

NOVA SCOTIA SANATORIUM
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Health Rays



HEALTH RAYS

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.
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.



At the meeting of the Executive Council of the Canadian Tuberculosis and Respiratory Diseases Association in Vancouver, Doctor C. W. L. Jeanes, its Executive Secretary, made a number of observations in his annual report:

"It is sad to report in the Centennial Year there was not a marked

diminution in the number of new cases of tuberculosis found. In fact, the figures have remained almost the same for the past five years with nearly 5000 active cases being discovered each year in Canada.

The actual figures for tuberculosis are:

	1964	1965	1966	1967
New Actives	4451	4803	4485	4700
			(approximately)	
Reactivations	912	900	769	760
			(approximately)	
Deaths	670	697	669	Not available

A true landmark was that for the first time ever, a Canadian Province had no deaths from tuberculosis in a year. This was Prince Edward Island."

Our congratulations are extended to Dr. Eric Found, Director of Tuberculosis Control for Prince Edward Island and to all the other tuberculosis workers there.

He continued, "In the field of respiratory diseases, the greatest avenues of service are in professional and public education and research. A tremendous challenge is presented to the Association in tackling this enormous new field in which, tragically, the problems are increasing tremendously. The deaths from emphysema in Canada have risen six-fold during the past sixteen years. Without doubt, scientific evidence has demonstrated that heavy cigarette smoking is an important factor in this increase. The relationship of chronic bronchitis, emphysema, and lung cancer to heavy cigarette smoking is proven."

"The residual problem of tuberculosis can only be overcome by full co-operation of the public and an awareness that tuberculosis is still a disease with which to reckon."

Nurses Section of the C.T.R.D.A.:

Again to quote Dr. Jeanes "The provincial Nursing Sections of British Columbia, Alberta and Quebec continue to grow and expand their spheres of influence. Nurses in Nova Scotia and Ontario are establishing a Nurses' Section as well. This is to be encouraged."

Mrs. Catherine Boyle, R.N., who is in charge of the Nova Scotia Sanatorium Nursing Education Department, gave an excellent report to the National Nursing Section in Vancouver. She stated "The nurses working in the field of tuberculosis nursing feel the need of a Nurses Section in the Province and it is the general feeling that it should be organized through the Nova Scotia Tuberculosis Association. We would like to see the Nursing Assistants included in such a Section as they work closely with patients and their families and many of them are being employed outside hospitals by the Department of Public Health."

This is good progressive thinking by Mrs. Boyle and our nurses in Nova Scotia. We trust that this program may soon reach maturity.

* * * * *

Recently, I spoke to a patient regarding unbecoming behaviour and was asked what business it was of mine how any patient acted as long as there was no property damage and no one was hurt physically. The answer to this question is fairly obvious. Any right thinking person should be concerned when he sees someone putting his or her reputation in jeopardy. If a person were about to step in front of an oncoming automobile it would be a pretty poor type who would not try to reach out a hand and hold him back. A broken reputation is worse than a broken leg. It takes longer to heal. But as far as I am concerned my involvement goes even beyond the patient concerned. I have a responsibility to see, to the best of my ability, that the environment at the Sanatorium is such that any of you would not mind your mother or sister or child being a patient here if such were medically necessary. I say that I have this responsibility but it must be shared, dear patient, with you and with all other staff members.

* * * * *

We regret the resignation of Mr. Hollo-way Sheppard, Laundry Manager, who leaves us after 28 years at the Sanatorium. Our best wishes go with him.

Inflation Hits Health Rays

For forty-nine years the Kentville Publishing Company has printed *Health Rays*. We have been justifiably proud of the quality of their work and we have appreciated the co-operation which we have always received from their staff. Unfortunately, they have had to increase printing costs to us to a degree which has priced them out of the reach of our pocket book.

It is our feeling that *Health Rays* has an important role to play in the tuberculosis control program and in the dissemination of worthwhile knowledge regarding respiratory diseases in general. It is given to each patient at the Nova Scotia Sanatorium and Point Edward Hospital. Many expatriates are subscribers year after year. It goes to all Health Unit Directors and Public Health Nurses and all staff members of the Nova Scotia Tuberculosis Association. It is found in the Dalhousie Medical Library, the Acadia University Library, the National Library in Ottawa, and the Library of Medicine in Washington. It must not be permitted to expire as long as we can find a solution to its financial problem.

The staff of *Health Rays* has met frequently in order to reassess the situation and find the answer. The main changes to be instituted are as follows:

Beginning with this issue, *Health Rays* will be published by the *Berwick Register* using the offset method. It will be produced eleven times a year on the 15th of the month as in the past. A member of our staff, Miss Helen Smith, who lives in Berwick, will maintain frequent personal contact with our publishers as required.

All patients in Point Edward Hospital and the Nova Scotia Sanatorium will continue to receive their copies at no cost to themselves. It is hoped that they will subscribe to the magazine when they leave for home. The annual subscription rate, commencing October 1, 1968, will be \$2.00. This amounts to considerably less than the cost of publication. Individual copies must now sell for 25 cents.

It is hoped that the reader will notice some happy changes. If present plans materialize there will be more articles which originate locally and fewer "borrowed" from other "San mags."

Except for the Nova Scotia Sanatorium Canteen, all advertisements have been eliminated. I fear that most of our kind advertisers have looked upon their ads as a

charitable contribution to the tuberculosis control program. Most felt that they received very little direct return for the money they spent.

Up to the present, some patrons, instead of running an advertisement, sponsored a page or a half page of reading material. Notable among these were Don Chase Ltd., and the Kentville Publishing Company. We hereby express to them our great appreciation of their interest in our magazine and we trust that others, who previously advertised, may likewise sponsor pages or portions of pages. The cost to them per issue will be: a full page, \$8 per issue; a half page, \$4; a quarter page, \$2.

