

HEALTH RAYS

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Authorized as Second Class Mail, Post Office Department, Ottawa

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

Printed by The Register, Berwick, N. S.

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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.
DAILY:	7:30 — 8:30 P.M.		

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.

The Sanatorium Cracker Barrel J. E. HILTZ, M.D.



Elsewhere in this issue there is a story about the Graduation Exercises of our School of Nursing Assistants. It was a great privilege to have as our guest speaker, Hon. Gerald J. Doucet. Minister of Education, who brought to those assembled a very appropriate message. Our sincere congratulations

are extended to the nineteen very attractive and very capable young students who graduated on that occasion.

* * *

On February 7, thirty-one third year medical students and three faculty members journeyed to the Sanatorium by bus to spend the day with us. They were shown a Canadian movie film on emphysema -"Life and Breath" - and heard a lecture by Dr. Crosson on the various drugs used in the treatment of tuberculosis. Dr. Holden talked about the dangers of using cortico-steroid drugs to treat persons with healed or hidden tuberculosis. Dr. Quinlan spoke about chest surgery and Dr. Misener showed a whole series of x-ray films representing a great variety of chest conditions. It was my privilege to fill in with chatter about many things. All in all, it was a very stimulating day for us and, we hope, for the Dalhousie Medical Students as well. We are looking forward to a return visit next year

* * *

On Tuesday, February 25, six students who are taking the degree course in nursing at Mount Saint Vincent University spent the day at the Sanatorium. They were accompanied by two instructors. Talks were given by Sanatorium staff on such subjects as "How tuberculosis invades the body and what damage it does", "The use of the Tuberculin Test", "B.C.G. Vaccination against Tuberculosis," "The Treatment of Tuberculosis" and such matters, including the very important subject of "Tuberculosis Nursing". It was a splendid day for all involved in the program.

On Wednesday, February 26, the staff held a farewell tea in the Coffee Bar to say good-bye to Mrs. Hilda Boylan who retired officially from our Laundry staff after 21 years of service and also to Mr. Wylie Munro, who has completed over ten years on our orderly staff. Both these faithful staff members have reached retirement age. We thank them for their years with us and wish them every happiness in the years ahead.

To patients and staff alike, I commend our *Health Rays* Jubilee Fund. *Health Rays* needs your help and your support. We know that most of you plan to make a donation. Why not do it now?

YOUNG AT HEART

Youth is not entirely a time of life, it is a state of mind. It is not wholly a matter of ripe cheeks, red lips, or supple knees. It is a temper of the will, a quality of the imagination, a vigor of the emotions, a freshness of the deep springs of life. It means a temperamental predominance of courage over timidity, or an appetite for adventure over a love of ease.

Nobody grows old by merely living a number of years. People grow old only by deserting their ideals. Years may wrinkle the skin, but to give up interest wrinkle⁻ the soul. Worry, doubt, self-distrust, fear and despair — these are the long, long years that bow the head and turn the growing spirit back to dust.

Whatever your years, there is in every being's heart the love of wonder, the undaunted challenge of events, the unfailing, childlike appetite for "what next," and the joy and the game of life.

You are as young as your faith, as old as your doubt; as young as your selfconfidence and old as your fear; as young as your hope, as old as your despair. In the central place of your heart, there is a recording chamber; so long as it receives messages of beauty, hope, cheer, and courage, so long you are young. When the wires are all down and your heart is covered with snow of pessimism and the ice of cynicism, then — and then only — are you grown old.

From "The Link"

I am part of all that I have met. — Lord Tennyson

THE HOSPITAL CHAPLAIN

J. E. HILTZ, M.D.

(A talk presented at the annual meeting of the Institute of Pastoral Training, University of King's College, Halifax, February 14, 1969).

"A hospital need not be large to be great, but it must have a quality that makes kindly care natural, teaching so inspired that learning is possible, and a service that is earnest and honest." (1)

Speaking of the hospital chaplain of yesteryear, the Reverend Canon E. R. Adye, (2) co-ordinating chaplain of the Queen Elizabeth Hospital in Toronto, says "I would say, due to the way in which a hospital was compartmentalized, the role of the chaplain was not defined and all of us tried to transfer what we would do in our parish to the environment of a hospital — particularly with regard to our own parishioners. We had no special training in health matters; had no understanding of hospital routine and administration; and no one took the trouble to orientate us. We flitted in and out, almost like ghosts, picking up what crumbs of information we could beg from the staff. We were treated absolutely courteously, with such absolute dignity, that we never got to know anybody. Over the years, this has somewhat changed."

Under the aegis of such organizations as the Institute of Pastoral Training, the role of the Hospital Chaplain has changed even **more** than somewhat. He is now part of the hospital team and, in many cases, becomes almost part of the patient's family. Certainly, he has the opportunity to get to know the patient better than most and to become the patient's truly accepted mentor and friend.

The hospital chaplain commences professional life as a pastor trained in the theology of his particular denomination. This latter aspect he must drop in order to minister effectively in the hospital setting. He cheristhes his Christian training but relegates his denominational theology to a very secondary position in his associations with patients, with staff and with fellow clergy. The finest hospital chaplain is interdenominational and ecumenical in his outlook. Indeed, if he cannot comfort a Jew or a Moslem, he may well be a failure as a chaplain.

The hospital chaplain not only knows the hospital routine, he follows that routine and, most important, he knows why he is following the routine. He must have a good grounding in elementary medicine and elementary hygiene in order to appreciate the patient's problem and the approach to that problem by other members of the hospital team.

He must have a good knowledge of social welfare agencies and what they have to offer the patient's needy family or, indeed, the incapacitated patient himself.

He must, however, have an advanced knowledge of the workings of the human mind and the effects upon it of the stresses caused by illness and the frustrations imposed by social maladjustments. He must be able to appreciate the psychosomatic impact of terror caused by the unknown whether it be the illness itself, continuing living or impending death.

The chaplain must have knowledge and empathy and strength of personality sufficient to instill in the patient the confidence and sense of security which he so greatly craves. The chaplain can only attain this fully if he has the complete confidence and support of the other members of the healing team, the nurses, the doctors, the paramedical groups and the hospital administration.

The hospital chaplain must learn to seek out the physician and to talk to him about the patient's needs, physical, mental or spiritual. Better still, the chaplain must stand so high in the esteem of the hospital staff and patients, that the physician seeks him out and consults with him about his patient.

We cannot be totally satisfied with one way communication. It should be both ways, the chaplain to the doctor and the physician seeking out the chaplain.

The story is told of the minister who returned wearily to his wife and exclaimed that he had just attempted to persuade his congregation that it was the duty of the rich to help the poor.

"And." asked his wife "did you convince them?"

"I was half successful," replied the minister. "I convinced the poor."

