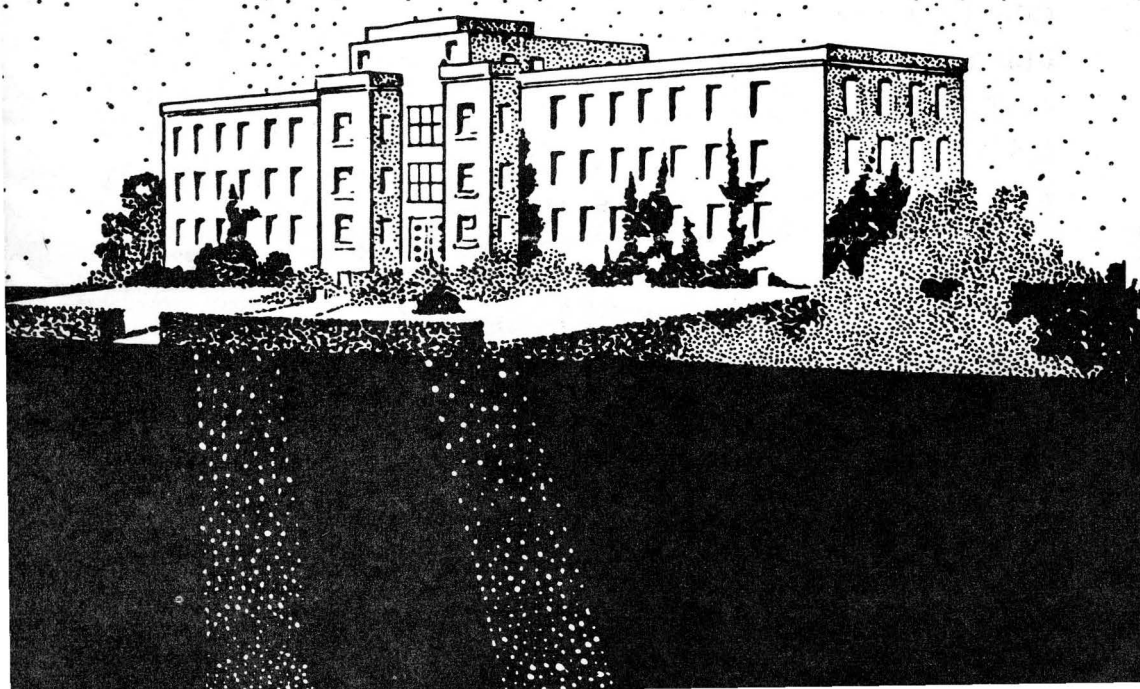
NOVA SCOTIA SANATORIUM
VOL. 49 OCTOBER 1968 NO. 9

Health Rays



HEALTH RAYS

STAFF

MANAGING EDITOR . . . . . DONALD M. BROWN
ASSISTANT EDITOR . . . . . MARGUERITE B. MacLEOD
BUSINESS MANAGER . . . . . JOHN AKIN
SUBSCRIPTION MANAGER . . . STEVE E. MULLEN

Authorized as Second Class Mail, Post Office Department, Ottawa

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

SUBSCRIPTION RATES ..... *25 cents per copy* ..... *$2.00 per year*

Printed by The Register, Berwick, N. S.

TABLE OF CONTENTS

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.

In September, our staff was augmented by Mr. Ronald Gerrard as Administrative Assistant. Mr. Gerrard has a Bachelor of Commerce Degree and is a chartered accountant. He comes to us with an enviable record as a University professor both from the point of view of his teaching ability and public relations. His wife, who was Donna Haines before he changed her name, was a member of our secretarial staff a few years ago. They have one child. The Gerrard family are a welcome addition to our Sanatorium community.

* * *

Dr. C. A. Wicks, Medical Superintendent of the Toronto Hospital for Tuberculosis presented to the Canadian Tuberculosis and Respiratory Disease Association some interesting figures regarding global tuberculosis. He pointed out that three million persons die of tuberculosis each year and fifteen million new active cases of the disease develop each year. One and a half billion persons harbour the germs of tuberculosis in their bodies. The incidence of tuberculosis in developing countries is one hundred times greater than in affluent countries where approximately $5.00 per capita is spent on the anti-tuberculosis program as compared to 5c per capita per year in developing countries.

In all of Canada for 1966, there were 669 tuberculosis deaths, a rate of 3.3 per 100,000 population. During the same year 4517 new active cases of tuberculosis were discovered and 769 previously healed cases reactivated their disease.

* * *

Another big day at the Sanatorium occurred during the last week in August when our Maintenance Staff and the contractor tried to get a 2300 pound steam autoclave from out-of-doors up to our third floor operating room suite. Eventually they ended up by lifting it with a "three storey crane" from the ground onto the top step of the main entrance, behind the hand rail, pushing it on rollers into our elevator with two inches to spare all around and some five hundred pounds overloaded. When it reached the third floor no one wasted any time rolling it out and getting it onto the good solid floor. It is said that our Chief Engineer, Charlie Sheffield, lost seven pounds and gained seven thousand grey hairs during the procedure.

* * *

The operating room suite, during the summer, has been rewired, repainted and a new autoclave and water distiller installed. It is too bad that patients have to go to sleep while there as, otherwise, they might enjoy all this. In any case, I am sure that they are glad to know that their interests are being looked after whether they are asleep or awake.

* * *

The Canadian Tuberculosis Association has changed its name to the Canadian Tuberculosis and Respiratory Disease Association. The comparable association in the United States has made the same change as have a number of provincial tuberculosis associations in Canada. This is in recognition of the fact that many lung diseases resemble tuberculosis and many also complicate tuberculosis. Professional staff members of tuberculosis hospitals and clinics are especially qualified to diagnose and treat these other chest conditions and there are beds available in most tuberculosis hospitals to look after such cases whereas general hospitals are overcrowded. On the National level, the names "Sanatorium" and "Tuberculosis Hospital" are gradually disappearing to be replaced by designations more appropriate to their proper participation in the broader fields of medicine especially diseases of the chest and chronic diseases in general. In some of the large university urban areas, general hospitals are developing respiratory disease units. These are modern trends which should not be resisted. We must never, however, lose sight of the fact that chronic chest diseases (tuberculosis, chronic bronchitis, emphysema, asthma, sarcoidosis and others) require the attention of professional staffs who are not only knowledgeable but also are interested, patient, and perservering because the diagnosis and treatment of such conditions involves the physician and the patient in a continuing program on a very long term basis.

(Continued on page 4)

Tuberculosis 1968 - Challenge and Change

J. E. HILTZ, M.D.

(An address presented to the Annual Meeting of the New Brunswick Tuberculosis Association in Fredericton, September 25, 1968)

Firstly, may I say how good it is for me to have the opportunity of renewing old acquaintances and to experience the stimulation of participating in a meeting of persons who are voluntarily giving of their time and talents to further the cause of tuberculosis control in our sister province of New Brunswick.

