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NOVA SCOTIA SANATORIUM

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### **NOVA SCOTIA SANATORIUM**

DAILY: 10:15 — 11:45 A.M.  
 DAILY: 3:15 — 4:45 P.M.  
 DAILY: 7:30 — 8:30 P.M.

### **POINT EDWARD HOSPITAL**

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.  
 Sunday and Holidays: 3:00-4:30; 7:00-8:30 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.

## *Church Affiliation*

### **NOVA SCOTIA SANATORIUM**

#### **ANGLICAN**

Rector—Archdeacon L. W. Mosher  
 Sanatorium Chaplain—Rev. J. A. Munroe

#### **BAPTIST**

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

#### **CHRISTIAN REFORMED**

Minister—Rev. J. G. Groen

#### **PROTESTANT CHAPLAIN**

Rev. Dale McTavish

#### **ROMAN CATHOLIC**

Parish Priest—Rev. J. F. DeLouchry  
 Asst. Priest—Rev. G. E. Saulnier

#### **SALVATION ARMY**

Capt. H. L. Kennedy

#### **UNITED CHURCH**

Minister—Rev. K. G. Sullivan  
 Sanatorium Chaplain—Dr. D. 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

#### **PRESYTERIAN**

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.

# HEALTH RAYS

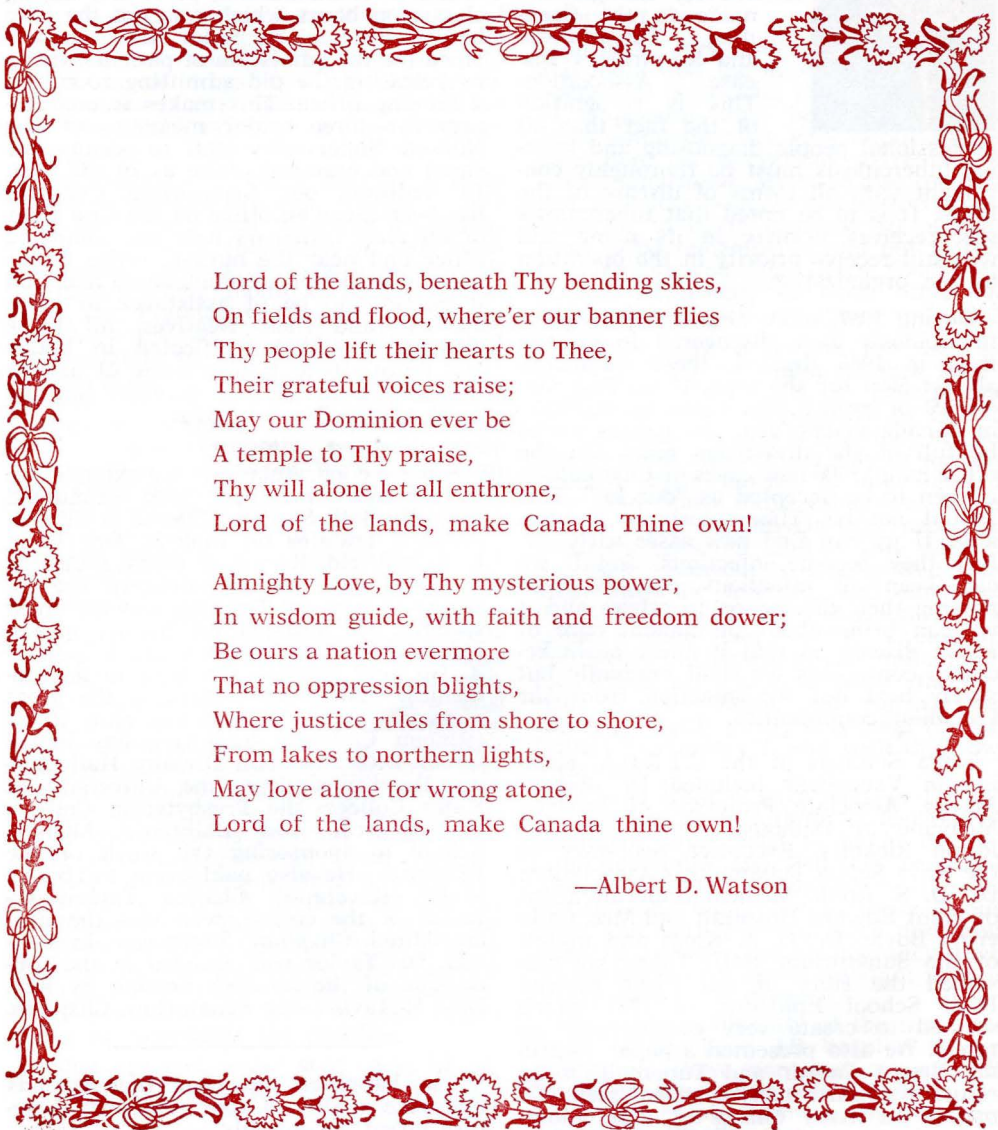
A MAGAZINE OF HEALTH AND GOOD CHEER

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No. 7



Lord of the lands, beneath Thy bending skies,  
On fields and flood, where'er our banner flies  
Thy people lift their hearts to Thee,  
Their grateful voices raise;  
May our Dominion ever be  
A temple to Thy praise,  
Thy will alone let all enthrone,  
Lord of the lands, make Canada Thine own!