The new *Health Rays*, although it contains fewer pages, has just as much reading material as in the past due to the elimination of the advertisements and the use of a different type of print. We trust that our readers will continue to enjoy *Health Rays* even more than in the past and that our many friends will rally around in its hour of need. Next year, *Health Rays* will be fifty years old. Let us make its Golden Jubilee the best year yet.

THIS FULL PAGE SPONSORED BY
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THE PROBLEM OF PROBLEMS

All problems become smaller if you don't dodge them but confront them. Touch a thistle timidly, and it pricks you; grasp it boldly, and its spines crumble.

—William S. Halsey

* * * * *

Two men went into a restaurant. One of them said to the waiter: "want a glass of tea, very weak, with a piece of lemon." The other said, "I want a glass of tea, strong. No lemon, but please be sure the glass is clean."

The waiter wrote it all down. He returned in a few minutes with the order and said, "Now which one gets the clean glass?"

* * * * *

Miss Allen: "Would you like wax beans tomorrow?"

Pat: "No, give me the real ones."

To The Graduates

REV. LEONARD F. HATFIELD, D.D.
Dartmouth, N. S.

As President of the Institute of Pastoral Training, I appreciate having the invitation to this closing of the 1968 Kentville course in Clinical Pastoral Education and it is my privilege to say a special word of thanks on behalf of the Institute to Dr. Hiltz and his staff for their continuing generous support of this course year by year.

At the outset I want to congratulate Dr. Charles Taylor, those associated with him in supervision and those who are receiving certificates. I have a sneaking suspicion that those who give leadership in these courses learn as much if not more than they impart. That is, it could be said they use you folks who have taken the course to learn more about the dynamics of human behaviour and it may be that the leaders of the course really should be getting the certificates. That is one reason, I suppose, why they are careful to call themselves "supervisors" and everything else except "slave - drivers," as I am told, they really seem "possessed" with the necessity for innumerable verbatims and interviews, and interactions, etc., etc. I trust that during these weeks all your antagonisms and frustrations have been worked out of you; that all your inner tensions are calmed and that you are now able to accept yourselves in a fairly normal way.

Personally, it is a distinct pleasure to be here because I regard this, your course, as a significant link or unit in a great pattern of training in pastoral care. I wonder if you realize that you are at a centre and a time at which history is being made. You are working with pioneers. Indeed, you yourselves — students, supervisors, and hospital staff — are involved in a developing process that may well revolutionize theological education generally, and not only strengthen and enrich the whole fabric of the Church's life, but may also contribute substantially to the revolution or the reformation (or it may be both) of the Church that would appear to be on the horizon.

Let me share with you a brief historical perspective as I have personally been able to observe this Pastoral Training Movement. When I first went to our Anglican National Office in 1951, Canon Judd, the head of our Council for Social Service, with his imaginative grasp of the potential of this movement, wanted to get training courses established across Canada. He arranged that I should make visits to the New York and Boston centres of the move-

ment in the United States and I had opportunity to see a number of the training programmes in action. The development in Canada was very slow initially. At our national office we did provide some bursary aid for clergy and theological students, but all the while the Nova Scotia programme was taking firm root with Charles Taylor quietly but effectively and wisely laying foundations. He is one of the great Canadian pioneers. He is the first Canadian to be an accredited Chaplain Supervisor and now generations of students are witness to the tremendous value of their training under his direction. In Rev. Howard Taylor, who is with us today, we have as well the first full-time Secretary of a Canadian Institute of Pastoral Training.

We in Nova Scotia have recently witnessed a development in the Institute's programme that is nothing less than an explosion. The highlights are:

(1) The Ecumenical dimension:

To the founding Colleges of Acadia, King's, Pine Hill and the Presbyterian College in Montreal, has now been added Holy Heart Seminary with the enthusiastic support of the Archbishop of Halifax and the Roman Catholic constituency.

(2) Chaplains appointed:

The first full-time Chaplains in the Atlantic Provinces have been appointed under the aegis of the Institute to hospitals in Dartmouth, Saint John, N. B., and Waterville and Kentville combined. This has provided an exciting extension of the Church's pastoral ministry in this all-important area of need and has made it possible for the Institute to offer pastoral training courses for the theological students and clergy in an increased number and variety of centres. Some experiments have been made, too, of training programmes in a congregational setting.

(3) Post Graduate Training:

The Institute is now negotiating with the Colleges concerning the establishment of a Masters Course in Pastoral Training.

(4) Local Chapters and Provincial Branches:

Under Institute auspices Local Chapters are developing for the mutual support of graduates of courses and plans are now being made to establish Provincial Branches of the Institute in the Atlantic Provinces.

All this has tremendous potential for the enrichment and strengthening of the Church's ministering function among the distressed in institutional and community settings and in a preventive way in homes and congregations throughout our land. But, as I mentioned earlier, I believe our Movement has far-reaching implications for a changed outlook and pattern of activity in the life of the whole Church. Let us look briefly at one or two examples.—

I. Theological Education:

The basic approach and methodology of Pastoral Training suggests many lines of future development in theological education. As an example of the ecumenical possibilities, a report on Theological Education presented at the last Synod of the Diocese of Nova Scotia, urged the Diocese to enter into conversations with the Baptist, Roman Catholic and United Churches with a view to a joint training programme for theological students. A recent study of the attitudes of Canadian Anglican Clergy to their Ministry, issued under the title "Taken for Granted," stressed the urgent need of deepening and extending the pastoralia component in theological education. There needs to be, as well, a greater co-ordination of all subject matter in theological education through all the curriculum being related to a practical experience under supervision in the community. Our present and projected programmes point the way to a great extension of continuing theological education. But there will need to be maximum flexibility in times, locales, and available learning experiences at various levels to make universal participation possible.