The late Eddie Cantor was a superb comedian but he was also somewhat of a philosopher. He it was who said that "Service is the rent we pay for our room on earth." Those of you who contribute so freely to our tuberculosis work are certainly paying your rent and I wish to acknowledge a special debt to you today.

Some of you may be relatively new to this work. To you, I would say that tuberculosis presents us with a great challenge today, even as it did years ago. Some of you may be able to look back on the changes which have taken place since even before I entered upon tuberculosis work thirty-three years ago. With you, I would agree that it is sometimes difficult to face up to change, even important change, and bring ourselves to accept it.

Anatole France said that "all changes, even the most desired, bring with them some sadness, for we are leaving behind part of ourselves." How true! However, open mindedness is not empty headedness and we must be prepared to accept all reasonable change.

It has been said that the only difference between a rut and a grave is its length.

Sir Hugh Foot (Lord Caroden, the United Kingdom representative to the United Nations) in his book "A Start in Freedom" quoted Sir Francis Drake in the following words:

"O Lord God, when thou givest to thy servants to endeavour any great matter, grant us to know that it is not the beginning but the continuing of the same unto the end until it is thoroughly finished which yieldeth the true glory."

Knowledge is now doubling every eight years. A fast reading scientist spending eight hours a day would take about 1800 years to read the scientific literature published in the year 1967 alone.

Here then are our problems. The new scientific knowledge, and this includes information about tuberculosis, is vast in extent. We must have an open mind to recognize and accept changing methods of prevention and treatment of the disease when such change is indicated. We have a vast assembly of interested and devoted persons anxious to help if they may be given guidance and moral support. The beginning has been made, the end is not in sight. There is fulfillment for all who wish to participate.

Before approaching any problem one must define it. The tuberculosis situation is not the same in all parts of the world nor in all parts of our own country. What are proper procedures in India or China may be entirely inappropriate in New Brunswick. This is what is sometimes so very misleading with statements given out by the mass media. They may apply to India or Ceylon or Timbuktu but the authors do not tell us this and the reader or the listener may be led to assume that the program mentioned should be put into effect in his own home town.

India has a population of 450 million persons. Five million of them have tuberculosis. One to two million have large numbers of tubercle bacilli in their sputum. One million of them die of tuberculosis each year. Another million develop tuberculosis annually. The whole country has only 30,000 tuberculosis treatment beds and 100 clinics. Why then should that country not be permitted to try control methods and treatment methods which would be singularly inappropriate in New Brunswick or Nova Scotia where our populations approximate only 700,000 persons and we probably have in each Province

less than 500 persons whose tuberculosis disease has not reached the completely inactive stage where it does not require drug treatment any longer.

In India, there are tremendous programs for B.C.G. vaccination of persons against tuberculosis. Over 80 million persons have been so vaccinated and thereby given some degree of protection from the vast amount of tuberculosis by which he is surrounded.

In Nova Scotia or New Brunswick there are probably not more than one hundred persons who excrete the germs of tuberculosis in their sputum any one time. How much less urgent then is the need for vaccination here although it does have a limited place in our programs of prevention.

Our problems may be less in New Brunswick and Nova Scotia but we still do have problems both large and small. Dr. John W. Davies has reported 24 outbreaks of tuberculosis in Canada during the early 1960's. These involved over 1,300 persons at risk, with the development of demonstrable tuberculosis in 308 persons. Porth reported upon eight epidemics yielding 93 cases of tuberculosis in Saskatchewan between 1963 and 1966. Last year in Nova Scotia, an epidemic of tuberculosis in one rural high school with 574 pupils sent 35 students to the Sanatorium with tuberculous disease and 201 other students had to be placed under treatment at home. Treatment of all students has now been completed. All who were Sanatorium patients have been sent home. All have done well but this epidemic represented quite an experience for the students, the community and for us. No doubt you have had similar although, I would hope, lesser outbreaks in New Brunswick. It could happen in your home community or mine. We must be prepared to head it off or cope with it if and when it happens.

In most of India, due to lack of treatment beds, even most far advanced cases of the disease are treated at home but this is not necessary in Canada where needed facilities are available. It is granted however that a larger proportion of any Canadian patient's treatment period may be carried out at home than was the case even ten years ago; but this too may present us with problems.

It is easy enough for most patients to continue drug treatment faithfully while they are in a tuberculosis hospital surrounded by other patients who are doing the same and with their morale supported by medical and nursing staff. How different it is when they are at home, going it alone, especially if family and friends are not aware of the tremendous importance of continuing their drugs uninterruptedly to the end of treatment without fail. To be delinquent in this regard may lead to the development in the body of tubercle bacilli which are resistant to the drugs and no longer respond to them or it may lead to an early relapse of their tuberculous disease.

Here is evident the great need of good Chest Clinic services. Each patient, even after his tuberculous disease is healed, must have at least a yearly chest x-ray and sputum examinations for the rest of his or her life. While still under drug treatment at home he must be supervised more carefully with clinical assessments every three to four months and sometimes oftener. During the interval between examinations, he should be seen frequently by medical or nursing staffs to encourage him to be faithful in the following out of treatment routines. If he has failed to do so for some reason, he must be convinced to restart treatment as soon as possible.

A man who has made a mistake and does not correct it is making another mistake. We must help him not to make the second mistake.

There are changes afoot in the tuberculosis field. There are places in Canada and the United States where there is very little tuberculosis or should I say that there is less tuberculosis than can occupy the energies of the voluntary and official workers.

Even though there has been very little change in the number of new cases of tuberculosis found in Canada over the past five or ten years, varied and effective forms of drug treatment have made it possible for a larger percentage of each patient's treatment period to be spent outside the tuberculosis hospitals. The same number of patients, therefore, can be treated in fewer beds. This has made tuberculosis beds and tuberculosis physicians, with their special skills, available to diagnose and treat patients who have other chest diseases such as lung cancer, chronic bronchitis, emphysema, lung abscess, chronic pneumonia, sarcoidosis and similar conditions.

The tuberculosis physician, then, in

many areas, has become a chest disease physician or for short, a Chest Physician. The tuberculosis clinic has become a Chest Clinic, and many tuberculosis hospitals are becoming Hospitals for Chest Diseases. In addition, many large general hospitals are setting up Respiratory Disease Departments. At the annual meeting in Vancouver in June, 1968, the Canadian Tuberculosis Association became the Canadian Tuberculosis and Respiratory Disease Association. This is change. Also, it is a good change. This is progress.

In regard to the disease tuberculosis there are two types of programs. One of these is directed against the spread of tuberculous infection to uninfected persons. The other is directed toward helping people recover completely from their tuberculous disease. These programs are interdependent. To sponsor one to the exclusion of the other would be doing only half a job. Not only must we keep a tuberculous patient from spreading his germs to others, we must return that patient as nearly as possible to complete health, we must do it as quickly as it can be accomplished, and we must see to it that the healing of the tuberculous disease is so firm and so certain that the patient does not have to face another period of treatment.

We have a slogan at the Nova Scotia Sanatorium "Once on the cure is enough."