Almighty Love, by Thy mysterious power,  
In wisdom guide, with faith and freedom dower;  
Be ours a nation evermore  
That no oppression blights,  
Where justice rules from shore to shore,  
From lakes to northern lights,  
May love alone for wrong atone,  
Lord of the lands, make Canada thine own!

—Albert D. Watson

# The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



The Canadian Tuberculosis Association was founded in the year 1900. This year, its Council, meeting in Vancouver, changed its name to the Canadian Tuberculosis and Respiratory Disease Association. This is recognition of the fact that all professional people diagnosing and treating tuberculosis must be thoroughly conversant with all forms of disease of the lungs. It is to be noted that tuberculosis still receives priority in its name and will still receive priority in the operation of the organization.

During 1967, more new active cases of tuberculosis were discovered in Canada than in 1966. Indeed, these numbered almost 5000 for the year. If we had 5000 or 500 or even 5 new cases of smallpox in Canada in one year the papers would be full of the disastrous news. On the other hand, 5000 new cases of tuberculosis is seen to be accepted as "our lot". This should not be. Tuberculosis is preventable. If we can find new cases early, before they become infectious, and if we can keep all infectious persons from passing their disease on to others and if we can bring about permanent cure of active disease so that it never again becomes contagious we shall gradually but surely beat out the infection from our Canadian communities.

\* \* \* \* \*

Nova Scotians at the C.T.R.D.A. meeting in Vancouver included: Dr. Robert Aikens, Associate Professor of Internal Medicine at Dalhousie University; Mr. Ralph Ricketts, Executive Secretary of the Nova Scotia Tuberculosis Association; Dr. D. S. Robb, Medical Superintendent of Point Edward Hospital; and Mrs. Catherine Boyle, Dr. G. A. Kloss and myself of the Sanatorium staff. There, we presented the story of our Clare District High School Epidemic of 1967 which seemed to create very considerable interest. We also presented a paper regarding Breast Cancer and Tuberculosis. In return we heard many excellent scientific papers on many phases of tuberculosis and other lung diseases. These meetings do much to keep us all up to date.

Our Nurses' Library has now been remodelled to provide space for more books on Nursing Education and also for the journals which they receive monthly. The Library is outside the classroom and so books and journals now become available to all nursing personnel during classroom hours which was not the case before. Also, a new room has been provided for the admission of patients, thereby releasing the old admitting room for a nursing office. This makes it unnecessary for three senior members of our Nursing Supervisory staff to occupy one small and cramped office as in the past. In addition, our Sanatorium Chaplain has been given an office on the first floor of the East Infirmary near the admitting office and near the nursing office where he may be better accommodated and find it possible to be of assistance to more patients and their relatives. All these changes should be reflected in better and more efficient supervision of patient care and their spiritual welfare. Nothing is so changeless as change.

\* \* \* \* \*

Sincere congratulations are extended to the thirteen members who graduated from our 16th Summer Course in Clinical Pastoral Training on June 27. Dr. (Rev.) L. F. Hatfield, Rector of Christ's Church in Dartmouth and President of the Institute of Pastoral Training, was the guest speaker. He outlined the history of the course and of the Institute which sponsors it. He paid particular tribute to its ecumenical nature and expressed the great pleasure of all concerned that Holy Heart (Roman Catholic) Seminary has joined forces with Pine Hill Divinity Hall, Acadia Divinity College, the University of Kings College, the Presbyterian College, of Montreal and Dalhousie Medical School in sponsoring the work of the Institute. He also paid great tribute to Dr. (Reverend) Charles Taylor, director of the course, who was the first accredited Chaplain Supervisor in Canada. Dr. Taylor was assisted in the conducting of the six-week session by Rev. Dale McTavish, our Sanatorium Chaplain.

The happiness of your life depends upon the quality of your thoughts; therefore guard accordingly.

—Marcus Aurelius



# Re-Treatment Of Tuberculosis

Dr. George W. Smiley, Assistant Medical Director,  
Arkansas Tuberculosis Sanatorium

By now probably almost everyone agrees that modern drug treatment of tuberculosis is remarkably effective. Even so, one has to add a few "buts." The "but" that is the subject of this article is the fact that 5 to 10 per cent of people with tuberculosis do not handle their disease satisfactorily with the help of the usual drugs. It is this less fortunate minority who makes necessary what is commonly referred to as "re-treatment."