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HOSPITAL CHAPLAIN ---

(Continued from page 2)

We must not be content with half successes. We must make our chaplaincy service so strong, so effective, so appealing that the physician does not forget to accept the chaplain as a partner.

To quote from a recent letter appearing in the Canadian Medical Association Journal, (3) "Anyone who doubts the competence of the medical profession to provide adequate services for the majority of people going to their doctors may wish to note the increase in the sale of tranquillizer-sedative-anxiolytic drugs. In five years this market has almost doubled from \$12.1 million in 1964 to \$22.2 million in 1968 in Canada alone. The majority of people going to see their doctor today have nothing wrong with them in the medical (physical) sense, at least as medical care is now trained for and provided. Their problem is theological, sociological, philosophical and not medical. The profession assumes the sick to be those who seek medical attention and proceeds from that error not to call in the clergy, or some other community resource more competent than itself, but simply to drug the mind of the patient in the hope that the underlying problem will go away."

This is a great oversimplification and overstating of the problem, but there is a considerable element of truth in it.

So far, I have said nothing about the chaplain's role in teaching others in the field of Clinical Pastoral Education. Suffice it to say, that any hospital is indeed fortunate if it is privileged to participate in such a teaching program. The students taking pastoral education have their competence enhanced, the teaching staff matures in the process of teaching, the professional staffs of the hospital find support, the patients themselves benefit, and the Chaplaincy Service is thereby augmented, stimulated, and most nearly fulfills its role in the maintenance of human dignity and the comfort of the trinity of body, mind and soul.

References:

1. Lichtenstein, M.: Divine Purpose, The Lamp, 1965.

2. Webster, L. R., Co-ordinating Chaplain: A New Specialist Takes His Place on the Health Care Team; Hospital Administration in Canada, November, 1968.

3. Shepherd, R. W.: Canadian Medical Association Journal, February 1, 1969, p. 266.

ANNUAL MEETING NOVA SCOTIA SANATORIUM EMPLOYEES CREDIT UNION LTD.

The Nova Scotia Sanatorium Employees Credit Union held its eleventh annual meeting at the Sergeants' Mess, Camp Aldershot, on January 31st.

The meeting was chaired by the president, Harlan Adams, who had thirty-five responses to roll-call. Wives of members and other guests brought attendance up to approximately forty-eight.

Mrs. Alta Covert, the treasurer, presented the financial report in her usual able manner. Although some increase in profits and membership was noted, Mrs. Covert warned that the spectre of amalgamation with other Unions in the area hovered over us, and could only be dispelled by growth and interested participation in the affairs of the Union by more of its members.

The Board's recommendation that a dividend of $4\frac{1}{2}\%$ be paid to shareholders, and a 5% rebate be given to borrowers was approved. Once again members will pay their own dues.

At the conclusion of the business meeting Mr. Ralph Morehouse, League Director, graphically explained the principles of amalgamation and how it would affect our Union. Mr. Morehouse felt that the time was not yet ripe for amalgamation in the Kentville area, but that it would come eventually, whether or not we elected to be a party to it.

Mike Ricketts and Earl Bigelow, who prepared the tempting and generous salad plates and coffee, were fittingly thanked by the president.

After the refreshment period dancing was enjoyed by some of the members and guests.

To all whose efforts contributed in any way to make the evening the success it was we say a very sincere "Thank You", and very special thanks to Mrs. Covert who so efficiently "piloted" the project.

THE GREAT DECORATOR Spring offers, now in latest style To renovate our glades And to that task, in single file, Brings three efficient aides.

First, March, to sweep the earth floor bare For April, next, to lay A living carpet, passing fair, Dyed deeper green, by May.

— Alan MacLachlan

PROJECT OVERSEAS MABEL G. GAUL

Last summer sixty-two Canadian teachers spent most of their vacation in Africa, Jamaica and Asia taking part in the Canadian Teachers' Federation International program to assist teachers to improve their qualifications. This CTF Project Overseas is financed by the CTF and its affiliated teacher associations with the help of a grant from the External Aid Office. The expenses of the participants are paid but the services are voluntary.

One team consisting of a teacher from Vancouver, two from Alberta, two from Saskatchewan, four from Ontario, and myself, was sent to Tororo, Uganda to assist in an in-service training program. There were two hundred fifty-two teachers in attendance, only 23 of whom were women. Their ages ranged from 20 to 55 or so. Most of them held a P-2 license, which meant that they taught up to and including grade 7. The instruction given was at our grade 8 or 9 level. Classes began at 8:15 a.m. and ended at 4:15 p.m. with a half hour out for morning tea (or coffee) and an hour and a quarter for lunch. (Dinner was served from 7:30 to 9:00 p.m.)

Education in Uganda is a joint undertaking by the Government, Local Authorities and, to some extent, voluntary agencies. The system is divided into three sectors — primary, secondary and post secondary.

The primary course covers the first seven years of schooling. Only about 60% of the children in the age group from 6 to 12 years attend classes, due primarily to the lack of schools.

Uganda has an area of 91,000 square miles and a population of about 8,000,000. This includes 9,000 Europeans and 88,000 Asians. The official language is English but each of the many tribes speaks its own language so there is a definite language barrier between tribes. We had no difficulty however in communicating to the people with whom we worked.

In spite of its tropical location the climate is delightful since it is 3,000 feet above sea level, and well over that in the highlands. Tororo has an elevation of about 4,000 feet. Temperature seldom rises above 80° or goes below 60°. Although August is not in the rainy season, we could be quite sure of getting a shower during the afternoon or evening. One afternoon we had a big hail storm.

There is in Uganda a great variety of

scenery and a wide range of plant and animal life. It is steeped in color — the green of the vegetation, the many beautiful flowers, the bright colors of the women's dresses, even the black crow has a white collar. There are many lakes, large and small, calm navigable rivers and roaring waterfalls.

The chief exports are coffee and cotton. Other agricultural products are sugar, tea, tobacco, sweet potatoes, maize, bananas, cassava, ground nuts, hides and skins.

The staple foods of the native population are fish, maize, ground nuts and matoki (steamed green bananas). However, we ate at the Rock Hotel, which is government sponsored, and the food compared very favourably with what we would get in most of our hotels.

The impact of the west is seen most everywhere. Modern cities and towns have been built up, industries developed, and communication improved. The ancient culture is disappearing yet there still exists a striking contrast between the old and the new way of life. In one street you will find an up-to-date drug store, or chemist shop as they call it, but in a nearby area is the booth of a native doctor who displays an incredible assortment of medicines and charms.