It would be presumptious for me to try to tell you what you should be doing as members of the New Brunswick Tuberculosis Association. You should be doing what you are doing — only more so if and when you can. There is still need for great personal effort by interested citizens on behalf of their less fortunate fellow men and women. There is great need for more money to support your present efforts in Case Finding, in Health Education, for Rehabilitation, and especially to support research in respect to chest diseases. When we think about how fortunate we are in Canada let us not forget those in other parts of the world who are less fortunate than we are as far as tuberculosis is concerned. There are people in Asia and in Africa who are depending upon Canadians for a helping hand. The Canadian Tuberculosis and Respiratory Disease Association has international commitments in which we should be proud to participate.

May I leave this thought with you,

"An infant born today in Canada may be expected to live for seventy years. To infect this child with even a few tubercle bacilli this year will postpone the day of eradication of tuberculosis from our country for another three score years and ten —at any time during which the infected individual could break down with tuberculosis and even spread the disease to others. Here is our real challenge.

Rostand exclaimed "Science has made us Gods before we are worthy of being men." Here, too, lies a challenge. We have a debt to our fellow men as we pay for our room on Earth.

THE CRACKER BARREL

(Continued from Page 1)

Mrs. Hiltz and I enjoyed ourselves very much indeed as guests of the 1968 B Class of Nursing Assistants on the occasion of their formal dinner dance at the Cornwallis Inn on September 21st. Most of these young ladies will be leaving us before the end of the month and we wish them well as they go to various hospitals throughout our province and elsewhere. It was a splendid occasion and everyone seemed to be having such fun. My wife whispered to me, "My! Don't they look wonderful. What an attractive group of young people," which is quite a compliment coming from one woman about other women!

* * *

Our thanks are extended to the Walter Callow Buses for their kindness again this year in coming to the Sanatorium to take our patients out for drives throughout the beautiful countryside. Groups went out on two mornings and one afternoon. Indeed some patients were fortunate enough to go along twice. Coffee break lunches were provided by Miss Quinlan and her staff.

Happy people don't bother to add up their troubles — they just count their blessings.

Rev. G. E. Saulnier conducting mass on Sunday morning in the Sanatorium Chapel

FAITH

Faith is the source of inner strength
By which man runs his vision's length,
The will to try his dream again
Though fates deny it ten times ten.

Faith is the bridge 'twixt thought and act,
Experiment and discovered fact,
When grasp falls short and failure's known,
The best support a man can own.

Faith is the dim light in the room
Where all is fear and doubt and gloom,
Amid the dark when hope seems gone,
Faith is the spark that leads man on.

—Edgar A. Guest

Doctor: "You should take a hot bath before retiring."

Patient: "But doc, I won't be retiring for another ten or fifteen years."

THANKSGIVING

Now thank we all our God,
With heart, and hands, and voices,
Who wondrous things hath done,
In whom His world rejoices;
Who from our mother's arms
Hath blessed us on our way
With countless gifts of love,
And still is ours today.

— Martin Rinckart

He who has health has hope, and he who has hope has everything.

—Arabian Proverb

Question Box

J. J. Quinlan, M.D.

Q. Does the sputum have to be negative before an operation can be done?

A. It is presumed that the type of operation referred to is lung resection, and it is preferable that the sputum be negative before this type of surgery is carried out. Fortunately, conversion of the sputum from positive to negative is one of the earliest results of adequate drug treatment, and consequently the great majority of patients undergoing resection for pulmonary tuberculosis do have a negative sputum.

The presence of tubercle bacilli in the sputum, however, is by no means a contraindication for resection. As a matter of fact, one of the more urgent indications for removal of the diseased lung tissue is the persistence of tubercle bacilli in the sputum in spite of prolonged and apparently thorough chemotherapy.

Q. Have you ever heard of bed rest being harmful to a tuberculosis patient? Does prolonged bed rest have any effect on the heart?

A. With reference to the first part of the question, it would be most unusual if bed rest has ever harmed a patient with tuberculosis. In the days before drugs were available, the treatment for tuberculosis was bed rest with its resultant rest of the lungs, and surgical collapse treatment which was so frequently carried out was designed to bring about more complete lung rest in suitable patients.

It is possible that the type of bed rest common in the treatment of tuberculosis prior to 1950 where the patient frequently was not allowed out of bed at all for many months may have adversely affected the heart, but certainly the modified bed rest which is a part of today's treatment would have no such result.

Q. Is a person ever completely cured of tuberculosis, or do the drugs merely localize the disease and place it in a dormant state?

A. It is quite possible for complete cure to occur in tuberculosis. This would be evidenced by the fact that the tuberculin test originally positive becomes negative in the absence of the other rare circumstances which alter tuberculin sensitivity. More commonly, the disease is localized and walled off, so that the possibility of future reactivation exists. This circumstance is one of the more important reasons why removal of these residual lesions after adequate drug treatment is advocated at our institution.

Q. Can one who has had tuberculosis and undergone treatment ever return to his normal work — in my particular case as a heavy equipment operator, where one works long hours, sometimes under very adverse conditions, such as wet weather, mud, or dust?

A. The object of the modern treatment of tuberculosis is to return the patient to full normal life with the fear that he will ever break down again very remote. To me, normal life implies that the patient returns to the occupation for which he has been trained or is best suited. While the conditions mentioned above are rather rigorous, it is unlikely that a well-treated and inactive tuberculosis lesion would break down under them.

Q. What are the chances of being reinfected with tuberculosis after leaving a sanatorium, or of infecting others? Would it not be more expedient and less expensive, and mean a shorter stay for the patient, if the diseased portion of the lung were removed by surgery rather than continue on drugs?

A. The chances of being infected with tuberculosis a second time are very small and probably nonexistent. When an individual develops tuberculosis a second time, there has been reactivation of his original disease.

With reference to the second part of the question, we have frequently advocated lung resection to prevent future reactivation. This is particularly so in the young patient who develops solid disease during the course of his treatment, where cavitation in the lung persists, or where irreversible damage has been done by the tuberculosis infection as evidenced by such conditions as bronchiectasis.

"Procrastination is the art of keeping up with yesterday." — Marquis

TUBERCULOSIS AND ALCOHOLISM

An Important Frontier

A is a fairly well-to-do businessman who has inactive tuberculosis. Indications are also that he is addicted to alcohol, although he has never admitted it and is unwilling to talk about it. During the few months he spent in the hospital for treatment of his tuberculosis, he was a comparatively "good" patient. It was suspected that he drank surreptitiously, but he was never a big behavior problem.

Eventually, however, **A** left the hospital against the doctor's advice, and soon after he stopped taking his drugs. When he was last seen, he maintained that he felt very well; he was confident that he had the tuberculosis beaten. But it is now some time since he has reported for a medical checkup.

* * * * *

B was a tuberculosis alcoholic, the so-called "recalcitrant" type of patient. He, too, had a promising business career, but it gradually went down the drain as the bottle took over his life.