II. Reformation or Revolution:

We are moving away quickly from the old position where the Church was regarded as a formal structure which laid down set patterns of congregational participation and outreach. Now there is a marked trend towards the breakdown of structures and of old patterns of authority. There is some evidence of a greater attempt to listen to the world and to start with its needs rather than at some pre-conceived and pre-determined position that the church has assumed. If something of what you have been doing here in learning to really listen and be sensitive to real situations in the world around us were to **begin** to permeate the life of the Church, revolution and / or reformation would be inevitable. And as you probably know, theologians are now talking about "a theology of revolution."

III. The Role of the Laity:

I believe we are on the threshold of the elimination of the gap and distinctions between clergy and laity. We are moving

rapidly away from the old idea of the clergy leading and the laity following — more or less! The present trend is perhaps best illustrated in the often-used text in Ephesians 4: 11 and 12.

The Authorized Version: "He gave some . . . pastors and teachers; for the perfecting of the saints, for the work of the Ministry, for the edifying of the body of Christ." A newer translation leaves out the comma after the word, 'saints' "for the equipping of the saints for the work of ministry," but even here the leadership role of the clergy is assumed.

"**Good News for Modern Man**" renders the text: "He did all this to prepare all God's people for the work of Christian service." We are all involved in the totality of the Church's work together.

I envisage the extension of our training programmes to include opportunities for the laity to improve their pastoral skills and to enable them to share fully in a total ministry to people. This will demand a tremendous flexibility in our training programmes; the extensive use of weekends, vacation periods, evenings and so on. Our congregations have to become healing, reconciling fellowships, families and individuals ministering in depth at the level of need of others. The possibilities are limitless and I believe that we in this Movement can point the way.

I know that you are like the Egyptian mummy, — "pressed for time" so I shall close by again thanking you for allowing me to share in these exercises. Congratulations and best wishes for your future Ministries.

(Address at the Closing Exercises of the Summer Course of the Institute of Pastoral Training, Nova Scotia Sanatorium, Kentville, N. S., June 27, 1968)

Tuberculosis and the Drinking Habit

Belting the bottle is a problem you may face. A large number of TB patients do. People who drink too much often do not bother to eat properly or get enough rest. This lowers their resistance, and as a result they may very easily fall prey to tuberculosis. After they contact the disease, they sometimes develop a "What's the use?" attitude and return to the bottle for comfort. But one thing is certain:

You can't kill a TB germ by trying to drown it in booze — TB germs know how to swim!

“DOWN UNDER” Chest X-rays Are a ‘must’

If you don't vote in Australia the fine is \$5; if you don't have a chest X-ray the fine jumps to \$40.

Voting is compulsory in Australia. Having a chest X-ray when a government van visits a territory is compulsory also.

Dr. A. H. McNaughton, deputy director of tuberculosis for the department of health at Victoria, related his country's compulsory system during a recent Vancouver (Canada) visit, as part of a three-month case finding comparative study tour of North American cities.

The electoral roll is used by the six vans which circulate, three in the cities, three in the country areas, through the State of Victoria.

Dr. MacNaughton's health department is now preparing for a second survey of Victoria. The first was in 1963 when the compulsory system was inaugurated.

Dr. McNaughton added: "Wherever we go we hear the comment, I don't know why you didn't do this before." There has been acceptance of the compulsory scheme.

After vans have covered an area those persons whose names have not been struck from the electoral roll as having been X-rayed are sent an inquiry letter with a self-addressed stamped envelope.

If no reply is forthcoming a more forceful letter is mailed a month later. Then there is a visit from authorities, and if there is still no action or valid reason for a person not turning out for an X-ray, the case goes into the law courts.

"Why should conscientious people suffer because the inconsiderate cannot put themselves out for a couple of minutes?" Dr. McNaughton said.

He added that 19 per cent of Australia's population is made up of 'new Australians,' who are accounting for 30 per cent of all new cases of tuberculosis found.

Main incidence of the disease in Australia is among those over 45 where one case of tuberculosis is found among 1400 persons X-rayed in that age group, while in the under 45's there is only one case of tuberculosis uncovered in 3060 persons X-rayed.

Twenty-five new cases in each 100 thousand were discovered in the first round of Victoria, but Dr. McNaughton anticipates this figure will drop about 50 per cent on this second survey.

"Even with this compulsory system in effect," he added, tuberculosis is still a

Health Rays' Golden Jubilee Fund

Health Rays Magazine will be fifty years old in November 1969. At age 49 it almost succumbed to inflation. It is not a profit-making undertaking and it is heavily subsidized in one way or another by its advertisers, its sponsors, the Nova Scotia Tuberculosis Association and the Department of Public Health. These friends of Health Rays are doing all that can be expected of them.

We feel that it is important that Health Rays should continue to provide information regarding tuberculosis and other chest diseases to patients, ex-patients and public health personnel and to serve as an outlet for patients with literary talent. Also, over the years, it has helped develop writing abilities in various staff members. These are worthwhile functions. In it are recorded, month by month, activities at the Sanatorium and developments in the field of tuberculosis control within the Province and elsewhere.

In order to put the financing of Health Rays upon a firmer footing and to ensure its continued publication it has been decided to set up a Health Rays Golden Jubilee Fund for the receipt of donations to further its work. The Fund will be in the nature of an Endowment plan of which the interest only will be used for Health Rays purposes.

Donations to this Fund should be directed to:

Health Rays Jubilee Fund,
Health Rays Magazine,
Nova Scotia Sanatorium,
Kentville, Nova Scotia

An official receipt will be issued for any amount from one dollar upwards.

We are looking to our patients, our ex-patients, our staff members, ex-staff members and friends of the Sanatorium to respond to this request for funds to ensure the longevity of Health Rays which is now the oldest Sanatorium magazine in Canada.

Will you help to make a Happy Fiftieth Birthday for Health Rays? It is depending upon you and its staff thanks you for your interest and help.

long way from being eradicated. People who contract the disease in youth are still liable to break down."