We had the opportunity of visiting two of the National Parks — Queen Elizabeth and Murchison Falls. Here we saw herds of buffaloes, elephants, Uganda kobs, topis: schools of hippos cooling off in the water; crocodiles basking in the sun; a few lions, giraffes, hyenas, baboons, wart hogs, leopards, and many beautiful water birds. Murchison Falls itself, although to me, not as impressive as our own Niagara Falls is very spectacular in that so much water rushes down in so narrow a space.

One weekend three of our associate teachers took us to the Karamoja District. This is a district unlike most others. It is a wilderness of vast open plains. Much of

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PROJECT OVERSEAS — –

(Continued from page 4)

the country is covered with a small white thorn and the taller whistling thorn. The people are tall and slim, with fine features. The influence of civilization has as yet made little impact on their style of dress. The nomads still stalk through the wilderness clad only in leather sandals. Some of the men wear a goat skin cape thrown over the shoulders. Their necks and arms are often encircled with wire. The boys tend the sheep and goats. In this area they told us that a boy was not considered a man until he had killed another man. (Many raiders from Kenya come across the border to steal cattle. Thousands of men are killed every year during these raids).

The women wear goat skin skirts tied around their waists and a sort of shawl thrown over one shoulder. They are well decked out in beads, necklaces and bangles. Both men and women may be seen wearing metal lip plugs. A hole is made in the lower lip and the plug inserted. This is kept in place by a flange around the inner rim and can be removed as you would draw a cork from a bottle. When these people become Christians their style of dress changes somewhat.

The wealth of a Karamojan is measured by the number of cattle he owns; these are used principally to buy wives. A rich man will have as many as five wives. Of course, the cattle also provide milk which, mixed with blood, is their main food. The milk and blood are heated and a curd is formed.

The only town in Karamoja is Moroto. It has one Rest House (Inn); here we got our meals but we spent the night as guests of our fellow teachers who worked or lived in the district. There are several mission stations in the area. We visited two of these — one Anglican and one Catholic. (There are three recognized religious denominations in Uganda; Anglican, Catholic and Islam). Some of us attended the 7 o'clock Mass on Sunday morning. This was said in English - the other masses were in the native tongue. The church held about 500 people and it was filled to overflowing. The thing which impressed me most about the service was the singing. A young Karamojan acted as director and it seemed that the whole congregation joined in - they had the most beautiful voices.

On our way over to Uganda we were able to spend three days in London and three in Addis Ababa, Ethopia; on the re-

PATIENT ACTIVITIES VALENTINE ENTERTAINMENT

This year in lieu of the usual Valentine card party, our patients were treated to an evening of movies, filmed, for the most part, on the local scene. At the appointed time on Wednesday, February 12th, an unusually large number of patients and some staff assembled in the patient's dining-room which was festive with hearts and cupids.

For the first half-hour we roamed the Sanatorium grounds with Dr. Quinlan as guide in the bright beauty of summer. watching the children at play, then in the majestic splendor of winter. Entering the buildings we saw laboratory technicians, office personnel, doctors, and other staff at work, and even a capping ceremony in the chapel. Stan Robichaud of the Rehab. Department was projectionist.

For the next half-hour Wally Burgess of Second Floor, East Infirmary, showed us other aspects of Sanatorium beauty, including a gorgeous sunset, and the uniformed variety. Wally acted as his own projectionist.

Dr. Hiltz graciously expressed the appreciation of all present for a most delightful hour, after which the Dietary Department served a delicious Valentine lunch.

Miss Marguerite MacLeod represented the Rehab. Department.

CHILDREN'S VALENTINE PARTY

On Saturday afternoon, February 15th, members of the Junior Red Cross from Central King's Regional High School hosted a Valentine Party for the children in the Annex. Convenor of the party was Jennie Pemberton.

The playroom had been decorated in advance by the children, and provided a colorful setting for the afternoon's fun. Games were played, and treats given out.

The party ended with a delicious supper, served by the dietary staff.

PROJECT OVERSEAS —

turn trip we spent a day in Zurich, Switzerland, and a night in Paris. All in all it was a wonderful summer.

(Mrs. Gaul is the wife of Curtis Gaul, our Sanatorium librarian).

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DRUG ABUSE

ERIC J. CLEVELAND — Medical Director — Fundy Mental Health Centre Consultant Psychiatrist, Nova Scotia Sanatorium

THE PROBLEM

Here in Kings County we see relatively few cases of abuse of the newer drugs whereas alcoholism continues to be such a severe problem that often it accounts for half the persons admitted to mental hospitals in a given month. We do see, however, a number of cases of the abuse of commercial solvents like glue, a few cases of use of marihuana, and very rarely LSD.

Why do persons abuse themselves with alcohol and drugs? There seems to be little doubt that in some cases this is just curiosity. There are, however, a smaller number of persons, unhappy, depressed, or perhaps suffering from feelings of powerlessness and lack of a place in our society. These latter persons need counselling and other realistic aids but are likely to use drugs in order to get away from difficult situations and to restore temporarily feelings of power and importance. They are likely also to feel that they need drugs to make life bearable. It is interesting in this connection that a city like Hong Kong has a problem with serious narcotic drugs very many times greater than our local situation. In other words, many factors play a part in the abuse of drugs and it is a mistake to blame a given chemical substance or drug for the whole problem. In Hong Kong, many illnesses, pain, poverty, and social disorganization as well as the availability of dangerous drugs likely contribute to the problem.

In our own area, however, certain persons come to depend upon drugs because this is one of the few ways in which they can escape from feelings of hopelessness, pain, or rejection. Unfortunately, a vicious circle is set up so that the person who takes these drugs generally gets more pain, more rejection, and a real situation of hopelessness from taking them. What begins as an attempt at self-cure increases the problem. Alcohol and the narcotic drugs are particularly dangerous in this respect because they demand an ever increasing dosage. All of the drugs subject to abuse have the common factor that they bring about association with other persons who are slipping socially; and in themselves they seem to undermine aggressiveness and normal sexual interest, making their victim a "loser".

SOCIAL IMPLICATIONS

This, in general, is the problem of the drug and of its victim. What is perhaps more interesting is to ask what is the problem of the society in which young people develop a sense of hopelessness and that they don't fit, and that they have no power. Abuse of drugs is certainly a poor way to tackle society's problems, but at least it is understandable why some people abuse drugs when one examines their social situation. I could give an example of a boy recently referred for glue sniffing. He came from a poor home where his mother almost constantly preached impossible expectations of him. He wanted to achieve very high academic goals to please her but lacked the ability, confidence, and opportunity to achieve these goals. He had settled the problem by withdrawing from the real situation with the help of glue so that during episodes of glue-sniffing he could imagine himself in a wonderful successful role in life. This contrasted with increasing actual failure and hopelessness. Obviously the solution to this kind of problem is not simple: the drug is part of the problem but cannot be blamed completely. There are problems in the society, in the home, and in the individual that have to be tackled.