An experienced doctor may be able to guess—sometimes—which patients will fail to respond well to "usual treatment for tuberculosis consisting of INH with Streptomycin or PAS or both, along with at least a token amount of bed rest, good diet, etc. Practically, though, all one can do is try this and see. If our patient starts immediately to feel better, if his X-ray shows good improvement in two or three months, if we can no longer find TB germs in his sputum after three or four (or maybe six) months, we have every reason to be encouraged. We will carry on the same program. The chances are excellent that this patient will become—and stay—well, if we just carry on long enough. Should these happy events not take place, we have to think about "re-treatment."

What sort of patients require re-treatment? One can make some general statements: they are often elderly men who have had a lot of tuberculosis for a long time, and often a lot of treatment, by fits and starts. Some have had numerous admissions to numerous hospitals, and numerous untimely discharges. Some, it seems, have no regular homes. Some drink more than is good for them. Many have important ailments (such as liver disease) in addition to their tuberculosis. Perhaps as a result of their off and on treatment their TB germs show resistance to many of the drugs. And their disease behaves in a resistant way. These are, of course, not just interesting observations. Each one of these factors adds something to complicate the problem.

What are our tools? Well, first of all, we need to remember some of the old ones. Intensive bed rest has an honored place. It got many people well in past days. Perhaps it will yet be revived.

Pneumothorax (injection of air around the lung to collapse and rest it)? Pneumoperitoneum (injection of air into the abdomen)? Many of us ask ourselves now and again, but the answer so far seems to come out "no."

Surgery? Yes, indeed. It seems more and more that the important use of lung operations is in cases that might, at least in a general way, be called "retreatment"—and they are very important. We have here the operations to remove diseased lung tissue. We have also the older and now less popular procedures to collapse or to drain cavities. All of these need to be remembered and put in their proper place and time. Often, though, the amount of disease or some other fact will make surgical treatment unfeasible.

Perhaps most important are the "secondary" drugs, of which we now have a large array. They have the general feature of being not as effective as INH or Streptomycin (which is why they are secondary) and also, in one way or another, being a little harder to take—and to give—and much more expensive. Among these we have Kanamycin (also neocycin), given by injection, and a little hard on the ears. Viomycin is usually well tolerated, must be injected, and can upset the kidneys a little. Pynizinamide can cause a little liver trouble. Cycloserine can bother the nerves, as can ethionamide, etc. There are more to come—the first will be ethambutol and capreomycin, which are fairly new, fairly good (but definitely "secondary"), and with their own little faults.

Perhaps what I have said so far will explain why most authorities feel that re-treatment cases need to be in the hospital. Remember, too, that they are people who are likely to be sputum positive and consequently dangerous to those around them and perhaps even more dangerous than the average case because they might infect others with germs resistant to some of the better TB drugs.

The ready availability of the many facilities of the good TB hospital is very important. I have mentioned surgery. The combined experience and judgment of a good staff of physicians is another great advantage. Finally, there is the need for a reliable and excellent and specialized

laboratory, such as we are fortunate to have in our institution.

This is important for several reasons. First, careful studies of the drug susceptibilities of each patient's TB germs need to be done in order to pick out the most promising drug combinations. This is tricky and difficult work. Second, one might at times, need to measure the amount of various drugs in the patient's blood, to estimate the level best for killing germs without hurting the person.

And, just as important, we have to have all sorts of tests to warn of risk of damage from drugs which are always a little bit dangerous.

All these things I have been calling "retreatment" we have, of course, been doing all the time. This is a necessary result of carrying on any treatment at all. And we think our results have been creditable.

A plan which we have been discussing for some time now is about ready for a trial. We want to put some, at least, of our patients with these problems in a special area of the hospital. This we think, will help concentrate our attention and efforts and let us see a little better what we are accomplishing.

Before leaving this subject, I want to say that it is more blessed to prevent the necessity of retreatment than to accomplish it.

—Sanatorium Outlook  
Via San-O-Zark

### TUBERCULOSIS AN AIRBORNE DISEASE

The communicability of tuberculosis as an air-borne disease was reemphasized during a recent outbreak in a Tennessee high school. Following the discovery of a far advanced, active case of tuberculosis in a 17-year-old white male pupil, it was found that 31.2 percent of the students were tuberculin positive. Previous tests of tenth grade students in that county has shown less than 3 percent with reactions of 10 millimeters or more. The percentage of reactors increased as association with the index case increased. Indeed, 90 percent of the boy's close school contacts were found to be tuberculin positive.

Since there is an increasing proportion of young people in the population who have never been exposed to tubercle bacillus, the potential for explosive outbreaks of infection and of disease, such as this one, is great.

North Carolina  
Health Bulletin

### SUMMER RAIN

The first few drops make the dust jump. It seems impossible that drops of water could raise a dust cloud in the garden or bypath, but they do. They strike one of the broad leaves of the gourd vine and you see a puff of dust in the air over the leaf. There is the scent of dust known at no other season. A catbird sings a half-song, then jeers and waits.

