give full time to her own growing family.

Several of our staff members took part in the Walkathon for the Blanchard-Fraser Memorial Hospital, on Saturday afternoon, April 27th. Those participating were Leland Nickerson, C.N.A.; Mrs. Helen MacKinnon, Laboratory Staff; Marjorie Croft, Business Office; Hector McKean, Medical Records; Hector's daughter Suzanne was also a participant. Reportedly, financial results were good, which more than compensates for the stiffness and discomfort! A proud and worthy achievement!

Following her marriage, Mrs. Paula (Porte) Anderson, R.N., transferred from the staff of the Victoria General Hospital to that of the Sanatorium.

On May 1st, Miss E. Jean Dobson, R.N., returned to the Sanatorium to become Director of Nursing Service. Miss Dobson has graduated from Mount St. Vincent with a Bachelor of Nursing degree, and was on the Dean's list. We congratulate Miss Dobson.

We are pleased to have Ernestt Boudreau, R.N., back on duty after an absence of several weeks, due to illness.

OLD TIMERS —

(Continued from Page 12)

a patient at Roseway Hospital in the 'Fifties, spent a little over three months at the Sanatorium in 1964 when her son Peter was born.

And while shopping in the I.G.A. Store in Liverpool recently, I met Murray Norman of that town. Murray, an ex-Roseway Hospital patient, is still employed at Fairey Aviation in Dartmouth. He reports that his wife, the former Nora Doucette of Wedgeport, also an ex-patient (Roseway and Sanatorium) keeps well, and that their two daughters are as tall as he is. Again, while shopping (this time in Kentville), I met Thelma Chute, a former student social worker at the Sanatorium. Thelma still has her office in town, and was looking very well indeed after her recent trip to Florida.

Desire d'Eon of West Pubnico, who was a Sanatorium patient back in the early 'Fifties, dropped in at the Sanatorium while in Kentville for the Credit Union Conference in April. Mr. d'Eon keeps well and still publishes **Le Petit Courier**.

Rev. and Mrs. Roland Hill of Shag Harbour, Shelburne County, stopped off to visit friends at the Sanatorium one day in late April enroute to Halifax. Mrs. Hill, who as Clarissa Kendricks, was a one-time patient, and a popular Sanatorium school teacher in the 'Fifties, "was her same sweet self," and evidently related some very amusing and touching anecdotes about her very special pet cat.

John Reid of Joggins, who returned to the Sanatorium for assessment recently, reported that his son Arthur, who spent several months at the Sanatorium in 1967, is well and attending school in grade VII.

Personnel Director: And how many words can you type a minute?

Would-be typist: Big or little?

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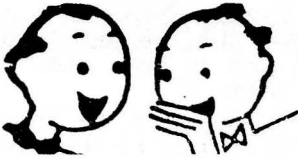
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Just Jesting



Catherine: "Why is it that in Nova Scotia people hold the salt shaker in their hand and knock upon it, while in New Brunswick they shake it?"

Rachel: "I don't know, why?"

Catherine: "To get the salt out, of course."

* * * * *

Wally: "Why does a clock run?"

Cecil: "You would, too, if you had ticks."

* * * * *

Art: "Gosh, I feel lousy this morning. I guess that's what comes of eating a dozen oysters at one meal?"

Burrell: "They probably weren't fresh. What did they look like when you opened them?"

Art: "Oh, do you have to open them?"

* * * * *

He: "Please—please."

She: "No."

He: "Just this once."

She: "No."

He: "Aw, Ma! All the rest of the boys are going barefoot."

* * * * *

Mary B.: "Norma, who was Anne Boleyn?"

Norma: "Anne Boleyn was a flat iron."

Mary B.: "What on earth do you mean?"

Norma: "Well, it says here in the history book, 'Henry, having disposed of Catherine, pressed his suit with Anne Boleyn.'"

* * * * *

Aulden: "I want to do something big and clean before I die."

Lupean: "Go and wash an elephant."

* * * * *

Brian: (to cat purring contentedly on the bed): "All right, all right, you dumb-bell, if you're going to park there turn off your engine."

* * * * *

A salesman knocked at the door, and a small boy answered. "I'd like to speak to the head of the house," declared the salesman. Just then loud voices were heard coming from the rear of the house. "Stick around awhile," said the lad. "They're deciding now who the head is."

Mary: "Say, what's the idea of wearing my raincoat?"

Ella: "You wouldn't want your new dress to get wet, would you?"

* * * * *

An English party, on a visit to Switzerland, wanted to climb a small peak in the district.

It was considered an easy climb, but a guide was engaged, and on the morning one of the party turned up with a rope.

The guide looked at him cynically, and inquired: "M'sieur is going to skip, perhaps?"

* * * * *

Logic: Marriage is an institution.