(A short radio talk, February 17, 1969.)

During its lifetime *Health Rays* has received loyal support from many local businesses as well as from some in other areas. We also note that in 1928 the Nova Scotia Sanatorium Occupational Therapy Department was running an ad in the magazine which read "Orders taken for all kinds of leather work, basketry, etc."

I usually get my stuff from people who promised somebody else that they would keep it a secret.

-Walter Winchell

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Question Box J. J. Quinlan, M.D.



Q. Do patients with chronic tuberculosis usually show a low blood pressure? If so, why?

A. In chronic tuberculosis. the blood pressure findings have no definite characteristics. However, in patients who are acutely ill with the disease and where constitutional activity

is evidenced by such signs as high fever and rapid pulse, it is customary to find low blood pressure. With the improvement that occurs on appropriate drug treatment, the blood pressure usually returns to normal.

Q. Which is the more dangerous germ —Streptococcus or Staphylococcus?

A. First of all, it should be pointed out that there are many varieties of both streptococci and staphylolocci which are not dangerous at all; they are saprophytes and do not cause disease in man. As far as the disease-producing varieties of these organisms go the streptococci, while the more virulent, are also the more vulnerable to modern antibiotic treatment. Both germs can cause very serious illness, but usually it is less of a problem for the doctor to treat streptococcal infection than that caused by staphylococci.

Q. When the doctor sees the first X-ray film of the patient can he then judge about how long treatment will be necessary?

A. The physician usually can give an estimate as to the length of treatment when he first examines the patient who has tuberculosis. However, it is very difficult for him to say whether the disease will undergo complete healing on drug therapy and bed rest, or require excisional surgery for its complete control.

Q. What effect does the lack of oxygen in the blood have on a patient?

A. The presence of oxygen in the blood is necessary for the survival of the patient and if the oxygen lack is severe the patient will die. A low oxygen content of the blood is evidenced by the presence of a bluish colour, particularly noticable in the lips, ears, and finger-nail beds. It should be pointed out here that the blood may contain plenty of oxygen and yet the patient may still be in a bad way. It is also necessary that the body be able to get rid of carbon dioxide. An abnormally high blood content of the latter gas can be just as bad as a low blood content of oxygen.

Q. What is empyema?

A. Empyema means the presence of pus in the pleural space. This condition may complicate tuberculosis, it is not uncommonly seen with severe pneumonia, it may follow chest injury or operation, and there are several other more unusual causes. The empyema may be total, that is, the entire pleural space may be filled with pus with resultant complete collapse of the lung, or it may be localized to one portion of the pleural space and sometimes it may be found between the lobes of the lung, the so-called interlobar empyema.

IN FAVOR OF CELEBRATIONS

Stephen Leacock long ago in one of his essays about small towns commented that on St. Patrick's Day everyone was Irish, or at least they gladly sported a touch of bright green March 17th. On July 4th they were all ready to help any Americans who were around to celebrate their independence — and so on through the year, depending on the ethnic roots of the population.

Recalling the small town in which we grew up, we think he was right. There was, of course, a difference in the way tribute was paid on these occasions, but the spirit of international friendship and communciation ran high.

St. Patrick's Day caused a burst of green ties, hair ribbons or scarves. St. Andrew's Day was more likely to be marked by a ball for the benefit of the curling (which ranked very club. Burns night close to being considered as a saint's function) was likely to be marked by a supper where Scotish dishes were featured and the money went to the Ladies' Aid of the United Church to help pay off the church debt. On St. George's Day all denominations turned out for a tea from which the Anglican Church benefited.

It all added to conviviality and everyone was for it. We hope it's still that way in small towns.

- TB . . . and not TB.

TO THE GRADUATES

The Hon. Gerald J. Doucet, Minister of Education, spoke to the graduating class of the School of Nursing Assistants, Nova Scotia Sanatorium, Kentville, Tuesday, February 18, 1969. Mr. Doucet commented that in preparing his address he had read the literature pertaining to the School of Nursing Assistants at the Sanatorium. Authority to establish the School was granted in 1947, and the School opened in 1948. It has now been in operation for 21 years and "has officially come of age." Since that time 397 nursing assistants have completed their training here. He told the graduates that this is an important time, a turning point in their lives.

"Looking backward you can recall your school days and your more recent days of hospital training, with the formal study and learning that have brought you to your present graduation. You can easily call to mind this evening, with affection and gratitude, the interest and support of your parents and other members of your family, who have provided you with confidence, warmth, and security in many different ways. You will remember special friends who have made life happier and more rewarding for you. You will recall the succession of teachers who have opened up doors of learning for you and, particularly on this occasion, the professional people in this institution who have taken you along new paths of knowledge and skill."

Mr. Doucet pointed out that this is a time for satifaction in the completion of this period of training, for gratitude to all who have made this accomplishment possible, a time for stocktaking and assessment, and a time for looking ahead and planning for the future.

"Throughout your school and hospital training days you have been gathering knowledge and skills systematically. But this is only the necessary preparation for further study and experience, and for further development of your skills and techniques.

"I am sure that you have come to realize, as a result of the training you have just completed, what tremendous strides have been made in the field of nursing during recent years. Expanding medical services, the extension of hospital facilities, increased interest in public health and public welfare, increased concentration on the prevention of illness — all these developments have resulted in rapid change, in a need for more and more nurses, and the requirement of an ever higher quality of training and services on the part of nursing staff members.

"The responsibilities that you as graduates must accept have increased greatly even within the last few years. It will continue to be your responsibility to make the inevitable adjustments that must be made by your profession to meet and serve the changing needs of the society in which we live."

Mr. Doucet stressed that the graduates would find the need to continue learning new knowledge and to continue developing their skills. "A worker in any field can always continue to develop by gathering new information and practicing new techniques, thus making himself more proficient," he said.

He pointed out that change has always been a part of human existence, but nowadays it is the rate of change that is different, and the prospect is that the pace will become faster and faster. He made reference to a writer in *Fortune Magazine* who some months ago had written: "The movement is so swift, so wide, and the prospect of acceleration so great that an imaginative leap into the future cannot find a point of rest."

Mr. Doucet continued by saying that if we cannot foretell what the future holds there are some ways in which we can cope with the changes which we know to be inevitable:

"In the first place, we should cultivate a willingness and an ability to accept, to respond and to adapt to changes. We should be able to make changes where change is appropriate and necessary — in all except unalterable, eternal truths and concepts. We must be willing to change, but also to take thought so as to change the right things . . . We can profit much by achieving a proper sense of perspective about our own times, our own lives and actions.

"Another element that will be of steadying and rewarding influence as we step on into the future is the capacity to find meaning and satisfaction in our work. This

(Continued on page 12)

this half page sponsored by Hiltz Dry Goods Ltd.