The first drops cease. There is a long pause, almost breathless, then a soft rush of sound, a deep whisper across the valley—the sound of music! A thin curtain of gray hangs over the valley and slowly moves toward you. The air stirs and again there is the smell of rain. You can hear it now, see it streaking against the trees coming closer. It marches across the valley and up the hillside, and then you can't really see it for it is all around you. The leaves on the trees are dancing though there is no wind.

Bare suntanned earth begins to darken. Now it is brown, but under each bush and tree it is still tan, heat-scorched. The catbird in the tree jeers again, but a robin begins to sing.

The rain continues. The dust smell is gone. It is a slow, gentle, steady rain and the earth is drinking it up. An hour, and it still comes down. The dry spots are gone from beneath the bushes. The pavement, which seemed like a griddle when the rain began, now is cool and clean-washed.

Leaf-green is green again and not dust-coated. The flowers lift shining faces. The leaves, and the blossoms and the birds are all singing to the gray sky for the slow, sweet refreshment of a summer rain. And the smiles on every human face are paecans of joy!

—Sanatorium Outlook

### MY BOOK

Rippling, gurgling through the land,  
I am sure you understand;  
When beside you little brook  
How I hate this stuffy book.  
How I long to follow on  
Follow where the ships have gone,  
Over the curving rim of the sea  
Where strange lands and cities be.  
There to really know, and live  
Life, that all the world can give.  
As you murmur through the land,  
"Yes, my child, I understand."

—Alberta Irene Morton  
Kentville, N.S.

# Tuberculosis—An Epidemic?

Dr. G. N. Pierce, Medical Director

Arkansas State Tuberculosis Sanatorium

As time is going on now, we read more and more that tuberculosis is practically licked. It can be eradicated, we are led to believe, by relatively simple methods and some pills.

Then we read the rather gloomy statistics about the number of active cases "known" to be loose in the various states. This number is subject to extreme variation, depending upon who is reporting it and what he is trying to prove. The least of this number is well in excess of 250,000 and the highest runs to more than 500,000. It is my belief that the total is closer to the latter figure. Any figure based on the record of patients discharged against medical advice from the hospitals around the country will be extremely fallacious, as the typical AMA patient will usually have a large number of such irregular discharges from veterans administration, county and state hospitals all over the country. It is not at all unusual for one of these patients to have 10 to 15 irregular discharges from all types of institutions over the last ten years. We have here many with three and a few with five irregular discharges in one year. Actually these people represent a real and serious problem, and eventually they will have to be handled by legal means—but they represent only a relatively small part of the over-all picture.

Our main problem in tuberculosis control is in the apathy of the public toward the disease. More and more, people are reading reports, from supposedly reliable sources, that it is only a matter of a short time until tuberculosis will be as extinct as smallpox and diphtheria.

If there were 3,000 active cases of diphtheria or smallpox in a state, I am sure that every citizen in that state would be mobilized to do something very active about it. This is because of fear of these diseases. Yet, **the economic loss and the actual loss of life of the same number of tuberculosis cases will, in the long run, be far greater than would be in the same number of the more spectacular diseases.** There is no problem with isolating or quarantining diphtheria or smallpox. The health departments, families, doctors, and, most of all, the public are more than willing to go to all ends to control an epidemic of this type. If they had been

willing to do this with tuberculosis it could have been brought under control many years ago.

Leprosy is a very ancient disease. It is caused by a bacillus similar to the tubercle bacillus, the organism that causes tuberculosis. By virtue of treatment dictated by public fear, leprosy (or Hansen's disease as it is presently known) has practically been eradicated in the civilized world. This condition has been true for many years. The rare new case of leprosy is very promptly isolated and treated until he is well before being discharged.

**I believe we should try by all means at hand first to instill into the public a very profound respect for tuberculosis. Along with this, we must marshal all our resources to treat the known active cases with the best agents and agencies available. Every effort must be made to isolate the active cases until they are no longer infectious to others.**

The isolation of infectious cases is extremely important as adequate treatment under loose supervision encourages the emergence of resistant strains of tubercle bacilli which then become very difficult to treat in others who may be infected. This statement is not just a theory, but is an unfortunate fact.

## My Creed

I believe in Canada—  
 I love her as my home—  
 I honour her institutions—  
 I rejoice in the abundance of her resources—  
 I glory in the record of her achievements—  
 I have unbounded confidence in the ability of her people to excel in whatever they undertake—  
 I cherish exalted ideals of her destiny as a leader among world nations—  
 To her I pledge my loyalty—  
 To the promotion of her best interests I pledge my support—  
 To her products I pledge my patronage—  
 And to the cause of her producers I pledge my devotion.