—Your Health, Vancouver.
via Sanatorium Outlook.

Question Box

J. J. Quinlan, M.D.



Q. Is the tuberculin test reliable 100 per cent of the time?

A. A properly administered tuberculin test is extremely reliable in indicating whether or not living tubercle bacilli are present in the body. However, there are occasions when the patient will fail to react to a tuberculin; that is, he will have a negative test when proven tuberculosis is present. It takes roughly three months for sensitivity to develop following infection with tubercle bacilli and therefore in the very early weeks of the invasion the patient will be negative to the test even though he has been infected with living virulent tubercle bacilli. The test may be negative in overwhelming tuberculosis infection such as seen in acute miliary tuberculosis and tuberculous meningitis and in patients dying of other forms of progressive tuberculosis. The tests may be negative during the course of acute infectious diseases complicating tuberculosis, e.g., measles in a tuberculous individual. There are rare occasions when chronic tuberculous disease is present as evidenced by the finding of tuberculosis germs in the sputum and yet the tuberculin test is persistently negative.

At the other end of the scale a positive tuberculin test always indicates the presence of tuberculosis in the body with the qualification that some individuals who are not tuberculous may react positively, usually to a very slight degree, with a very strong concentration of tuberculin.

Q. What is the composition of small WHITE "stones" that may be coughed up occasionally?

A. Broncholiths or "lung stones" are composed mostly of calcium which is present in the lungs as an end product in the healing of the tuberculous lesion. On occasions when one of these stones is coming loose from the lung it may damage a blood vessel and thus produce a pulmonary hemorrhage.

Q. Has expectoration due to tuberculosis any particular color? Can a thick, greenish sputum be negative for tubercle bacilli?

A. Although frequently having a greenish color, sputum containing tuberculosis

germs has no characteristic appearance. It may be very thick and gluey or it may be quite watery with all gradations in between. By the same token greenish pus-like sputum is frequently innocent of any tuberculosis germs.

Q. Do streptomycin and other medications given for the treatment of tuberculosis tend to cause faster pulse, depression and a nervous, irritable feeling in some patients?

A. There are very few drugs given for the treatment of any disease that do not have some disagreeable effects and this is true of the preparations used in the treatment of tuberculosis. While the symptoms of rapid pulse, depression and a nervous, irritable feeling are unusual as a result of treatment with antituberculosis drugs, there is no reason why they cannot occur.

Q. Can a blood vessel give way and cause a lung hemorrhage because of the person's run down condition and not be of tuberculosis nature?

A. A great many pulmonary hemorrhages are due to causes other than tuberculosis. As to bleeding being caused by a "run down condition" much would depend on the cause of this condition. If it is due to disease of the lungs, whether it be tuberculosis, bronchiectasis, lung abscess, pneumonia, to mention but a few, it may well be accompanied by a pulmonary hemorrhage.

BELGIAN SAFETY BRACELET

Researchers in Belgium have developed a bracelet which can slow down a car and bring it to a standstill if the driver is not fit to be at the wheel.

The device monitors the wearers pulse and perspiration and feeds electronic signals along a cable to a control box just below the dashboard. Nothing happens as long as the driver's physical condition remains normal.

However, if he becomes tired or ill, changes in his pulse rate and perspiration are noted and the control box begins to put out warnings.

First a light blinks, then comes a warning whistle, then the car begins to slow.

The gasoline supply to the engine is cut off once the car has stopped and the driver cannot start it again unless he takes off the bracelet.

(From Highway Safety News, May, 1968)

Miss Spence Retires

Miss Madeline Spence, R.N., Director of Nursing Service, Nova Scotia Sanatorium, retired officially on August 31. On Wednesday, the 14th, a host of her friends gathered at a tea in the recreation room of the Dormitory to say good-bye and to wish her well. Farewell gifts were many and varied — flowers from the student nursing assistants, lawn chairs from the certified nursing assistants, jewelry and a purse of money from the general staff, also jewelry from Division 4 of the Civil Service Association, a special polaroid camera from the registered nurses, and a silver sandwich tray from the medical staff. The tray was engraved as follows:

Presented to
Madeline Celia Spence, R.N.
Director of Nursing Service,
Nova Scotia Sanatorium
by the Medical Staff
in token of their high esteem and
a happy relationship
over the past twenty-eight years
August 31, 1968

It has been requested that the letter to Miss Spence as read by the Medical Superintendent be reproduced here as it expressed so well the feelings of the staff. It was as follows:

August 14, 1968

"Dear Miss Spence:

"I find it very difficult to write this letter. In the first place, I do not know how the Sanatorium is going to get along without you and, secondly, it is always difficult to see a close and highly regarded friend leave us to take up residence elsewhere.

"Without fear of contradiction, I can say that no member of our Nursing Staff has ever made any greater contribution to patient care or staff morale than you have done.

"You must have graduated from the Payzant Memorial Hospital with a high resolve to be the best nurse ever to enter the profession in our Province. Later, when working in Cape Breton, you developed tuberculosis which was a misfortune in one way, but at the same time it helped you to develop a great empathy with patients. 'God moves in mysterious ways, His wonders to perform.'

"You have now been a member of our Nursing Staff since December 6, 1939, first as a staff nurse, later as a charge nurse, and then, very early, as Assistant Superintendent of Nurses. During the 1958 to 1959 period you also served as Act-

ing Director of Nursing prior to the time when Mrs. Mack rejoined our staff. Within the past few years, the office of assistant superintendent of nurses has been designated by the fancier title of 'Director of Nursing Services.'

"For over twenty-eight calendar years you have played a very vital part in the work of the institution. I am sure, too, that if we counted up your actual hours of work they would approximate closer to 35 work years. You were never one to spare yourself when there were nursing duties which needed to be performed.