Editorial Comment

There are several topics which present themselves when considering the Comment for March. Although this is being written in February, our thoughts are being directed toward the springtime, and we have gathered together some selections appropriate to St. Patrick's Day and spring. Also, there is National Education Week from March 2nd - 8th. A statement given by the Hon. Gerald J. Doucet, Minister of Education, in connection with this observance reads, in part:

"Education is one of the most powerful influences that can improve the social and economic conditions of a country.

"Thinking people in education today recognize the widespread need for change and are devoting great thought and efforts to ways of improving the educational system and the work of schools. Ideas being put forward by them are receiving close and enlightened consideration by a very broad segment of the public.

"The function of public education today is to make possible for every child, as his right, the kind of education that best suits his abilities and needs. We must provide for differences in abilities and needs. We must broaden our concept of education and realize that attitudes and opinions developed by students are ultimately far more important than the facts and processes they learn. We must aim to provide a school system in which every student has the maximum opportunity to develop his full potentialities as an individual and as a member of society."

Certainly the educational system is very much in the news. The cost of educating our young people has reached proportions undreamed of a few years back, and it is frequently pointed out that the public wish to see a good return for their tax dollars. Too frequently what they are told is that the drop-out rate remains high, the graduates are not being prepared to fit into this age of advanced technology, and have not developed the self discipline necessary for an easy transition into university studies. In the universities, the picture presented to the public, via press and T. V. screen, is too often the small (we hope) segment who resemble characters out of Al Capp's S.W.I.N.E. ("Students Wildly Indignant About Nearly Everything"). Where did they come from-are they the product of our modern school system? Did they conform to accepted standards of behavior up until the time when they were exposed to influences within the universities?

For the majority of tax payers who, in their youth, would have given all they possessed for the opportunity of going to university, the sentiments expressed by the "activists" must sound foreign indeed. What is it that the "activists" want? Is it their aim to break down the "system", destroy the university properties, and leave nothing in their place? Many of these students will become teachers and leaders, and we wonder what their attitudes will be when they have the responsibility of guiding the next generation.

Health Rays Golden Jubilee Fund

Contributions to this fund may be addressed to:

> Health Rays Jubilee Fund Nova Scotia Sanatorium Kentville, N. S.

An official receipt will be sent to all contributors. Your donation will help Health Rays to survive.

The standing of the fund as of February 25, 1969, was:

ry 25, 1969, was:	
Previously acknowledged:	
Century Patrons	\$100.00
Patrons	259.18
Total	359.18
Recent contributors:	
Century Patrons	NIL
Patrons	38.70
Miss Jennie Fullerton	
Miss Mabel Shaw, R.N.	
Dr. R. L. Aikens	
Mr. Jos. E. LeBlanc, R.N.	
Mr. John (Jackie) Ripley	
Mr. Douglas Hallamore	
Mrs. Susan Martell	~
Grand Total	\$397.88

HERITAGE

Let us not forget the religious character of our origin. Our fathers were brought here by their high veneration for the Christian religion. They journeyed by its light, and labored in its hope. They sought to incorporate its principles with the elements of their society, and to diffuse its influence through all institutions—civil, political, and literary. Let us cherish these sentiments, and extend this influence still more widely, in the full conviction that this is the happiest society, which partakes in the highest degree of the mild and peaceable spirit of Christianity. — Daniel Webster

Chaplain's Corner

Rev. W. A. TRUEMAN St. John's Anglican Church, Wolfville, N. S.

I welcome this opportunity to speak to you through "The Chaplain's Corner," that I may let you know who I am and, more importantly, share with you some thoughts concerning our Christian faith.

As to who I am, well I have taken the place of the Rev. Austin Munroe who was the Anglican Chaplain of the "San" until last September when I replaced him as Rector of St. John's Church, Wolfville, and also inherited his position as Chaplain of the Sanatorium.

Since that time I have been making regular visits here and am getting to know not only those patients who happen to be Anglicans, but in visiting them, also many of their room mates. This is a most rewarding experience, and I hope before too long to get to know a great many of you.

In making my rounds I have been greatly impressed with the friendly spirit which pervades the hospital. From the day of my first visit when I was so warmly welcomed by the Rev. Dale MacTavish and given a personal tour of the place, to the present time, I have found nothing but the best family spirit between the patients and the staff, a fact that has been attested to time and again by the patients in conversation with them. This is not always the case in institutional places, and speaks volumes in praise of all who serve and plan in the operation of the hospital.

But though the "San" seems to be one large happy family, yet one knows that in the suffering and loneliness that must inevitably be a part of such an institution, it falls far short of the family of which each one of the patients longs for at home. For, "be it ever so humble, there is no place like home." No doubt many of you at times feel frustrated and disheartened at the way life has treated you! "Why me?" you might feel justified in asking. It is only human to feel this way, to bemoan your lot, and even be tempted to curse the day of one's birth like Job of old. And yet we know, if we have observed the world at all, that it is true that "God maketh his sun to rise on the evil and the good, and sendeth rain on the just and on the unjust," and that suffering and sickness is the lot, to a greater or lesser extent, of all people, regardless

of whether they have lived the good life or not.

There is not space enough even to begin to discuss the problem of evil in the world, and even if we discussed it ad infinitum we would not find an answer adequately explaining it. In the long run it is something that we must accept simply because it exists. But the attitude in which we accept it is what really matters. One who is blessed with good health does not lightly offer advice to the sick and suffering as to how to bear his fate. Perhaps only one who has himself borne severe illness and suffering is entitled and qualified to counsel the sick. Where there is suffering and loneliness with little hope of immediate relief there is bound to be discouragement and despair. At such a time the desire to indulge in self-pity may be very strong, and words of advice on taking a positive attitude towards one's sickness may be far from welcome from one who is hale and hearty. And yet the advice is sound. It makes all the difference.

It but requires the earnest desire upon the part of each of us, a desire translated into action in the direction of our thoughts towards God. He is always present waiting to be heard and received into our hearts and minds. But we must do our part, and be receptive and open to His will for us. Let me quote a great modern martyr, Dietrich Bonhoeffer, who in his letters from a Nazi prison wrote, "We must persevere in quiet meditation on the life, sayings, sufferings and death of Jesus in order to learn what God promises and what He fulfills. One thing is certain: We must always live close to the presence of God, for that is newness of life, and then nothing is impossible, for all things are possible with God; no earthly power can touch us without His will, and danger can only drive us closer to Him. We can claim nothing for ourselves, and yet we may pray for everything. Our joy is hidden in suffering, our life in death. But all through we are sustained in a wondrous fellowship. To all this God in Jesus has given His Yea and His Amen, and that is the firm ground on which we stand."