Some 15 years ago, **B** was admitted to sanatorium with moderately advanced disease. From the start he was a very difficult patient who exasperated the hospital staff, disrupted the ward routine and upset other patients. He stole away from the hospital over a dozen times during the following 10 years, was brought back or returned on his own, greatly the worse for wear — and each time swearing to turn over a new leaf. The doctors tried to help him and at one point had him committed to phychiatric hospital for treatment. Nevertheless, the tragic result was that the patient died during what should have been the prime of his life.

* * * * *

Here are two cases of the tuberculosis alcoholic — one admittedly an extreme case, but not rare. Somewhere between are the stories of many other men and women from all cross sections of society who suffer from this tragic combination of diseases. They constitute a large proportion of problem patients in sanatoria today — not because alcoholism among tuberculosis patients is new, but rather because, as advances are made against tuberculosis, health workers see the tuberculous alcoholic as one of the biggest obstacles to tuberculosis control. If his tuberculosis remains undetected or if he rejects treatment (as he may do), he is a danger not only to himself but to the rest of society.

There is no absolute profile of the patient with combined tuberculosis and alcoholism. He may come from any walk of life, he does not necessarily fit into the Skid Row category. In fact, according to one survey of alcoholics in a mental hospital, only 29 per cent were found to be unemployed. Thirty per cent were semi-skilled workers, 11 per cent were skilled workers and 24 per cent were housewives. Sixty-three per cent were married.

Experiences have shown that some alcoholics in sanatoria have been good patients and were apparent treatment successes. The greater majority, however, were difficult to manage. They rebel against sanatorium treatment, are unable to adjust to sanatorium life long enough to benefit from drug therapy, and so they leave the hospital against medical advice. Their relapse rate is high. One two-year study in Austria, for example, reported a relapse rate of 58 per cent in alcoholics, as compared to six per cent in other non-alcoholic patients.

Just how big a problem is tuberculosis and alcoholism in Manitoba? According to a special study carried out three years ago by Dr. T. A. Pincock, medical director of the Alcoholic Foundation of Manitoba, there is a higher than average incidence of alcoholism and problem drinking among patients admitted to the Central Tuberculosis Clinic in Winnipeg.

Of 306 patients studied over a two-year period, 32 were discovered to be alcoholics. This frequency, said Dr. Pincock, is five times that estimated in the adult population of Canada. One would ordinarily have expected to find six alcoholics among the 306 cases studied.

Of white males with tuberculosis, Dr. Pincock found 14.8 per cent were alchoholics, which is much in excess of three per cent estimated by the Ontario Alcoholism and Drug Addiction Foundation to be the prevalence of alcoholics among the adult drinking population of Canada.

Of Indian males with tuberculosis, 19

per cent were classed as alcoholics.

And of all alcoholics studied, 92 per cent were addicted before their tuberculosis was discovered.

Studies conducted elsewhere have shown a higher than average incidence of tuberculosis among alcoholics, as well as a high incidence of alcoholism among hospitalized tuberculosis patients. In Massachusetts, for example, tuberculosis patients admitted to state, county and municipal sanatoria between June, 1958, and February, 1959, showed an alcoholism prevalence of more than 28 per cent. At about the same time in the Tuberculosis Hospital at Oak Forest, Illinois, 25 per cent of those hospitalized were classed as alcoholics.

TB alcoholics, of course, must be treated as people with two illnesses, and it is necessary that they receive treatment for those illnesses concurrently. Treatment for the alcoholism, it is said, must begin as soon as the patient is admitted for treatment of his tuberculosis, and in this respect the TB physician relies heavily on the assistance of psychiatrists and such special organizations as Alcoholics Anonymous.

But it is up to the physician to help the patient become open to treatment. A negative attitude, say experts, is only likely to cause or intensify "recalcitrant" behavior.

In a paper on Tuberculosis and Alcoholism, Dr. A. W. Stinton, associate professor of medicine at Temple University School of Medicine, said that it is the doctor's duty to get to know all about his patient and his background, and to establish and maintain a genuine relationship with him —a relationship that "leaves no doubt that the doctor's concern for him exists, and exceeds the mere fulfillment of a job."

"It may be that the unfailing interest and concern of the doctor makes the patient appreciate — consciously or unconsciously — the fact that it may be possible to change," he said.

"The mere presence of someone who truly cares whether he succeeds or fails may supply an incentive that never existed before. Though he may not say it, or even know it, the alcoholic, like practically everyone else, wants to be valued, accepted and loved. The physician may not be able to help in specific terms in every step along the way, but simply by sticking by the patient as he moves forward and back, or doesn't move at all, may be the best kind of help he can offer."

The treatment of alcoholism today is perhaps as nebulous as the treatment of tuberculosis was in the earlier part of this century. But because workers in the field of tuberculosis had the courage and optimism to challenge what was thought to be an incurable, hopeless disease, we are now in a period of history where we can look forward to its conquest.

Surely it is the same sort of positive, hopeful and helpful attitude that is needed most in dealing with the problems of alcoholism.

—SBM News Bulletin,
via Sanatorium Outlook

HEALTH RAYS GOLDEN JUBILEE FUND

In our previous issue it was explained that *Health Rays* Magazine will be celebrating its 50th Anniversary next year. The Jubilee Fund is being set up in order to place its financing on a sound basis. The Fund will be in the form of an endowment, the interest from which will be used to meet operating costs. Our objective is $20,000 which should yield about $1400 annually.

Already, before the previous issue had gone to press, a donation of $10.00 was made to start it off. Surely there are enough interested patients, ex-patients, staff, ex-staff and friends of *Health Rays* to make it easy to reach our objective before the end of 1969. Indeed, it would take only two hundred donations of $100 each to put us over the top.

Those who contribute this sum or more will be designed as "Century" Patrons and all others will be listed as Patrons. No amount is too small to be received thankfully. An official receipt will be issued.

Please address your contributions to:
Health Rays Jubilee Fund,
Health Rays Magazine,
Nova Scotia Sanatorium,
Kentville.

Report of contributions received to September 15th.:

"Century" Patron. nil

Patron. Mr. Gregor Miller, in trust.

Two taxis crashed into each other. "Whatzamatter?" one driver hollered to the other. "Ya blind?"

"Blind?" the other countered. "Hit ya, didn't I."

Editorial Comment

Our first issue of Health Rays has come from our new publishers, the Berwick Register, and we are well pleased with its appearance. One's first impression is that it is somewhat slimmer, but those of us who prepare the material know that there is at least as much reading material as in previous issues. Only the advertising has been eliminated and there are fewer blank spaces. One of the things we were sorry to give up for the sake of economy was the selected poem on our leading page. We realized that it was not exactly practical to devote a whole page for one poem while crowding a great deal of material on other pages, but 'tis hard to be practical all of the time!

We are very much pleased with the support received from nearly all of our former advertisers, by way of sponsoring full, half, and quarter pages in our magazine. The response has been most gratifying and your help will go a long way toward balancing our budget.