"In a small way at this time I should like this letter to represent a sincere 'thank you' from the host of patients who have known you and your tender care or sympathetic supervision over the years and from all our staff members who have been privileged to be associated with you in your work here.

"You have elected to retire earlier than necessary in order to meet certain obligations at home. This was to be expected of you as you have always taken your responsibilities seriously.

"We all join together in wishing you many, many years of happiness ahead."

September

September veils the sun with gentle mist,
Shadows the vale with amethyst,
Showers the way with golden rod,
Scatters the seeds from summer's pod.

Fills the air with sweet of bitter-bark,
From smoky, burning flame and spark,
Fair sunny September's harvest gold
Falls gently to tears with autumn's cold.

—Frances Delzell Mitchell

The father was scolding his teen-age daughter for her slovenly appearance. "You modern girls don't seem to care how you look any more," he declared. "Why, your hair looks like a mop."

"What's a mop? the daughter inquired innocently.

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Nursing News

This will be news gathered over the summer period as vacations have interrupted our reporting.

During this time several of our nurses have attended conferences either in the Province or beyond. Mrs. Catherine Boyle, R.N., went to Vancouver to the Annual Meeting of the Canadian Tuberculosis Association, and will present her report at an early fall In-Service Conference.

Delegates to the Institutes on Geriatric Nursing in Halifax were Mrs. Edna Comeau, R.N., Head Nurse on First Floor West Infirmary, Mrs. Hartlen, C.N.A., Mrs. Edna Doucette, C.N.A., Mrs. Violetta Hunter, C.N.A., and Mr. Leland Nickerson, C.N.A.

Mrs. Hope M. Mack, RN, Miss Madeline Spence, R.N., Mrs. Catherine Boyle, R.N., Miss Vilda Skerry, R.N., and Miss Gayle Wilson, R.N., attended the annual meeting of the Registered Nurses Association of Nova Scotia in Bridgewater. Mrs. Kathleen Dakin, R.N., Mrs. Maxine Pineo, R.N., Mrs. Eleanor Woodman, R.N., and Miss Eleanor MacQuarrie, R.N., attended the Education Day Program.

The conference held by the Provincial Association of Certified Nursing Assistants at Palmeters Country Home, Kentville, was hosted by the Valley Branch of the Association.

We are pleased to have Miss Mary Spinney, R.N., long-time "special" nurse, back on duty, and hope that Mr. Allan McKinnon, C.N.A., who is presently on sick leave, will soon return, also.

While we regretfully say "Good-bye" to Mrs. Elizabeth Johnson, R.N., who has resigned from the Teaching Staff, and to Mrs. Georgina Young, C.N.A., Mrs. Valerie Gates, N.A., and Mrs. Rose Houghton, C.N.A., who have also resigned, we welcome the following new staff members: Mrs. Eleanor Woodman, R.N., Mrs. Audrey Hansen, R.N., and Miss Lillian Richardson, R.N. With us for the summer months only were Mrs. Carol Fraser, a graduate of Aberdeen Hospital, and Miss Jackie Sheffield. Miss Sheffield has been assisting with the children in the Pediatric Department, and while Mrs. Shirley Clark, R.N., of this Department was on leave, Miss M. Cleyle, R.N., was in charge.

Congratulations go to all our 1969 A student nursing assistants, who have received their caps and will soon start their affiliation period at the Payzant Memorial Hospital at Windsor.

Congratulations also to Miss Somboon Sunthonlap, R.N., on the successful completion of the Post Graduate Course in Tuberculosis, and to Mrs. Cheryl Lamoureux, R.N., on the birth of a son.

Mrs. Hope M. Mack, R.N., had a very pleasant visit with Mrs. Irene Spicer, R.N., at the latter's home in Spencer's Island. Mrs. Spicer asked Mrs. Mack to "say 'hello' to all my friends at the San."

Graduations and reunions are happy occasions, especially when coming together, and Mrs. Catherine Boyle, R.N., was privileged to enjoy such an occasion at the Yarmouth Regional Hospital this summer. Among those returning to their "Alma Mater" were several former members of the Nova Scotia Sanatorium nursing staff: Mrs. Daisy (Marshall) Spinner, Mrs. Oliver (Gibson) Quickfall, Mrs. Donna (Marsh) Manley, and Mrs. Mildred (Feener) MacWhirter.

In August a much-loved member of the Sanatorium nursing staff, Miss Madeline Spence, R.N., retired, after twenty-nine years of faithful service. Miss Spence, who during recent years, was Director of Nursing Service, will be greatly missed by patients and staff alike. May the years ahead be many and happy!

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HARD ON THE HOGS

A farmer had been selling a friend in the city a dressed hog at Thanksgiving time each year. Last fall the hog was not up to standard, and his friend mentioned the fact to the farmer. "I know it," the farmer admitted. "But I'll tell you how it happens. My wife looks after the hogs, and whenever feeding time comes she calls them by hammering on an old tin basin. This summer two of my neighbors bought Ford cars, and now every time they pass the house the hogs think they are being called for feeding, and the poor things nearly run themselves to death."

* * * * *

Dr. Crosson: (while taking history): "Any scars on you?"

Keith: No, Sir, but I have a small package of cigarettes if you'd like one."

Editorial Comment

We hope that you have not been concerned over not having received an August edition of Health Rays. It has been our practice to publish a combined August-September issue, which helps us through the period of summer vacations. Actually, we are pleased that some of you do enquire about an issue that is not received, for this is an indication that you miss it when it does not arrive at the expected time.

As I am writing this the July issue has been distributed to patients and staff but, because of the postal strike, it has not yet been sent to those of you who receive it by mail. We are sorry that this has made it a month late for many of you.