(Continued on page 11)

CHAPLAIN'S CORNER - -

(Continued from page 10)

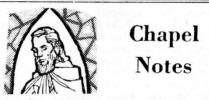
As a minister, I would be remiss if I did not stress the healing power that comes from a strong faith in God. It is not so much that one may be healed by prayer (though this may indeed be the case) as that through His love and strengthening power we are enabled to endure with fortitude and calmness that which must be borne. In Jesus we see the epitome of faith, where He, the one righteous man, in obedience to His Father's will, willingly died for us upon the Cross. He who has borne all things, speaks to us in this age and says, "Come unto me, all ye that labour and are heavy laden, and I will refresh you."

To achieve this positive approach to one's illnesses, to develop a faith strong enough to believe in and trust God to see one through, may not be an easy thing to accomplish. Blessed are those who already have it, and doubly blessed are those who find it through their suffering. Some of you may be longing for such a faith and asking how one may find it.

Perhaps you would like to know a little bit more about this man, for he was one who lived and died according to the words he professed with his lips, thus making their impact upon us all the more meaningful. Bonhoeffer was born in Germany in 1906 and was hanged by the Nazis in 1945 after two years imprisonment. A splendid career in the realm of theological scholarship seemed to lie before him in the early 1930's. But when Hitler came to power in 1933, he abandoned his academic career and denounced the political system of the Nazis. He directed an illegal Church Training College until 1940. His friends wanted him to leave Germany, but he refused to desert his oppressed persecuted fellow Christians when and they needed him most. He was "a man who lived and loved the world: he stood like a giant before men, but was a child before God."

This time of year offers an unique opportunity to more seriously apply ourselves to the deepening of our faith, for we are now in the season of Lent. Following as it does the joyful season of Christmas and the Epiphany, Lent is not always welcomed with an open heart. It is a solemn observance dealing with the most solemn and tragic event that our world has been party to, the killing of the Son of God. Basically, Lent is the season of penitential and prayerful preparation for the great Festival of Easter. It is placed in the Church Year before Easter that we may remind ourselves of the high cost of our redemption in the Passion and Death of our Lord, and better grasp the magnitude of His Resurrection. If, during Lent, we more seriously apply ourselves to the reading of Scripture, daily meditation and prayer, it cannot but follow that we shall be spiritually strengthened.

May God's blessing be upon you and all who are dear to you in the days ahead.



A special "Worship-in-Song" Service was held in the Chapel on Sunday morning, February 16th, at 10:00 o'clock. The Service was conducted by the Chaplain, Rev. Dale MacTavish, and the music was provided by Mr. Earl J. B. Wentzell, wellknown folk and gospel singer of Barss Corner, Lunenburg County. Mr. Wentzell sang six selections to his own guitar accompaniment.

We are grateful to Mr. Wentzell for the interest he has shown, but regret that so few availed themselves of the privilege of hearing him.



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. munic served auertactly in the Fa

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.

Old Timers

At this time of the year our column tends to shrink a bit as news of old timers is not so easily available as during the holiday seasons. However, Anne Marie keeps an ever faithful eye and ear alerted and always has some news for us. She tells us that several old timers came up from New Edinburg, Digby County, for check-ups lately. Mr. and Mrs. Demetrius Amirault (nee Rose Sorensen) who were both here in 1966 are looking very well, indeed. Mr. Amirault runs the Riteway Food Store in Weymouth. Mrs. Catherine Amirault, sister of our own Miss Helen Smith of the Pavroll and Personnel Department, visited her mother in Berwick. Mrs. Amirault, who cured here in 1955, is as energetic as ever. She was accompanied by Ronald Wagner, who was a patient here in 1966.

Some old timers turned up at the Nova Scotia Sanatorium Employees Credit Union Annual Meeting and banquet on January 31st, among them Freddie and Jessie Corsbie and Bill and Blanche Mapplebeck. All four are well and keeping busy. Blanche, who loves to dance, especially enjoyed that phase of the entertainment and "tripped the light fantastic" to her heart's content.

Bill Baltzer of Canning, who cured here several years ago, visited the Rehab. Department one day in February. Bill is well, and carries on a radio and TV service in Canning.

Helen MacKinnon of the Lab. staff heard from Elda T. Smith, with whom she cured back in 1940. "Elda T.", as she was then affectionately called, lives at the Ganong Nursing Home in St. Stephen's, N. B. Although quite blind, she seems cheerful and happy.

While shopping one day in Kentville, Beulah Trask of the switchboard, met Dora Murphy of Port Williams, a 1955 Sanatorium patient. Dora keeps well and is most assuredly the picture of health.

Lic. Gerald Fisher, a former Sanatorium student Chaplain, dropped in at the Rehab. briefly one day in February. Mr. Fisher, who is assistant pastor of the United Baptist Church in Kentville, will soon complete his studies at Acadia University and proceed to Boston for further study.

Another former Sanatorium student Chaplain, Lic. Alton Alexander, was also a recent caller at the Rehab. Mr. Alexander has accepted a call to the United Baptist Churches of Milton, Charleston, and Port Medway in Queens County, effective in early May following his graduation from Divinity College, Acadia University. He has been their interim pastor since early in December.

TO THE GRADUATES - -

(Continued from page 8)

means approaching it with a sense of pride; it means giving attention to essential detail, being concerned with excellence, doing the very best job we can — under all kinds of conditions, not only when things go well but, particularly, in the face of criticism and lack of appreciation . . .

"I should like to close by stressing the place of religious faith in our lives. Faith can be a firm anchorage in times of change; it can give us ideals by which to live and standards by which to measure our actions. Faith can give us a sense of tradition and continuity. Faith can bring comfort in time of difficulty. Faith, above all, can proclaim that despite disillusionment and mysteries there is meaning in the universe and in human life; and that there is dignity and importance in each individual.

"It is heartening to find here this evening such a fine group of young ladies who have demonstrated that they have the courage, perseverance and dedication to accept the responsibilities of the nursing profession. I congratulate you upon your graduation from the Nursing Assistants course and I express the hope that you may find meaning, purpose and happiness in your work and throughout all the days and years to come."

The poor man is not he who is without a cent, but he who is without a dream.

- Harry Kemp

Husband: "What's wrong, dear?"

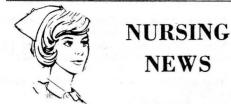
Bride: "I made a cake and put it in the freezer an hour ago and there isn't any frosting on it yet."