Marriage is love

Love is blind

Therefore, marriage is an institution for the blind.

* * * * *

Stressing the importance of a large vocabulary, the English teacher told her class, "Use a word ten times and it will be yours for life."

In the back of the room a pert blonde closed her eyes and was heard chanting under her breath, "Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred."

* * * * *

A 12-year-old boy described "mixed emotions." "It's like hearing the morning news tell you school is closed because of a blizzard — and you're sick in bed with the flu."

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Neighbor: "Pat, why are you wearing so many coats on a hot day like this?"

Pat: "Well, ye see, Oi'm goin' to paint me house, an' it says on the can, 'to obtain the best results put on at least three coats.'"

* * * * *

THANK YOU

"Conductor, will you help me off the train?"

"Sure."

"You see, I'm stout, and have to get off the train backwards. The porter thinks I'm getting on and gives me a shove on again. I'm five stations past my destination now."

* * * * *

One of the best things to have up your sleeve is a funny bone.

Ins And Outs



NOVA SCOTIA SANATORIUM

Admissions: March 16 to April 15

BURRELL SAMUEL ACKER, Little Harbour, Shelburne Co.; MARY BRIDGET BERNARD, Eskasoni; MRS. LOLA ROSANN BEZANSON, South Berwick, R.R. 1, Berwick; WALTER GEORGE BORDEN, 7 George St., Kentville; CAROLINE ELIZABETH CHISHOLM, 29 Joyce Ave., Spryfield; FRANCIS MAY CHYMIK, Lockeport; HENRY ALBERT DAUPHINEE, 5514 Duffus St., Halifax; MRS. ROSALIE MAY DEMINGS, Ellershouse, Hants Co.; EVELYN ANNE AGNES DOCKRILL, 6295 Summit St., Halifax; ROBERT JOHN ETTINGER, Three Mile Plains, Hants Co.; MRS. ELSIE MARY FOSTER, Aylesford, Kings Co.; MRS. MARGARET ANN GEORGE, Upper Whitehead, Guysborough Co.; ALTON KENNETH HERMAN, Broad Cove, Lunenburg Co.; BARRY DEAN HUNT, 5 Cherry Lane, Spryfield; RODERICK LESTER HURLEY, 30 Pleasant St., Amherst; MRS. LEONORA MYRTLE KING, Maitland, Hants Co.; MRS. SOPHIE LaPIERRE, Grand Desert, Halifax Co.; FREDERICK ALLEN MORRISON, Lower Onslow, R.R. 5, Truro; MRS. CATHERINE MacDONALD, MacKay St., Stellarton; HERBERT CAMERON MacQUARRIE, Foord St., Stellarton; EDITH ALEXIUS NEWTON, R.R. 3, Bridgetown; LEWIS FANCY PALMER, Berwick, Kings Co.; MRS. MARIE REGINA SAULNIER, Saunierville, Digby Co.; WALTER LAWRENCE VEINOT, New Germany, R.R. 2, Lunenburg Co.

Discharges: March 16 to April 15

GUY LEWIS AALDERS, Aldersville, R.R. 4, New Ross, Lunenburg Co.; EDITH LETITIA AMBERMAN, Lawrencetown, Annapolis Co.; MRS. ELSIE MARIE AMIRAULT, Amiraault's Hill, Yarmouth Co.; WILLIAM MORTON ARCHIBALD, R.R. 4, Middle Musquodoboit; MRS. HELEN GERTRUDE BRUCE, 51 Erskine St., Dartmouth; FRANCIS MAY CHYMIK, Lockeport; JOSEPH ARTHUR CORIMER, R.R. 1, Salt Springs, Pictou Co.; JOHN LEIGHTON DILLMAN, 223 Windmill

Road, Dartmouth; WADE GERVAISE DIXON, 5½ Pinewood Drive, Halifax; MRS. ENA MURIEL EVANS, Falmouth, Hants Co.; CATHY DARLENE FLYNN, Newport Station, Hants Co.; MRS. ROBERTA JESSIE GALBRAITH, 98 Front St., Pictou; JOHN ANDREW GOULD, Whycomomagh, Inverness Co.; CLYDE HAMILTON GREEN, Hebron, R.R. 2, South Ohio, Yarmouth Co.; RABBI ABRAHAM GREENSPAN, 5959 Spring Garden Road, Halifax; JOSEPH GEORGE MacDOUGALL, 5516 Victoria Road, Halifax (44 Aberdeen St., Kentville, until July 1, 1969); JAMES JOSEPH MacKINNON, 6224 Lawrence St., Halifax; PAUL DOUGLAS O'NEIL, 25 Regent Drive, Dartmouth; MARGARET ROSE REESE, Waterville, Kings Co.; JOHN JOSEPH REID, East Bay, Cape Breton Co.; MRS. JUNE ELANOR STATES, Bluff Road, Kings Co., (R.R. 1, Hantsport, Hants Co.); LEE ERNEST THERIAULT, Meteghan Station, Digby Co.; JAMES FRED ("JIMMY") WILSON, 5671 Cornwallis St., Halifax; JAMES KENNEDY WILSON, Morristown, R.R. 1, Berwick.