* * *

We would like to include more original material in our Health Rays and Dr. Hiltz has suggested a number of topics which would be appropriate for various staff members. We wonder if there are any patients who would like to write something for publication. Certainly it makes for much more interesting reading when an article is written by someone who is known to us. Perhaps you would like to suggest topics that you would like to have someone write about. Incidentally, it is with some relief that we realize that there are relatively few people who write effortlessly for publication. Many of those who appear to write in a smooth and flowing style are spending hours frowning at their typewriters, or pacing the floor with tape recorder in hand. So take heart, would-be writers — take pen in hand and try writing something!

* * *

As promised last month I am writing something on our trip to Newfoundland and on the Atlantic Rehabilitation Workshop. Using part of my vacation we were able to spend ten days there and were able to visit a number of interesting places off the main route. I was much impressed by a number of things: the Trans-Canada Highway from Port aux Basques to St. John's is excellent, with only a few short stretches under construction. It is a high-speed highway and most of the long grades have a third lane for slow traffic. It is about 550 miles between those two points and there are surprisingly long stretches with no sign of habitation. It looks like excellent hunting and fishing country as we know, of course, it is. Somehow I had expected to see wildlife along the way — not that I particularly wanted to — but I saw only one dead bear by the roadside and one live fox. From many hilltops one can look out over miles of barrens where one would think that anything larger than a rabbit would be visible but I saw none.

I was impressed also by St. John's which has changed a good deal since I last spent some time there thirteen years ago. Memorial University, where our meetings were held, is entirely new and has excellent facilities. One cannot understand why students would have any cause to protest if other universities are as good. Most of the public buildings in the city appear to be new as well and there are some fine shopping centres.

There are many fine Provincial Parks, as well as the Terra Nova National Park and I feel that each year more and more visitors will be going to Newfoundland for camping. The park sites have been well chosen and upon driving a short distance from the main road one is suddenly aware of the restfulness of the complete silence. This must be a totally new experience for some of the visitors who are accustomed to the constant noise in the larger cities. As I think about this I am not sure if they would like complete silence or not, but I think it is a pleasant change to most motorists and to most city dwellers.

* * *

We were sorry to lose Rev. J. Austin Munroe, upon his transfer to Lunenburg. Rev. Munroe, while rector of the Anglican Church in Wolfville, has been one of our chaplains at the Sanatorium and will be greatly missed.

At the same time we are pleased, of course, to welcome as his replacement the Rev. W. A. Trueman.

Keep away from people who try to belittle your ambitions. Small people always do that, but the really great make you feel that you, too, can become great.

Mark Twain

Walter Callow

For years on a hospital bed he has lain,
Where he, all the rest of his life, must remain.
Unable to move and devoid of his sight
He never is heard to complain of his plight.
That's something, I'm sure, that he never will do —
It's not in the make-up of Walter Callow.
This man doesn't reckon that he's on the shelf,
Nor does he take time out to pity himself;
He's too busy planning to do what he can,
To lighten the burden of his fellow-man.
His thoughtfulness urged him to do something for
The service men, during the Second World War.
A fund that he started proved fruitful, indeed,
For, through it, the boys got the smokes they would need.
His famed wheelchair coaches have answered the prayer
Of many a shut-in, submerged in despair.
Today those unfortunates get to a beach
And places they, otherwise, never would reach,
All this, through the efforts of this man who lies
Where he'll see no flowers, no blue summer skies.
If you're one who grumbles when rain starts to fall —
Or sometimes you feel that you're tired of it all,
Just ask God's forgiveness and pray that you, too;
May have faith and courage — like Walter Callow.

— Danny W. Boutilier

* * *

(Walter Callow died at Camp Hill Hospital nine years ago. The Callow buses visit the Sanatorium each year to provide outings for our patients.)

A haze on the far horizon,
The infinite tender sky,
The ripe, rich tint of the cornfield
And the wild geese sailing high,
And all over upland and low land
The charm of the goldenrod.
Some of us call it autumn,
And others call it God.

—Mildred Jarvis

Callow Bus Rides

Once again we were privileged in having the Callow Veterans and Invalids Welfare League coaches visit the Sanatorium to take our patients for drives. We were fortunate too, in having ideal weather during the two days, September 17th and 18th. I think that this was the first year that we had such full attendance on the drives. That is, in making up the lists we frequently put down more names than the coaches actually have space for, knowing that when the day arrives there will be some who will not be able to go for a variety of reasons. This year was the exception — practically everyone on the list was present for each of the three drives, and some patients went on more than one drive.

Rehab staff members accompanying the patients this year were Miss Marguerite MacLeod, Curtis Gaul and Stan Robichaud. They reported that everyone had a good time, and enjoyed the lunches prepared by our Dietary Department.

Our sincere thanks to the officials of the League and to the congenial Hostess Mrs. May and Driver John Dunbar.

AUTUMN

Autumn days have come so soon
Now roses fade and asters bloom,
Leaves are changed from green to red
Autumn came and summer fled.
The sun shines dim through hazy skies
And Southward bound the wild geese fly.
Autumn flowers—they fade we know
When winter comes with frost and snow.
Yes, seasons change, and so does man.
We know it's part of God's great plan.

— The Stethoscope.

HARVEST DAYS

The wind is blowing mournfully
Across the dying fields;
Reluctant, glowing Summer
Her place to Autumn yields.

The vegetables and fruits are in —
The corn leaves rustle, sere;
Ripe, golden grain o'erflows the bin —
Rich harvest days are here.

— Irma A. Pilkington

Chaplain's Corner

HOW DO YOU FEEL ABOUT PRAYERS?

Rev. F. C. Fenerty, Bethany Memorial and Alton Baptist Churches

How do you feel about prayer? Do you feel it to be a real link between you and God, or is it just "words" that you say because of habit? This is important, for it determines the use you make of prayer, and what you receive from it. And it is doubly important for you in the San because your sickness doesn't interfere with your ability to pray, but rather gives you more time to do so. You can test out, and use, this communication line to God in a much fuller way than those whose time is demanded by responsibilities of home and of work. So let us ask: is prayer a personal contact between me and God, or is it a routine "something" that I do because I have always done it — and the difference between the two makes a vast difference to us — and in us.

Many years ago now, I had a Sunday School class of twelve-year-old boys — ten of them — and mostly from homes closely connected with the church. One Sunday we got talking about prayer and, much to my amazement, I discovered that seven of them had given up praying. That really hit me. How could boys, brought up in good homes, get out of the habit of praying at such an age? It bothered me for years until one day I discovered the answer. It was at a boys' camp, and again my group was twelve-year-olds. The subject was "prayer" and I discovered that many of them were still praying their baby prayer, "now I lay me down to sleep", while others had graduated to the point where they were daily saying The Lord's Prayer — and others had quit praying.