—Reprinted from **Sanatorium Rays**.  
**HEALTH RAYS**, June 1941

## GET SMART

W. LEONARD HOWARD, M.D.

When a person gets tuberculosis he too often is inclined to act according to his wishes and emotions rather than to do what he really knows is right. He too often listens to the advice of friends and relatives and what he wants to hear rather than to those who try to help him face up to the real problem.

Too often he even learns many things about tuberculosis which are not true and which he needs to "unlearn" if he is to make the best progress in overcoming his tuberculosis. Too often he is not smart.

If your automobile was out of order you would want the service of a good mechanic. If your watch did not keep time you would seek the services of a good jeweller. The human body is the most intricate, highly developed mechanism in existence, yet people are often inclined to follow their own judgment in matters of health instead of consulting a good doctor. It seems that many people are inclined to give machinery, jewellery and even livestock or pets more consideration than they give themselves.

The average person's mental picture of tuberculosis is the picture of far advanced tuberculosis. The early case of tuberculosis does not give the same kind of picture and so it is difficult for the average person to believe that this friend or relative who seems quite well, is suffering from a serious disease. In this they are not smart.

A diagnosis of tuberculosis is a very serious matter. The problems associated with the diagnosis of tuberculosis are different in each person who becomes infected. Each case is made up of different factors, such as race, age, sex, ambition, family, financial conditions, work, future plans and individual responsibilities. So for each person who has been told that he has tuberculosis there is a different set of problems which he must face.

The first and most important of these problems is that of accepting the diagnosis and deciding to make the changes in life which this situation makes necessary. The job of accepting the diagnosis of tuberculosis is shared by the patient, his relatives and friends and by his physician. Ignorance, fear, stubbornness and probably the gambling spirit may influence the person in his tendency to accept the whole situation which goes with the diagnosis of tuberculosis. The

patient's physician has a definite responsibility in the acceptance of his diagnosis, but at the time the physician tells the patient in a direct manner and in simple language, preferably in the presence of a responsible member of the patient's family, that he has tuberculosis, that he needs treatment and that he should go to a sanatorium, the responsibility shifts from the physician to the patient. At this time the physician, the members of the family, relatives and friends and those who may not be friends or even close associates, may continue to influence the person in his decision.

The person who accepts the diagnosis of tuberculosis as a fact and who decides to follow the recommendation of his physician and accepts the responsibilities to work out his own problems is already on the way to recovery.

He is smart.

—The Valley Echo

## SO TIRED!

Get home from work all tuckered out? That's perfectly normal. But do you wake up in the morning after a good night's sleep feeling tired? That's not so normal.

Some fatigue is a natural part of the rhythm of living. Your muscles get tired after heavy work—you rest and your muscles aren't tired any more. You do a hard day's work at your desk and your nerve cells get fatigued—you relax at home in the evening, sleep all night and your nerve cells are ready for another day at the office. Or they should be.

When rest and sleep fail to relieve tiredness, you have a symptom you should take to your doctor.

Persistent tiredness may be a symptom of a disease, such as anemia or tuberculosis. It can also be a sign that you are emotionally out of whack. The blues are often accompanied by a tiredness that hangs on though you might be sleeping ten hours a night. Persistent tiredness also goes with boredom, lack of activity, a job you dislike, or an unhappy situation at home.

True chronic loss of pep, whether its cause is physical or psychological, cannot be relieved by taking vitamin pills, pick-up drugs, tonics, exercise or any other simple cure-all. Fatigue is not a disease in itself. It's a symptom of disease.

If you are tired all the time, regardless of how much rest and sleep you get see your doctor.

—Information Service, Ark.  
TB Association

The greatest thought—God.

# The "New Look" in TB Control

Josef Priezler, M.D., M.P.H.

The new concept of tuberculosis control includes prevention of the disease, as well as case-finding and isolation of infectious cases. All persons who are infected with tuberculosis without having clinical disease should be identified. Persons who have a risk of breakdown should receive preventive medication. In this effort, tuberculosis control emphasis is placed on community activities.

In the past, the majority of cases occurred among people newly exposed to infectious cases of tuberculosis. Control programs were centered around patients. Major tasks of tuberculosis control programs were to locate infectious cases and place them in sanatoriums for isolation and treatment.

**At the present time, it is estimated that 75 per cent of the clinical tuberculosis cases occur among persons who were previously infected with tuberculosis organisms, possibly many years ago.**

The number of newly reported cases of active tuberculosis continues to decline in Wisconsin as in the United States. The highest case rates in the United States are found among nonwhite males; the lowest rates among white females.

The prevalence of this disease is highest in the older age groups. The rate among young people is relatively low. Half of the cases occur among persons 45 years and older. And approximately one-fifth occur in the 65-year-old and older age group.

The tuberculin skin test is used to determine if a person is infected with tuberculosis organisms or is free from this infection. Evaluation of the tuberculin test is based on an increased knowledge of the nature of the test.

The composition of the test material is defined chemically in a product called "Purified Protein Derivative." The dosage used in testing is standardized. Five "Tuberculin Units" are used for testing at the present time.