POINT EDWARD HOSPITAL

Admissions: March 16 to April 15

MYLES JACKIE AYLWARD, Port Hastings; THOMAS CRAWFORD, 77 Wilson Ave., New Waterford; MRS. NANCY GOOGOO, Eskasoni; ALFRED GEORGE HAWLEY, Ingonish Ferry; ALEXANDER ROY JACKSON, 107 North St., Glace Bay; JOSEPH PATRICK KANARY, 44 Seaview St., Glace Bay; ALEXANDER ALOYSIUS LAWRENCE, 161 Brookside St., Glace Bay; WILLIAM MELVIN LEFORT, Cheticamp; MRS. FRANCIS THERESA MacDONALD, 454 Whitney Ave., Sydney; ROY PYKE, 86-4th St., New Aberdeen; MRS. SOLANGE MARIE ANN RUTHERFORD, C. F. Radar Station, Sydney; MRS. ELIZABETH TOMPKINS North East Margaree.

Discharges: March 16 to April 15

MARY BRIDGET BERNARD, Castle Bay; MRS. CATHERINE ANNE CAN-

(Continued on Page 16)

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PETERS' LUNCH

IN AND OUTS —

(Continued from Page 15)

NON, Port Hood; MRS. FRANCES DON-OHUE, New Victoria; ALFRED GEORGE HAWLEY, Ingonish Ferry; MRS. MARY MAE MacINNIS, R.R. 1, Gabarous; ROY PYKE, 86-4th St., New Aberdeen; MRS. SOLANGE MARIE ANN RUTHERFORD, C. F. Radar Station, Sydney; MARTIN JOHN SAMPSON, Lower L'Ardoise; MRS. ELIZABETH TOMPKINS, North East Margaree.

**SOMETHING TO THINK ABOUT
I'M FINE, THANK YOU**

There's nothing the matter with me,
I'm as healthy as can be,
I have arthritis in both of my knees,
And when I talk, I talk with a wheeze,
My pulse is weak and my blood is thin,
But I'm awfully well for the shape I'm
in.

Arch supports I have for my feet,
Or I wouldn't be able to be on the street,
Sleep is denied me, night after night,
But every morning I find I'm all right,
My memory is failing for my head's in a
spin,
But I'm awfully well for the shape I'm
in.

The moral is this, as this tale I unfold,
That for me and you who are growing
old,
It's better to say "I'm fine" with a grin,
Than to let folks know the shape we are
in.

How do I know that my youth is all
spent?

Well, my GET UP AND GO has got up
and went,

But I don't really mind when I think with
a grin,

Of all the grand places my "get up" has
been.

Old age is golden, I've heard it said,
But sometimes I wonder as I get into bed,
With my ears in a drawer, and my teeth
in a cup,

My eyes on the table until I wake up.
E'er sleep comes o'er me I say to myself,
Is there anything else I should lay on the
shelf?

When I was younger, my slippers were
red,

I could kick my heels right over my head,
When I grew older, my slippers were
blue,

But still I could dance the whole night
through,
Now when I'm old, my slippers are black,
I walk to the store, and puff my way
back.

I get up in the morning and dust off my
wits,

Pick up the papers and read the "obits,"
If my name is still missing, I know I'm
not dead,

So I get a good breakfast and go back to
bed.

Submitted by Katie O'Handley
Staff, Nova Scotia Sanatorium

TODAY

Today I watched the sun come up
I must do this more often.

I think I learned a lesson
As I watched the hard night soften.

I'm always making lots of plans
For what I'll do next week.

I plan my work, the fun I'll have,
The friends that I will seek.

But tomorrow and next week, next year,
Are only in my head,

And ink prints on a calendar
That hangs above my bed.

The sun comes up, the sun goes down,
The time between's Today.

And that is all the time there is,
No matter what we say.

—Georgia Phillips

(Contributed by Mrs. Lilah Bird, CNA)

The President of the Ladies' Literary Club
was full of apologies. "That famous auth-
oress who was going to speak to us this
morning on 'How to Solve the Problems of
the World' won't be with us after all," was
the announcement. "She couldn't get a
baby sitter."

—The Stethoscope

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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.S.C. (C)	Consultant Surgeon
D. M. MacRAE, M.D., C.R.C.P. (C)	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.S.C. (C)	Consultant Orthopedic Surgeon
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
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D. B. ARCHIBALD, M.D.	Consultant Urologist
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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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