Give the gentle word, the kindly glance, Be sweet and tender—that is doing good! —Phoebe Cary

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Exercises for Class '69A Graduation Certified Nursing Assistants were held in Miller Hall on the evening of February 18th. Parents and guests of the graduating nurses, and other special guests including Miss Madeline Spence, R.N., former Director of Nursing Service at the Sanatorium; Mrs. Margaret Bentley, R. N., of the Provincial Office of the Registered Nurses Association; Mrs. Florence Zusman, R.N., Nursing Advisor - Secretary Registrar, Certified Nursing Assistants; and Mr. Frank Francis, C.N.A., President of the Valley Branch of the Certified Nursing Assistants Association, were welcomed to the ceremony by Mrs. Hope M. Mack, R.N., Director of Nursing, Nova Scotia Sanatorium.

Dr. J. E. Hiltz, Medical Superintendent, Mrs. Catherine Boyle, R.N., Director of Nursing Education; and Miss Elizabeth MacPhail, R.N., Nursing Instructor, presented certificates and pins to the nineteen graduates. Miss Barbara Bennett of Greenwood was Valedictorian.

Organist for the occasion was Mrs. Norma Cassidy, Occupational Therapist, who accompanied a chorus of ten of the graduates in the beautiful number, "The Lord Is My Shepherd". Director of the chorus was Miss Elizabeth MacPhail.

After bringing greetings to all from the Department of Public Health, Dr. Hiltz introduced the guest speaker, the Hon Gerald Doucet, Minister of Education.

Participating Sanatorium Chaplains were Rev. Dale MacTavish, who gave the Invocation and Rev. Father Gerald Saulnier, who pronounced the Benediction.

Following the ceremony a reception was held in the coffee bar. Administrative Supervisors, Mrs. Kathleen Dakin, R.N., and Mrs. Cecilia Pascoe, R.N., poured and members of the Nursing staff served. Miss Ginny Allen and Mrs. Vicky Dekker of the Dietary Department supervised.

We are happy to say that five of the graduates will be staying with us as members of our regular Nursing Staff: Mrs. Gloria Kenny and the Misses Patricia Hebb, Barbara Bennett, Carol Gaudet, and Georgette Maillett.

In passing, we note that the Sanatorium School for Certified Nursing Assistants has graduated a total of 397 students since 1949. A new class of student Nursing Assistants (Class '70A) arrived at the Sanatorium on February 10th.

The Valley Branch, Certified Nursing Assistants Association, are holding their regular monthly meeting at the Sanatorium.

Mrs. Phyllis Prest, R.N., is being welcomed to our Nursing Staff.

The Misses Eleanor MacQuarrie, R.N., and Sadie Barkhouse, C.N.A., are attending the Institute on Inhalation Therapy at the Holiday Inn, Dartmouth.

Sanatorium delegates to the special meeting of the Nova Scotia Registered Nurses Association are Mrs. Hope Mack, R.N., and Mrs. Catherine Boyle, R.N.

We note with interest the large number of registered nurses — sixty-three of whom are from the Valley area — enrolled in the Refresher Course in Psychiatric Nursing sponsored by the Valley Branch of the Nova Scotia Association of Registered Nurses. This project is under the direction of Mr. J. E. LeBlanc, R.N., of the Sanatorium Teaching Staff and is being held at the Nova Scotia Sanatorium.

OH! THE IRISH

Shure 'tis smilin' Irish eyes Brings sun in starmy wither, Gay laughter waves a banner, Whin the Irish get togither!

Indade, 'tis from old Erin Comes Shamrock on the hither! Aye — 'tis dancin' too an' singin' When the Irish git togither.

Oh-h the Irish, the Irish, An colleens hearts adither 'Cause there'll be a lot of blarney Whin the Irish get togither.

- Marjorie Northern

Content makes poor men rich; discontent makes rich men poor.

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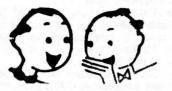
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Just Jesting



Percy: "Do you see that barn over there on the horizon?"

Lupean: "Yes."

Percy: "Can you see that fly walking around on the roof of the barn?"

Lupean: "No, but I can hear the shingles crack when he steps on them."

Art: "May I borrow your pen, Wally?" Wally: "Certainly."

Art: "I'd like you to post this letter as you go to lunch, will you?"

Wally: "All right."

Art: "Want to lend me a stamp, old chap?"

Wally: "Yes, if you want one."

Art: "Much obliged. By the way what's your girl's address?"

. . .

Jacqueline: "What is geometery?"

Florence: "The little acorn grew and grew and one day woke up and said 'Geom-etry'."

* * * * *

Wally: "How much gas do we have?"

George: "It points to one-half, but whether the thing means half full or half empty, I don't know."

New Patient (in dining room): "Have you frog legs?"

Headwaiter: "No, Sir. I walk this way on account of rheumatism."

* * * *

"Ladies and gentlemen," shouted the street corner salesman. "I have here a flexible comb that will stand any kind of treatment. You can bend it double, you can hit it with a hammer, and can twist it, you can—"

"Can you comb your hair with it?" inquired an interested listener.

Peggy: "Did you hook that sweater?" Beulah: "No, I bought it."

. . . .

Lupean: "That's a queer pair of socks you're wearing. One's red and the other's green. Are they all you own?"

James: "Oh, no, I have another pair at home just like them."

Love and faith are seen in works.

Ardena: "See that notice over there, "Tourist trips over a mountain?"

Nina: "Well, all I can say is that he should have looked where he was going."

June: "Have you much room in your new flat?"

Elsie: "Heavens, no. My kitchen and dining-room are so small that I have to live on condensed milk and shortbread."

Marian: "Why are you late for work this morning?"

Mary: "Work started before I got here."

"So you complain of finding sand in your soup?"

"Yes, Sir."

"Did you join the Army to serve your country, or complain about the soup?"

"To serve my country, Sir — not to eat it."

* * * * * Norma: "Why are you so excited; is it because a certain young gentleman is coming to see you?"

Rachael: "I'm not excited."

*

Norma: "Then why are you crocheting with your thermometer?"

Mrs. Misner: "Clayton, spell weather?" Clayton: "W-i-e-t-h-o-u-r."

Mrs. Misner: "Sit down boy, that's the worst spell of weather we've had this year."

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Art: "I want to send these trousers by book post."

Joe: "We cannot send trousers by book post."

Art: "But you told me the other day that anything open at both ends could be sent by book post."

* * * * *

Raymond: "Where are those apples I left on the table?"

Aulden: "I haven't touched one of them."

Raymond: "But I left five, and now there's only one."

Aulden: "Yes, that's the one I didn't touch."