The concept of what is called a "positive" test has been clarified. Wide experience shows that if the test shows an induration or swelling measuring 10 millimeters or more in diameter it should be accepted as positive.

Using this dividing line, only an insignificant percentage of infected cases having a smaller size reaction would be missed. On the other hand, only a small percentage of the cases included will be persons

infected with other than the human strain of the tubercle bacillus.

Research programs in the United States and Denmark give valuable information on evaluating persons who are infected to determine their risk of developing clinical tuberculosis. **Contacts to active cases of tuberculosis have a high risk.** Therefore, the old recommendations of diligent contact examinations are still important for public health workers.

**Among the contacts, children under five years of age and young adults show an even higher risk of developing tuberculosis. Persons who show abnormal X-ray findings also have a higher risk of developing tuberculosis disease, as well as persons living in crowded conditions.**

Well-controlled clinical trials disclose that one of the anti-tuberculosis drugs, INH, is successful in preventing tuberculosis among persons exposed to infectious cases. INH therapy produces the most dramatic reduction of the number of severe cases among children in families where a fresh case of TB is diagnosed. The risk of development of widespread organ tuberculosis, meningitis and other fatal complications is minimized. Only one-thirtieth of the complications occur in the treated group as compared with the untreated group.

Studies among adult contacts show that the risk of developing clinical TB is reduced 14-fold in the medicated group. Studies also show that the preventive effects of antituberculosis drugs are carried over for many years after taking of drugs is discontinued.

The new approach to tuberculosis control is based on the above findings. **Major effort is devoted to locating positive tuberculin reactors and placing on preventive medication those persons who have a high risk of developing clinical disease.**

—The Crusader (Wisconsin),  
—Via The Sanatorium Outlook

\* \* \* \* \*

Two small boys were playing together when a very pretty little girl passed by. One of the boys said fervently to his pal: "Boy, when I stop hating girls, she's the one I'll stop hating first."

\* \* \* \* \*

Remember this,—that very little is needed to make a happy life.

—Marcus Aurelius

## New Project Aids Eskimos

A recent meeting encompassing all countries bordering on the Arctic Circle has given impetus to a new project which is hoped will bring about a greater control of tuberculosis among Eskimos.

Two Canadian delegates, Dr. Stefan Grzybowski, Vancouver, and Dr. J. Douglas Galbraith, Edmonton, returned from the first symposium on Circumpolar Health Related Problems at Fairbanks, Alaska, with plans to begin the program.

Dr. Grzybowski is associate professor of respiratory disease, University of B.C. and Dr. Galbraith, is consultant on chronic diseases, medical services, department of national health and welfare. The symposium was sponsored by the Arctic Institute of North America.

The incidence of TB among Eskimos is as high as that being recorded in the developing countries.

The meeting helped focus attention on this Eskimo problem.

The project will oversee administration of free drugs to Eskimos as a prophylactic measure. High risk groups such as those with inactive TB, those who have been in close contact with the germ and recently infected, and those indicating large tuberculin skin tests will receive treatment. It will begin among Eskimos of Eskimo Point, N.W.T., north of Churchill where TB has a high concentration.

Preventing next year's TB is the way the two men describe the project.

The three TB wonder drugs, INH, PAS and streptomycin will be administered twice weekly to the high risk group through nursing stations which are much a part of new northern settlements, where Eskimos live today.

The meeting also proved that the Canadian north had different health problems from those, for instance in Scandinavian countries, where the native peoples have been assimilated.

Dr. H. A. Procter, director general of medical services, department of national health and welfare, Ottawa, was the prime mover in planning the symposium. A future meeting is considered in three or four years by the sponsoring group, The Arctic Institute of North America, when it is hoped to again bring specialists together to discuss attacks on Arctic health problems.

—Your Health  
Sept.-Oct., 1967

\* \* \* \* \*

The youngster next door is not completely useless. At least five mothers use him as a bad example.

## NOT SO RARE: TB

The medical profession in general isn't taking enough interest in a very troublesome disease, according to an eminent citizen whose right to discuss the matter would be hard to dispute.

Dr. Carl Muschenheim, an authority on tuberculosis, points out that TB is by no means a "rare or even uncommon disease." Written in a medical journal published by the American Thoracic Society (medical section of the National Tuberculosis Association), he suggests that TB sickness and death rates might decrease faster if doctors, particularly internists, considered the disease as much a matter of their concern as the ailments they commonly deal with.

How can this be made to happen? One effective way, he believes, would be to get people who run hospitals to "revise obsolete rules which prohibit the admission into general hospitals of patients who need care for tuberculosis."

The idea of sealing off TB patients from the rest of humanity is a throwback to old times when treatment consisted mainly of fresh air, bed rest, and prayer. Today's treatment, using potent drugs, greatly reduces infectiousness. Infection is still a danger from people with TB who haven't been detected and treated, but not from those hospitalized under modern drug therapy.