* * * * *

Some changes are about to take place in Health Rays—some of them with this issue, in fact. Those of us who are directly involved in the several aspects of getting this journal out have met together to determine where Health Rays is going — and it has become obvious that it is “going in the hole.” That’s right, we have been showing a loss every month, and this is just not good business. We discussed the several avenues open to us: We could cease publication, but none of us wanted to do this—particularly with our Fiftieth Anniversary coming up next year. We could publish quarterly but this, too, seemed a bit drastic. Or — and here we say it all in one breath — we could change to another publishing company (for a lower price per page); eliminate many of our ads, to have fewer pages; and increase our subscription rate from one dollar to two dollars per year. And this is just what was decided upon! We are gambling that few, if any, of our readers will discontinue because of the increase in price — it being expected that the cost of nearly everything goes upward these days. Presumably the old rate is still in effect until October 1st, for any who wish to subscribe or renew subscriptions before that date.

* * * * *

While we did not completely close our Rehab Department at any time during August we have certainly been operating with a reduced staff. Mrs. Mary MacKinnon was attending summer school for six weeks and has now gained further credits toward a higher teachers’ license. Miss Lauren Dougall spent the first three weeks of August travelling in Britain with her parents. Perhaps we will be able to talk her into writing something of her trip for

our next issue. Mrs. Alta Covert followed her vacation by entering hospital for surgery. We are pleased to hear that she is making good progress and will undoubtedly be back with us by the time this is being read. The rest of us have taken our vacations during August, except for Mrs. Vi Silver who leaves early in September to visit her daughter in British Columbia. Having kept the Rehab O. T. Department open by herself for a good part of August this will be a well-earned trip. As for myself, I am following my vacation with a trip to Newfoundland, by car, where I will be attending the Atlantic Rehabilitation Workshop which is being held in St. John’s during the last week of August. I will plan to write something further regarding these sessions upon my return.

THE BIBLE DISCUSSION GROUP

Near the beginning of August a Bible Discussion Group was organized and met with the student Chaplain in the patients’ dining-room at eight o’clock on Monday evening. All patients who were interested and had their doctor’s permission were invited to come. There was an average attendance of thirteen, and at every meeting there was excellent participation by patients. The meetings were highlighted by the keen questions asked by the patients and the response set off by the student Chaplain’s answers.

The last few meetings were closed by prayer and a lunch was served at the end of the session. At a few meetings a spontaneous sing song added much to the warm fellowship of the group.

The Bible Discussion Group has stirred up interest in many parts of the Sanatorium and, for my part, I found it an extremely stimulating and inspiring experience.

Selwyn Hopkins,
Student Chaplain

As flowers carry dewdrops, trembling on the edges of the petals, and ready to fall at the first waft of wind or brush of bird, so the heart should carry its beaded words of thanksgiving. At the first breath of heavenly flavor, let down the shower, perfumed with the heart’s gratitude.

—Henry Ward Beecher

“The reason of the law is the law.”

—Walter Scott

STUDENT NURSING ASSISTANTS CLASS 1968 B



Front Row Left to Right: Emma Jessome, Mabel DeVoe, Rosemary Turple, Nora Marinelli, Shirley Druggan, Frances MacNeil, Ann Degaust, Judy Gallagher and Verna Hanf.

2nd. Row Left to Right: Mrs. C. Boyle, R.N. (Instructor), Herbert Boudreau, Linda Sproule, Mrs. Donna Taylor, Wilena MacKillop, Mary Anne Blanchard, Anita Rogers, Mary Ellis, Diane Redden, Linda Rideout, Mary Selvage, Mrs. C. Lamoureux, R.N. (Instructor), and Mrs. Hope Mack, R.N., (Director of Nursing).

3rd. Row Left to Right: Mary Peters, Judy Hunter, Heather McNeil, Verna Richards, Jean MacNevin, Mrs. Olive Dugas, Margaret MacDonald, Carol MacPherson, Patricia MacNeil and Jane Harding.

Chaplain's Corner

"THERE IS A POWER"

Lic. Selwyn Hopkins Student Chaplain Nova Scotia Sanatorium

This age we live in is full of many discoveries and we have vast resources of power—electrical energy from huge dams, atomic energy, laser beams, etc. Here at the San we can see the practical use of electrical power in our machines such as the x-ray machine. There is a power in life that is greater than electrical power; there is a power that is greater than atomic energy; there is a power that is greater than violence; there is a power that reaches us despite our barriers and blocks—that power is the power of love.

The power of love when it is alive within a person, radiates with power greater than atomic radiation. At the San you may have all the x-rays you like, but what will really warm us and lift us up out of a lot of our misery and suffering is the love of someone for us. Here at the San you may experience the power of drugs to help you recover from your illness, but all the drugs in the world cannot really cure a broken heart, a lonely feeling, a sense of being useless, and a fear of relating to others. Often times, though we take drugs, our mental attitudes and our deepest feelings of need for love slow us down in our recovery and rehabilitation. A cheerful patient who feels that he is loved and can share his love is often able to cure or become better faster than he would if he felt depressed and useless.

Since the days of the cradle we have all been involved in trying to find love and to be loved. We look out through eyes of despair for some meaning, for some feeling of security, for some love, in a world that seems to forget the worth of the individual and sets up a pace of life that is hard to keep up with. We search for love in our family and often we cannot communicate with or relate to our families. We look for love in sexual relationship, but find it does not satisfy our deepest needs for love. We look for love in what we call the good life of eating and drinking, but all we find is a false sense of security and more problems to deal with.

Sometimes in life we are ready to give up; we are tired of trying to find love and to be loved; we are ready to throw in the towel, but yet we cling to life, desperately wanting to be loved and to love. We feel there must be, and hope with all our might that there is a greater power, that there is love, that life will have meaning and the sun will shine once more.

There is a greater power than our bad

feelings; there is a greater love than human love, for we are imperfect; there is a greater power — that is the love of God.

Even though there are many hard questions to answer — Why is the world like it is if there is a God of love? Why should I suffer? Why am I not better? Why can't I have a happier life?