At last I had the answer I had been looking for. These boys had been taught their "now I lay me down to sleep" when they were scarcely old enough to lisp the words. Mother or Father would kneel down beside them, and teach them the words. It was cute to hear them say it, and besides it was the thing to do — like giving them pablum. Then, when they became four or five years old, they were merely sent to bed with the admonition, "don't forget to say your prayers" — and they never made the transition from saying prayers to praying. They never saw or heard their parents pray, so they had no further direction — they just continued with their childish prayer until the time came when they said, "this is pretty kiddish stuff for a big boy like me", and they quit. They had never discovered the difference between saying prayers and praying.

I mention this illustration because it is what happens to many people. Prayer has become a meaningless repetition of words, or an emergency call to God, and not the daily source of inspiration and strength that men and women need.

Take yourself for example. How much peace of mind does "saying prayers" give to you? Not too much, I would venture to say. You need a feeling that God is really present, and that your life really counts for something. How much of this feeling comes to you if you merely mumble a hasty prayer before you turn in for the night — the same prayer that you said last night, and the night before — and the night before that? That is no real communication with God, and you know it. It is only a habit that you learned in childhood and have never outgrown.

On the other hand, prayer has a real meaning for the child of God. It is the steady refreshing stream that flows between you and God — and between God and you. It is the line of communication between God and His children. It gives direction to our lives — strength to meet each day — patience to meet and overcome sickness — and, above all, a sense of the worth and destiny of one's life. It is the divine radio station, empowered by the love of God, and tuned in by those who want to hear His voice and receive His blessing — and that direction and blessing only come in part when we make hasty repetitions; it only comes in fully when we, as God's children, say "Our Father", and really speak to Him, and let Him speak to us.

So let us have a good frank look at our prayer life, and see if we are getting all the strength and blessing from it that we should — and may God bless you all as you put to use what you find.

What Thou shalt today provide,
Let me as a child receive;
What tomorrow may betide,
Calmly to Thy wisdom leave.
'Tis enough that Thou wilt care;
Why should I the burden bear?

—J. Newton

Old Timers

Oh, give me a rare autumn day
With the sun and the sky so blue,
And the greenish brown of the maple tree
And the last red rose kissed with dew.

Edna Horvath penned these lines, and as these notes are being written unmistakable signs that the wish expressed in them is about to be fulfilled are all about us—summer flowers are fading, the leaves are donning their gayest apparel, and Anne Marie is back to her books! Although her days are well filled, Anne Marie gives reporting for this column a place of honour in her tight schedule. While week-ending at her home recently, she saw Sister Calixtus of Church Point. Sister Calixtus was a Sanatorium patient in 1949, and still enjoys receiving **Health Rays**. Anne Marie reports that she is looking well.

Others who look forward to their copies of **Health Rays** are Irene (Richards) MacCready and Kit MacLean. Both have renewed their subscriptions. Irene, who was only fifteen years old when she cured here in 1947, is married and the mother of two daughters. For the past eleven years Winnipeg has been her home. Irene says that she thoroughly enjoys reading "Old Timers" and often sees a familiar name. She sends regards to "all the nice people I met while at the San so many years ago."

Kit MacLean of Glace Bay says that she enjoys "all the news and articles in the **Health Rays**, and we pass it on to other interested parties." Her next-door neighbors are Dutch people, originally from The Hague in The Netherlands, and they were very much interested in Mrs. Hiltz's reports on her trips to Europe, especially the one about The Netherlands. Kit and her husband spent part of the month of July visiting their son and family in Ontario, and the remainder of the month at Cape Cod, Massachusetts.

Eulah Hamilton and daughter, Germaine, (better known as "Candy"), were visiting at the San recently. Both were patients here in the earlier 'Sixties.

Peggy (Nicholson) MacKinnon, when on her way to Middleton from Sydney, stopped at the Sanatorium to look up former acquaintances. She visited Peggy MacEachern (switchboard operator), who reported that Peggy N. was well and employed in the business office at Point Edward Hospital.

Among the other ex-patients who visited the Sanatorium while on vacation was Father Charles Cameron of Stellarton, who was here three years ago. Now restored to health, Father Cameron takes time from his duties as curate to play baseball with the boys. Leo Peters and his wife of Cole Harbour also called at the San while on vacation. Leo, who was here in 1950, works at Shearwater, and studies in his off time.

Margaret (Delaney) Chisholm, formerly of Grand Etang, but now of Margaree Forks, was another vacationing ex-patient, who found her way to the Sanatorium. Margaret is well and has a family of four children.

Some of our vacationing staff brought back news of old timers whom they met here and there. Hector McKean of Medical Records saw Ward Schnare of Mahone Bay. Ward was a patient in 1952, and is now in good health.

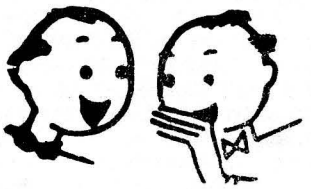
Mrs. Lila Bird, C.N.A., passed on some news of ex-patients she had seen while travelling about the Province. At Murray's Restaurant, Lord Nelson Hotel, Halifax, Mrs. Bird saw Millie Boutilier, who is still the cashier there. Millie wishes to say "Hi" to all her old San friends. Travelling along the South Shore, Mrs. Bird met Frances Manuel, Marie Boutilier, and Gordie Boutilier. Gordie, who was one of the Annex children a few years back, was working at a hot-dog stand for the summer, but was planning to return to school in September. These people all wished to be remembered to their friends. At Bridgewater Mrs. Bird learned that Sam Kadys is well, and has bought a large house and a new car.

Bobby Stitchman of Halifax, who was here in 1967, and his wife, accompanied by Katie and Hugh O'Handley, motored to Judique, Cape Breton, for the Labor Day weekend. While there they saw John MacMillen who was here in 1937; Randy MacDonald and his wife who were both here in 1961; and Daniel John MacDonald who was here in 1950. They are all well. On the way back, Katie saw Nick Pellerine, who was here in 1965, in one of the stores in Antigonish.

Hazel LeFave saw Kay and Gordon Stewart in New Glasgow. The Stewarts had just returned from a three-week holiday in the Bahamas. Kay, who was a patient here in 1952, is employed at the Woolworth Store in her home town, and Gordon, here in 1964, works at Trenton Industries.

(Continued on Page 16)

Just Jesting



John: "What made you oversleep this morning?"
George: "There are eight of us in the place, but the alarm was only set for seven."

* * * * *

Mary: "What's your average income?"
Florence: "Eleven p.m."

* * * * *

Ezry: "So you've got back from the big city, have you Eben? What difference did you find between the city an' the country?"

Eben: "They hain't much difference after all. In the country you go to bed feelin' all in and get up feelin' fine, and in the city you go to bed feelin' fine and get up feelin' all in."

* * * * *

Evelyn: "Won't you have another piece of pie?"
Nina: "No thank you."
Evelyn: "You seem to be suffering from loss of appetite."
Nina: "It isn't loss of appetite. What I'm sufferin' from is politeness."