Along with the "over-specialization" of hospitals, says Dr. Muschenheim, goes a tendency to under-emphasize TB in medical training.

At present 110,000 Americans have active tuberculosis, more than 50,000 new cases are reported yearly, and about 10,000 former patients relapse. Your Christmas Seal organization believes, with Dr. Muschenheim, that "a re-awakening of interest, particularly in the academic sector of internal medicine, will hasten the rate with which unnecessary death and disability from tuberculosis will disappear from the world."

—Information Service,  
Ark. TB Association

## TO BETTY

Betty's in the flower bed,  
Snipping off the larkspurs' head,  
And Radiance roses,  
Pink and red.  
Betty is a tiny soul  
Scarcely more than four years old  
Who likes to fill  
My flower bowl.

—Etta Allen Rosson

## Question Box

J. J. Quinlan, M.D.



Q. Is there any truth in the idea that a hemorrhage is beneficial because it clears the lungs of all germs?

A. This is a rather intriguing theory which, however, has no basis in fact. In pulmonary tuberculosis, most hemorrhages are due to erosion of a blood vessel

in the lung by the tuberculous process, and are most undesirable not so much from the standpoint of the actual amount of blood lost, but due to the fact that such bleeding is a very efficient method for disseminating the tuberculosis throughout uninvolved parts of the lungs, the so-called "hemorrhagic spread".

Q. What are the determining factors in the diagnosis of active tuberculosis?

A. The term "active" when applied to tuberculosis has a very wide application. Some of the situations in which the disease is regarded as active are: (1) when constitutional symptoms are present, that is, when the patient has fever, rapid pulse, loss of weight and strength, (2) where tubercle bacilli are present in the sputum, (3) where serial X-rays of the chest show that the disease is changing and this change may be either improvement or deterioration, (4) where complications of the lung disease are present, such as the presence of pus in the pleural cavity, or where there is a bronchopulmonary fistula.

Q. Does the tuberculin test determine the presence or absence of resistance to tuberculosis?

A. The tuberculin test, when positive, indicates that the body has become sensitive to the products of living tubercle bacilli and that therefore such germs are present even though there might be no other evidence of tuberculous disease. However, side by side with this sensitivity, the body also develops resistance to the progression of the tuberculosis or, in other words, the immunity reaction begins. In the presence of overwhelm-

ing infection, the tuberculin test will frequently become negative. Thus, while a positive reaction does not indicate immunity but rather allergy, there is some relationship between the two and, in this context, a positive test may indicate the presence of considerable acquired resistance to tuberculosis.

Q. Why is the tuberculosis germ referred to as being acid fast?

A. In the sputum of the tuberculous individual there may be a great variety of germs other than the tubercle bacillus. When the slide on which a smear of the sputum has been made is stained, a large variety of the germs will take up the stain and thus be indistinguishable from the tubercle bacillus. However, if the preparation is now treated with an acid, all the germs except the tubercle bacillus will lose their colour. The tuberculosis germ being resistant to the decolorizing effect of the acid is therefore called acid-fast.

Q. Why is fresh air beneficial to tuberculous patients?

A. Fresh air is beneficial not only to tuberculous patients, but to everyone and in these days of increasing air pollution it is becoming somewhat difficult in certain areas to find fresh air. It is hard to believe that there are still people who have a strong conviction that night air is bad for one, and such individuals continue to sleep in rooms with windows tightly shut. Many years ago, someone made the very pertinent statement that the only harmful night air is the air of the night before.

Stranger: Are they biting?

Fisherman: If they are, stranger, they're biting each other.

\* \* \* \* \*

In a small town newspaper appeared the following ad: "The man who picked up my wallet on Main Street was recognized. He is requested to return it."

A reply was published in the next issue: "The recognized man who picked up your wallet requests the loser to call and get it."

\* \* \* \* \*

Hardening of the heart ages more people than hardening of the arteries.

## SCHOOL REPORT

At the opening of the school year, 1967, thirty-six patients were registered as students. Twenty-three of these were from the Clare District High School, all but one of whom have since returned home. The remaining thirteen included nine children in the Annex, and four adults.

During the year an additional sixteen patients received academic instruction, making a total of fifty-two students in Grades 1 to 12. Three wrote provincial examinations—two in Grade 12 and one in Grade 11.

Because a number of students admitted had been started in their previous schools in courses other than academic, the San teachers had to familiarize themselves with the General Course, and the Modified Junior High School Course. One adult patient has begun the Accelerated Course.

A new teacher, Mrs. Madelon Misner, joined the Rehab. Department in September. Her attention to the children in the Annex made it possible for the other teachers, Miss Lacey and Mrs. MacKinnon, to devote more time to the older students. Mrs. Adele McAdoo took over the French instruction from September to December inclusive. She replaced Sister Louise Depres.