I feel that God is love and though there are questions I cannot answer, there are things I cannot understand, I know that in Jesus Christ God lived with us — loving us, curing our diseases and making us whole. He suffered with us. Why can't He do that today? I feel that He can and does.

Though we may be here in the Sanatorium, away from home and loved ones, there is a power to be experienced here if we but reach out in faith and accept God's love for us as shown in Jesus Christ, His only Son. The doctors show concern and love for us and are ready to talk with us. Many of the nurses are here because they are concerned for people. The other staff members — cooks, orderlies, secretaries, and others, all have a sense of concern—there is a family sense here of love for one another.

We all need the love of each other and when we come to feel that all true love is grounded in God, that God is the source of all love — that the power of God's love is greater than love of things and human love—then we can experience the power of love in our lives. In the darkness of the lonely night there is a light that shines. In the hour of despair there is a hope of a greater power being with us. In the sorrow of life there is a Comforter, One who is with us. In our need to relate to others there is a way of life whereby we can relate. In the search for a meaning to life there is a deeper meaning than mere existence. In the longing for love there is a greater power than all of our sins — there is the power of love.

Let us take the step to reach our hand out to the loving arms of Jesus. Let us trust Him that He will lead us through our hardships. Let us feel His love bursting within us to warm our lives and those we meet. God loves us despite our imperfections, and those of us who are Christians are called to love one another despite our differences and imperfections.

"God is love." "For God so loved the world that He gave His only Son, that whoever believes in Him should not perish but have eternal life."

Old Timers

Without a doubt the Sanatorium weaves its own peculiar spell about those who spend months or years here in their quest for health. This is amply proved by the number who return, especially during the summer months, to renew acquaintances and revisit the old haunts. Anne Marie tells us that after a fourteen-year absence, shrouded in silence, Donald Brushett dropped in one day in July to visit and show his wife around the Institution in which he had spent five years (1949-54) "battling the bug." Donald, whose former home was in Lower Sackville, Halifax County, now lives in Ontario, where he is employed in a factory.

Vivian Talamini, a 1945 patient, also returned this summer and visited Helen MacKinnon (Lab. Staff) and other Sanites. Accompanied by her sister, Madeline Longmire (who cured here in 1940), Vivian had motored down from New York (was it a white convertible this time, Vivian??? !!!) to spend the summer at Young's Cove. Both ladies were looking extremely well, and Vivian, who attends classes in sewing, was modelling a very pretty dress which she had made.

Two of last year's "graduates" dropped in to visit former porchmates: Mrs. Evangeline Way came down from Stellarton especially to see Florence Belben, Mrs. Way keeps well and does quite a lot of sewing in addition to light housework. Mrs. Linda Barkhouse, whose home is in Wolfville, is near enough to call in frequently to see "Marg" Morse and others. Mrs. Barkhouse keeps well, too, and cares for her home and baby.

Mrs. Margaret Monroe, who left us still more recently, came up from her home in Bear Point, Shelburne County, for a check-up, and had time to make several calls. Mrs. Monroe looked well, and was her usual sweet and gracious self.

Some of our staff members, who were vacationing in various parts of the Province, kindly passed on news of Old Timers they had encountered to Anne Marie. Hazel and Joe LeFave saw Louis Comeau in Yarmouth. Louis, who was here in 1940, is well and is a representative for L. G. Trask Insurance. He is married and has three children. Bessie and "Bun" Akin met Jim MacMichael in a restaurant in Truro. Jim was here in the early 'Sixties, and has apparently made a good recovery, for he is back at his old job.

And it is to Blanche (Conrad) Mapplebeck, a patient in the 'Forties, that we owe our thanks for news of others of that

era. Blanche visited Aggie Howe at her home in Lequille, Annapolis County, and found that she had just returned from Ontario. Blanche also saw Charles Zwickler who was in Nova Scotia on his honeymoon. Charles enjoys good health and is a warden at Dorchester Penitentiary. And last, but not least, Edie Baker of East Jeddore, who is well, and the mother of four children.

This remarkable world of ours may be small, but it is full of pleasant surprises. Mrs. Olive Peterson (sister of Mrs. J. E. Hiltz), while on duty in a museum in Kirkland Lake, experienced one of these surprises when conversing with a visitor. The visitor turned out to be Proctor (Woodworth) Craig. "Proc," who helped nurse some of us back to health here at the Sanatorium, lives in North Bay, where her husband "has a very good job with some mining equipment company."

When the Youth Conference of the African Baptist Association met at St. Thomas United Baptist Church in North Preston, Halifax County, in July, an ex-San patient, Miss Alma Johnston, was one of the leaders.

Reverend Oland Kent, a former Roseway Hospital patient, has accepted a call to Jonesport, Maine, after pastoring the Wesleyan Methodist (formerly Reformed Baptist) Church of Liverpool for seven years.

A July issue of the **Yarmouth Light-Herald** extends best wishes to Past King Lion, Bob (LeBlanc) Myles, on his appointment as Zone Chairman for District 41-N2. Bob, who cured at the Sanatorium in 1949, has had a varied and interesting career. At present, he is employed in the Men's Department of the Royal Stores, Ltd., in Yarmouth.

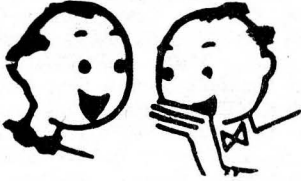
While visiting in Paradise one weekend, Mrs. Alta Covert of the Rehab. Department saw Mrs. Hilda Jodrey who was a Sanatorium patient last year. Mrs. Jodrey looks well and is busy gardening.

Bernard Manuel of Boutillier's Point, Halifax County, motored up to the San early in August, bringing Ivan Pauls of Seabright in for a check-up. Bernard is very fit and is presently employed with the construction company that is building a new school at Five Islands, near his home. Bernard reported that other ex-patients from that area — Mrs. Frances Manuel, Charles Walsh, and Wesley Langille — are all well. All of these were here in the 'Sixties.