* * * * *

The most manifest sign of wisdom is continued cheerfulness. — Montaigne



NOVA SCOTIA SANATORIUM

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PETERS' LUNCH

INS AND OUTS — —

(Continued from page 15)

CAMERON MacQUARRIE, Ford St., Stellarton; FRED WILLIAM NAUGLER, Sef-DONALD fernville, Lunenburg Co.; JAMES NORTON, Gaspereau Ave., Wolf-ville; OSCAR ROLAND REID, 150 Woodworth Road, Kentville; FREDERICK GOR-DON SANFORD, Avlesford, R.R. 2, Kings Co.; MARY PAULINE SMITH, Middleton (Transfer to V. G. Hospital); MARY VER-NA SPICER, Somerset, Kings Co.; JOHN MOSHER TAYLOR, Upper Nine Mile River, Hants Co.; SYDNEY GEORGE TRASK, Cambridge Station, Kings Co.: LLOYD JAMES WALKER, Carlton Corner, Anna polis Co.; MRS. LILLIAN JANE YOUNG. 9 James St., Kentville.

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Admissions: January 16 to February 15

WILLIAM JOHN BEATON, 276 6th Ave., New Aberdeen; PATRICK JOHN BONA, North River Bridge; JAMES DAVID CON-NORS, 39 Mt. Carmel Ave., New Waterford; WILLIAM CURRIE, 11 George St., New Waterford; JOHN FRANCIS DALY, Ingonish Centre; NOEL PETER DENNY, Eskasoni; JOSEPH HENRY DESMOND, 134 Laurier St., Sydney; MRS. ISABEL ALICE DOUCETTE, 15 Gallagher St., Sydnev: LLOYD GEORGE GILLIS, Baddeck Forks: JERRY GOUTHRO, Holland St., Reserve Mines; THOMAS LEONARD GUY, 617 Kings Road, Sydney; HUGH WILLI-AM HART, R.R. 3, Shore Road, Baddeck; ALFRED G. HAWLEY, Ingonish Ferry; CHARLES RAYMOND HOLMES, 756 Westmount Road, Sydney; JOAN MAURE-EN HULL, 96 Main St., Sydney Mines; MRS. LOUISE ISAAC, Barra Head; LEVI ISADORE, Nyanza; ARTHUR JOSEPH JULIAN, Box 5, Castle Bay; BRIDGET MARSHALL, MARIE Eskasoni; MRS. EMILE MacDONALD, Hawker, River Bourgeois; JOHN BYRON MacDONALD. 69 Peppett St., North Sydney; ANGUS Mac-KENZIE, 39 Down St., New Waterford; GRAHAM KENNETH MacKENZIE, 69 St. Peters Road, Sydney; CHARLES HECTOR MacNEIL, Cape Breton Hospital; JAMES IGNATIUS MacNEIL, 35 Heelan St., New Waterford; JOHN PHEIFER, 20 MacLeod Ave., New Waterford; HARRY PORQUET, 82 Emerald St., New Waterford; JOHN REID, East Bay: MARTIN JOSEPH GEORGE SAMPSON, Lower L'Ardoise; PETER JOHN SMITH, MacIsaac St., Inverness.

Discharges: January 16 to February 15 LINDA BURKE, Little Lorraine; SIL-AS COLE, 48 Quarrie St., Glace Bay;

WILLIAM CURRIE, 11 George St., New Waterford; NOEL PETER DENNY, Eskasoni; JOSEPH HENRY DESMOND, 134 Laurier St., Sydney; JERRY GOUTHRO, Holland St., Reserve; ALFRED G. HAW-LEY, Ingonish Ferry; JOSEPH A. JES-SOME, R.R. 3, Bras d'Or; ARTHUR JOSEPH JULIAN, Box 5, Castle Bay; MRS. AGNES MacDONALD, 67 St. Joseph's St., New Waterford; DONALD ALFRED Mac-DONALD, East St., Port Hood; JOSEPH LEWIS MacDONALD, Main-a-Dieu; NEIL ALLISTAIR MacINTYRE, R.R. 2, Albert Bridge; ANGUS MacKENZIE, 39 Down St., New Waterford; GRAHAM KENNETH MacKENZIE, 69 St. Peters Road, Sydney; DONALD JOHN MacKINNON, MacLean St., Donkin; ALFRED ANGUS NICHOL-SON, 292 Townsend St., Sydney; MRS. MARY ANN PAUL, 28 Gallagher St., Sydney; PETER JOHN SMITH, MacIsaac St., Inverness: WILLIAM JOSEPH SMITH. 20 Reserve Rows, Reserve Mines; LORRAINE ANNA TREMBLAY, Box 363, Port Hawkesbury.

SPRING

- Reluctantly, Winter abdicates his throne to Spring,
- As budding flowers bloom, and newborn birdlings sing.
- Amid an atmosphere of perfume scattered everywhere
- Spring's exciting sachet, a scent beyond compare,
- Magnetic and compelling, which electrifies the air
- As Romance capitulates to Cupid's clever coquetry
- And Spring's tryst with Love is keynote of harmony.
- Love, Spring's annual gift, her annual prophecy,
- God, Mother of Beauty, and of all living things,
- Fascinates with new Promises, Spring always brings.

- Helen Widoff

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.

- In the spring a livener iris changes on the burnished dove;
- In the spring a young man's fancy lightly turns to thoughts of love.

- Tennyson

Nova Scotia Sanatorium

J. E. HILTZ, M.D., D.P.H., C.R.C.P: (C)	Medical Superintendent
H. M. HOLDEN, M.D., C.R.C.P. (C)	Asst. Superintendent
J. J. QUINLAN, M.D., C.R.C.S. (C)	Surgeon
F. J. MISENER, M.D.	
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)	
D. M. MacRAE, M.D., C.R.C.P. (C)	
B. F. MILLER, M.D., F.R.S.C. (C)	sultant 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.	
MISS EILEEN QUINLAN, B.Sc., P.Dt.	
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., T. K. KRZYSKI, M.D.	Medical Superintendent
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. MACKENZIË, R. N.	

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

BAPTIST

Co-ordinating Protestant Chaplain

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

ROMAN CATHOLIC

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

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

CHRISTIAN REFORMED

Minister-Rev. J. G. Groen

SALVATION ARMY Capt. H. L. Kennedy

Rev. Dale MacTavish

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.

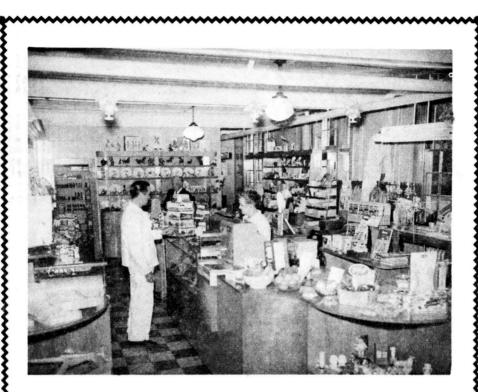
POINT EDWARD HOSPITAL

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.



The Canteen . . .

IS OPERATED FOR YOUR CONVENIENCE AND BENEFIT

So Remember ...

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