* * * * *

Rachael: "So the nurse said to me—"How would you like your rice?"
Geraldine: "Yes, dearie, go on."
Rachael: "So I said, quite wistfully, 'Thrown at me, nurse.' "

* * * * *

Mary: "Look at that bunch of cows."
Helen: "Not bunch, herd."
Mary: "Heard of what?"
Helen: "Herd of cows."
Mary: "Sure I heard of cows."
Helen: "I mean a cow herd."
Mary: "What do I care if a cow heard? I haven't said anything that I'm ashamed of."

* * * * *

Mom: Where are you going?
Son: Out to play.
Mom: With those holes in your shoes?
Son: No. with the kids across the street.

* * * * *

Live your life, do your work, then take your hat. — Henry David Thoreau.

The motorist stood at the suburban front door, his hat in his hand. "I'm sorry to tell you," he said to the woman who answered his knock, "but I've just run over your cat. I would like to replace him."

"Well, don't just stand there," snapped the woman, "there's a mouse in my kitchen. Get busy."

* * * * *

His new patient's lengthy list of aches and pains made the doctor suspect that he was dealing with a hypochondriac. Nevertheless he prescribed pills to be taken regularly.

A week later the patient was back—all smiles, "Those pills," he explained, "They're wonderful. I feel like a new man."

"Those pills," said the doctor, deciding to be frank with the man, "are nothing but little balls of bread."

"Good heavens," said the patient, turning pale. "White or whole wheat?"

* * * * *

When supper was served Helen refused a second helping of ice-cram with a polite but wistful "No, thank you."

Do have some more, dear!" her hostess urged.

"Mother told me to say, 'No thank you'," Helen explained, "but I don't think she could have known how small the first helping was going to be!"

* * * * *

A lady driving on Highway 98 was racing along at 98 miles an hour when a policeman stopped her.

"Madam, why were you going so fast?" 'Well," the lady responded, "I saw the sign back there that said '98' and I was just going the speed limit." The cop sighed, "It's a good thing I caught you before you got to Highway 231."

* * * * *

A young man was seated opposite a nice old lady in the chair car. For sometime he sat vigorously chewing gum.

Finally the old lady leaned forward and said, "It's nice of you to try to make conversation, but I must tell you I am stone deaf."

Ins And Outs

Nova Scotia Sanatorium

Admissions: August 16 to September 15

PAULINE FAYE AALDERS, Lunenburg; SAMUEL BALLANTINE, Apt. 7, 1029 South Park St., Halifax (Business address: 5670 Spring Garden Rd., Halifax); MYLES ALONZO BENNETT, Scott's Bay Rd., Kings Co.; DR. ARTHUR JAMES BRADY, 115 South St., Bridgetown; ARTHUR FREEMAN BROPHY, Terrance Bay, Halifax Co., N. S.; MRS. JEAN ANN CHAMBERLAIN, 37 Pioneer Avenue, Rockingham; MONSON JAMES EMBERLY, Dayspring, Lunenburg Co.; BASIL CHARLES FIELDING, R R 3, Harmony Rd., Truro; JOHN ANDREW GOULD, Whycocomagh; MRS. SARAH ANN CLARA GRAVES, 41 Tupper Rd., Kentville; HAROLD CYRIL HUNTLEY, Kinsac, Halifax Co.; PATRICIA MARY JACKMAN, 170 Gannon Rd., North Sydney; ROBERT HAVELOCK JOHNSON, Newport Station, Hants Co.; DR. CLAUDE FRASER KEAYS, 870 Greenwood Avenue, Halifax; JEAN "GENE" WILLIAM MUISE, 12 Commercial St., Yarmouth; MRS. FLORENCE BELL O'REGAN, Joggins, Cumberland Co.; MURRAY JOSEPH MacISAAC, 2057 Oxford St., Halifax; CHANNABASAPPA PUTTAMADAIAH, 6095 South St., Halifax; JANE MARIE ROACH, Park St., Pictou; EVERETT SAMUEL SLAUENWHITE, Billtown, Kings Co.; JOHN MOSHER TAYLOR, Upper Nine Mile River, Hants Co.; MRS. THERESA MARY WARNER, 31 James St., Yarmouth; RAYMOND WESLEY WILLIAMS, East Preston, Halifax Co.

Discharges: August 16 to September 15

MRS. MYRTLE BENT, Paradise, Annapolis Co.; ALPHONSE HAROLD CALLAGHAN, 140 McCall St., New Glasgow; MRS. PHYLLIS ANN CARPENTER, Mount Uniacke, Hants Co.; JOHN ANGUS CHISHOLM, Malignant Cove, Antigonish Co.; JOHN ARTHUR DEVEAU, Weymouth Mills, Digby Co.; ANGUS LUCIEN DOUCETTE, 2713 North Wood Terrace, Halifax; MRS. MATILDA GILLILAND, 1069 South Park St., Halifax; MARY CATHERINE GORMAN, 6583 Quinpool Road, Halifax; MRS. EILEEN MARIE HARRIS, Hortonville, Kings Co.; MRS. MARGARET MARY HURLEY, 9 Ottawa Avenue, Amherst; DR. CLAUDE FRASER KEAYS, 870 Greenwood Avenue, Halifax; FRANCES JANET MOORS, 46 Tupper Road, Kentville; MRS. CONSTANCE EUNICE MacKAY, Falmouth, Hants Co.; BRIAN SCOTT PINNELL, West. Auburn, Kings Co.; CHANNABASAPPA PUTTAMADAIAH, 6095 South Park St., Halifax; MRS. MARY JANET REDDING, Elderbank, Halifax Co.; JOSEPH ANDRE RICHARD, 3239 Union St., Halifax; HAYWARD ROYAL, 729 MacKay St., Glace Bay; JAMES ROY SHAND Lydgate, Shelburne Co.; VINCENT THEODORE SIMMS, 2266 Creighton St., Halifax; WILLIAM HENRY VINER, Woodville, Kings Co.; MRS. SYLVIA JOSEPHINE WATSON, Hilden, Colchester Co.; MRS. ADELIA MARY WHITE, 47 Winchester Avenue, Armdale; ROBERT WILSON, Springhill Junction, Cumberland Co.

INDIAN SUMMER

Along the line of smoky hills
The crimson forest stands,
And all the day the blue-jay calls
Throughout the autumn lands,
Now by the brook the maple leans
With all his glory spread,
And all the sumachs on the hills
Have turned their green to red.
Now by great marshes wrapt in mist,
Or past some river's mouth,
Throughout the long, still autumn day
Wild birds are flying south.

— Wilfred Campbell

A farmer was tearing an old tin roof off his barn when one of his neighbors stopped and asked what he was going to do with the old roof. The neighbor suggested he send it to the Ford Motor Company. He acted on the suggestion, crated the tin, and shipped it to Detroit. A few days later he received a letter from the Ford Motor Company. "Your car," they wrote, "is one of the worst wrecks we have ever seen, but we'll have it fixed for you in a week or so."

What To Expect And Understand After Your Discharge

Michael Linell, M.D.

When you go home you will be advised to see your doctor regularly, and this usually means every two or three months. When you keep your appointment you will be x-rayed, the doctor will interview you, asking you questions relevant to your case, and expecting to be asked questions by you. In addition you may be given a fresh supply of drugs to last you until the time the next appointment and sputum bottles to be returned as directed.