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Just Jesting



Hostess (gushingly): "You know, I've heard a great deal about you."

Prominent Politician (absently): "Possibly, but you can't prove anything."

Tardy Plumber: "Well, here I am at last. Sorry I've been so long."

Householder (Three feet deep in water): "Oh that's all right. Whilst we've been waiting for you I've taught the wife to swim."

Shipwrecked Wife: "Look, Jack, quick, a sail, a sail!"

Shipwrecked Husband (dozing): "It's no use, my dear, it doesn't matter what they're offering — I haven't a dime."

"Hello, Smith, old man, haven't seen you for a long time."

"Been in bed seven weeks."

"Oh, that's too bad — Flu, I suppose?"

"Yes, and crashed."

"It says here that we haven't reached the millennium," said Bob. "What is the millennium?"

"Well," replied his sister, who was a high school freshman. "It's just the same as a centennial, only it has more legs."

Patient (nervously): "I suppose the operation will be dangerous, doctor?"

Doctor: "Nonsense! You couldn't buy a dangerous operation for forty dollars."

The teacher had forbidden the children to eat candy or chew gum during school time. One day she became suspicious of a lump in Jimmie's cheek.

"Jimmie," she said reprovingly, "are you eating candy or chewing gum?"

"Neither one," replied Jimmie.

"I'm soaking a prune to eat at recess."

"I've got a cow I want to sell you, Bert."

"Does she give lots of milk?"

"No, I can't say she give lots of milk, but I can tell you this: She's a kind, gentle, good natured, old cow, and if she's got any milk she'll give it to you."

Kenneth: "I'd like to propose a little toast."

Wally: "Nothing doing, I want a regular meal."

* * * * *

Elizabeth: "What is the matter with you?"

Rosalie: "Eyes tired."

Elizabeth: "Such terrible grammar. You should say I am tired."

* * * * *

QUITE COMPULSORY

"Rastus, I am sure sorry to hear that you buried your wife."

"Yassuh, Boss; but ah jes had to; she was daid."

* * * * *

John: "That letter I gave you this morning, did you post it?"

Bruce: "Well, no."

John: "Of course you didn't. And I told you it was important that it go today."

Bruce: "Yes."

John: "And you forgot to post it! Isn't that just like you!"

Bruce: "But—"

John: "Don't 'but' me."

Bruce: "But my dear man, look at the letter. You forgot to address it."

* * * * *

John: "There is one thing you can always count on."

Bruce: "Sure, your fingers."

* * * * *

Ella: "Aren't the stars numerous tonight?"

Helen: "Yeah! they sure are, and aren't there a lot of them."

* * * * *

An ambitious lady, about to entertain a Duchess for the first time, gave very careful instructions to the maid who was to open the door, about the fashion in which the great lady was to be received.

"Now, Mary," she said, "remember whenever you address the Duchess you must say, 'Your Grace.'"

When the great day arrived and the maid opened the door to the Duchess and the latter inquired if Mrs. — was at home, the maid answered: "Yes, ma'am, she is, and may the Lord make us truly thankful for what we are about to receive."

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MRS. MARY CATHERINE COADY, 65 Hinchey Ave., New Waterford; EVAN JOHN DAVIES, 427 Upper 3rd St., New Aberdeen; GEORGE MICHAEL DONOVAN, 87 4th St., New Aberdeen; BABY ANNETTE MARIE TREMBLAY, Port Hawkesbury.

CHAPEL NOTES

A very impressive ceremony was held in the Sanatorium Chapel on July 10, 1968, when three of the children in the Annex made their first Communion. The celebrant was Rev. G. E. Saulnier of St. Joseph's Church, Kentville, assisted by Father Mills. Receiving the Communion were Tracey Kaulback, Wade Dixon and Curtis DeWolfe.

Several of the other children were permitted to attend the service, and all joined in singing sweetly the special children's hymns learned at their weekly Sunday School, which is conducted by Lic. Selwyn Hopkins, student Sanatorium Chaplain.

A number of staff members were also present. Later, these joined the happy children for a short celebration, in the Annex. Refreshments consisting of soft drinks and a beautifully decorated cake bearing three white candles, were served by the nurses.

During the months of July and August we were privileged to have the Misses

Why Did It Happen To Me?

This is an average question and usually asked by Mr. Average Person who is undergoing some adverse circumstances, and thus it is asked with a degree of self-pity. They can point to people who have seemingly no respect for law or order and yet appear to be prosperous. Thus the person that asks this question many times is inwardly blaming God for being unjust.

We might think differently if we remember that many things that happen to us in our lifetime are not necessarily in the plan of God. The drunken man drives into your car and you are hospitalized. This is not an act of God. The fact that your body has contacted a germ that threatens your future life and plans does not mean that you are being punished for some mis-step that you have made. Being a good person is not an insurance policy against disaster.

Our reaction to the events of life is the main factor in determining the kind of person we really are. Instead of looking for someone to blame for our predicament, let us see if we can be a help and blessing in spite of our handicap. "For we know that all things work together for good to them that love God" Romans 8:28.

Perhaps a prayer for our fellow man would be of far greater value than the question "Why me?" We might pray, "Lord, even in this, help me to be of some good to someone, to the glory of God. Amen."

Fred B. Bradley
Infirmary III
—San-O-Zark

Rosemary Windrow and Madeline Janzen sing at several of our Sunday Morning Chapel Services. We miss them now that they have returned to their studies, but our best wishes follow them.

* * * * *

If you like a person it is just about impossible to disguise the fact from the object of your affection or from others.

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MONTREAL

CANADA

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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

ROMAN CATHOLIC

Parish Priest—Msgr. W. J. Gallivan

UNITED CHURCH

Rev. Robert Hutcheson

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Mr. William Brewer

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



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