Because it is realized by the health authorities that your illness has been a long and very costly time, these services are provided free of charge.

From what has already been said, some will be disappointed to realize that they are not cured on leaving the sanatorium, and that in a sense the treatment has hardly begun. The tuberculosis germ is one of the toughest of all living things and takes a lot of killing. It is not necessarily killed by the INH, PAS, or streptomycin, and

these drugs do their good work mainly by preventing the tuberculosis germ from reproducing. The final destruction is accomplished by the white cells in the blood, whose special duty it is to eat up any germs in the body.

It is therefore evident that the drugs and your white cells work together in trying to eliminate the tuberculosis germs from your body. If you stop taking your drugs before being told to do so, or if you do not take them in the doses as prescribed, there is the danger that any germs still in your body in semi-hibernation will rapidly regain their old vigor and begin to multiply again, causing a spread of the disease or as it is commonly called, a "breakdown". Supposedly these unlucky people were taking their drugs but, on careful questioning, it is usual to find that the drugs have not been taken regularly or in proper doses.

To return for a minute to the white cells. Like frontline troops in battle, they need plenty of food to make an efficient fighting unit. However, unlike the soldier, the white cell has no chance to rest, neither is he relieved after a certain period of time. The fight is on 24 hours a day throughout the year. A well balanced diet containing adequate amounts of carbohydrates, protein, fats and vitamins is therefore as essential after discharge as before in order to continue the cure.

Again in many of the 'breakdowns' it is painfully obvious that the patient has not been having three square meals a day and that he or she has expected the faithful white cell to continue the good work on any type of "high octane" liquid refreshments.

While you are taking your antituberculosis drugs it is not unusual for your own physician to treat you for some other condition. What drugs he may prescribe for you don't worry, as they will not clash or become involved in any sort of chemical warfare with the drugs you are already taking.

If you catch a severe cold or perhaps influenza, treat the infection with consideration and with more respect than you used to. Don't wait 'til tomorrow before starting proper treatment. Be over-cautious and baby yourself a little. Occasionally, an outpatient will have an odd isolated positive sputum, and this usually happens at the time of a severe chest cold, although there has been no change on the chest x-ray. Remember that "it is better to be safe than sorry." If you are worried about yourself, don't hesitate to request an earlier appointment for your examination, x-ray, etc.

Before leaving the sanatorium your doctor will have discussed with you how much you can do and how much rest should be taken. There are two very good reasons why this advice must be followed. First, rest is still one of the main props in the treatment of tuberculosis and is complementary to the drugs, with three good meals a day. Second, after six months or more in a sanatorium, a person becomes soft and out of training. It takes a long time to build up your powers of endurance and harden up your muscles again. Many people, because they feel fine, try to do too much right away, consequently they tire quickly, become discouraged, worry, and cannot rest properly when they go to bed for fear that something has gone wrong. A boxer trains for months before the big fight and this only lasts for a short while. Remember that you have to get back into training to keep up a substained level of activity for many years to come without harming yourself.

When you are home again a nurse may

visit periodically. It is not unusual for a patient to feel that the nurse is a busybody and that she is snooping. Nothing is farther from the truth, as she is an integral part of of the team whose job in life it is to keep you well. She takes her job seriously and is far too busy to be "snooping". Listen to whatever she has to say as she can help you a lot

In conclusion try to observe the following golden rules:

1. Take your drugs as directed.
2. Eat three square meals a day.
3. Take plenty of rest and don't expect too much of yourself right away.
4. Make friends with your public health nurse.
5. Guard your general health more carefully than you may have done previously. Don't take risks with it.
6. Keep your doctor's appointments regularly and let him know, in advance, if you cannot keep the appointment. His time is just a valuable as yours.

— The Scoop, State TB Hospital, Glasgow, Kentucky.

via OREGON PULSE

OLD TIMERS

(Continued from Page 12)

A former Sanatorium Student Chaplain, Lic. Alton Alexander, was a welcome visitor here in September. After spending the summer in a New Brunswick charge, Mr. Alexander has returned to Acadia University to complete his theological studies, and we wish him well.

Dr. Hiltz had the pleasure of being in Reid's Photographic Studio in Halifax when he was encountered by Warren Manning Schaffner who identified himself as a San patient of 1917. He recalled the old army days when he was Private Schaffner and underwent treatment for six months at the Sanatorium. Two years ago he drove around the grounds and was amazed at the changes. The old "chicken coops" which were erected in 1917 as emergency curing pavilions on Exhibition Street had long since disappeared. Mr. Schaffner is hale and hearty and sends his best regards to any of his old friends here who may remember him.

Mr. Aubrey Sylvanus Ernst of Blockhouse was a patient here for two years during 1954 to 1956, during which time he underwent surgery. He is now the picture of health and is very active operating his antique shop. Recently, he had a long chat in his store with Dr. Hiltz. Among his prized antiques are an old stethoscope with a single ear piece and an old crockery baby's bottle. He sends his kindest regards to all his friends, especially Mrs. Sophie Spencer, C.N.A., who gave him such wonderful attention when he was a patient here.

After a very long absence, Mrs. Sigurd Stein of Denver, Colorado, paid a brief visit to the Sanatorium. Mrs. Stein, the former Borg Neilsen, was on the nursing staff here for three years, leaving in 1929. She saw amazing changes since those days.

Another welcome visitor to the Sanatorium was Donald Silver, who left here some five years ago. Don is Medical Records Librarian at the Fisherman's Memorial Hospital in Lunenburg, and soon will have completed a course in Hospital Business Administration.

Your scribe was pleased to receive a card from Catherine (Mitchell) Tucker, who was here in the 'Fifties. Catherine came down from Massachusetts to spend a week with her mother in Bridgetown. She hopes to get as far as Kentville next year!

And how very nice it was to meet Mrs. Ruby Bleakney of Wolfville, our former pottery teacher, in town one day. Mrs. Bleakney looks extremely well and happy.

Etta and Tom Murray of Nanaimo, B.C., have written to renew their subscription to **Health Rays** and both wish to be remembered to those who were associated with the Sanatorium in the 'Twenties and 'Thirties. They carry on a thriving jewellery business in Nanaimo, and both are active in the Moose Lodge. Tom is Governor of the Lodge.

Another friend of **Health Rays** is Mrs. Julia Helen Doucet, a one-time Sanatorium patient and presently back on the "cure" in the East St. John General Hospital. After receiving assurance that **Health Rays** was still being published, Mrs. Doucet took out a two-year subscription. She, too, wishes to be remembered to her Sanatorium friends, and thought that they might also be interested in knowing that one of her daughters is nursing in a maternity clinic in Lesotho, South Africa.

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. ..... 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
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
JAMES MacDOUGALL ..... Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

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

PROTESTANT CHAPLAIN

Rev. Dale McTavish

BAPTIST

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

ROMAN CATHOLIC

Parish Priest—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 . . .

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**