By June, the number of student-patients in the San had been reduced to seventeen, but this number will undoubtedly be increased. Already there are two prospective beginners in the Annex, and one adult patient.

The San teachers follow the curriculum laid down by the Department of Education, and try to keep the young patients abreast of their former schoolmates. Instruction takes place in three classrooms in the Annex, and also at the bedside. It is continued throughout the summer months.

Mary MacKinnon, Principal

\* \* \* \* \*

## BUILD A BETTER YOU

"Your task—to build a better world,"

God said.

I answered, "How?"

The world is such a large, vast place,  
So complicated now.

And I so small and useless am,

There's nothing I can do."

But God in all His wisdom, said,

"Just build a better YOU."

—Dorothy R. Jones.

\* \* \* \* \*

The wheel was man's greatest invention  
... until he got behind it.

## COMMERCIAL COURSES

During the past year (June 1967-68) three patients studied Elementary Book-keeping by correspondence. Miss Elizabeth Saulnier completed the course and was awarded a certificate. Miss Elizabeth Boudreau and Mr. Gregory DiPersio were discharged before their courses were completed.

Twelve patients were given instruction in typing. Two of these were adults who felt that a knowledge of this skill would be an asset to them when they returned to their work.

Miss Beatrice Willis studied Business Speller in addition to typing.

All of these people have been discharged.

## SPECIAL COURSES

Mr. Kenneth Downey has been receiving instruction in piano for the past five months, and is progressing favorably.

Mrs. Lai Lee, a Chinese lady, is being taught conversational English.

Marguerite B. MacLeod, Teacher

## SING SOLOS

It was a privilege to hear Mrs. Margaret Monroe sing the lovely solo "Be Still My Soul" at our Chapel Service one Sunday morning in June.

On June 23, Mr. Kenneth Downey sang "Peace in the Valley." This is the first time that one of our male patients has so favoured us.

\* \* \* \* \*

A laugh is worth a hundred groans in any market.

—Charles Lamb

## THE BETTER WAY

Laugh a little, chaff a little, jolly as you go;

Cheer one brother, help another, make hope's lantern glow;

Don't be croaking, do some joking in a friendly way;

Fun's a winner good as dinner for some men, they say;

Scorn self-pity, just be gritty, never once cry quits;

Your example may be ample to brace other wits.

—Lurana Sheldon



# HEALTH RAYS

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No. 7

## STAFF

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## EDITORIAL COMMENT

This year marks the twentieth anniversary of the approval of the Universal Declaration of Human Rights by the United Nations General Assembly in Paris. The U.S. Department of State introduced its publication of the Declaration with the following:

"The Declaration is a statement of principles approved as a common standard of achievement for all peoples and all nations. It is not a treaty and therefore imposes no legal obligations. It is, however, a challenge to all mankind to promote world-wide respect for human rights and fundamental freedoms."

Perhaps it would be timely to mention a few of these rights. Some would make good topics for discussion groups.

**Article 1:** All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act toward one another in a spirit of brotherhood.

**Article 2:** Everyone is entitled to all the rights and freedoms set forth in this Declaration without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. . .

**Article 3:** Everyone has the right to life, liberty and the security of person.

**Article 22:** Everyone, as a member of society, has the right to social security and is entitled to realization . . . of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

**Article 25:** Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services. . .

These are some of the articles that are very thought provoking. Not many of the thoughts are new; many are concepts that have been expounded through the centuries. Many that are taken for granted in our society are yet a long way from reality in some other countries. Others are ideals that will likely not be realized in our time. Still others are open to interpretation, if not to question, such as the assumption in Article 1 that "all human beings are endowed with reason and conscience."

Further, there is the matter of the responsibility that the individual must assume in order to enjoy these rights. He must be willing to put some effort into seeing that others are guaranteed their basic rights. Then, in order to enjoy such rights and privileges as those set forth in Article 25, it is evident that he must first want these things and second that he may have to be prepared to sacrifice something else in order to achieve these "rights".

How closely does the Human Rights concept tie in with the Civil Rights Movement? Are the basic principles perhaps the same?

\* \* \* \* \*

We would like to thank the students and staff of the Clinical Pastoral Training Course for the Picnic on June 20th. About forty-two patients took advantage of this opportunity to have a pleasant drive and a tasty supper, provided by our Dietary Department. The setting was Margaretsville and the community hall was the centre of activity. The Fundy shore was also an attraction, of course, and many made their way up the beach for a considerable distance to the water-

(Continued on page 17)

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## Editorial Comment

(Continued from page 15)

fall. The weather was ideal and all had a most enjoyable time. Our thanks should probably also go to a certain political party which, by scheduling their outdoor barbecue for the same day, assured us of good weather. With so many members of the clergy also requesting good weather for the same day, how could we go wrong?

### HAPPINESS IS

Someone said that in our early years we should build the foundations for happiness, so that in our later years we can begin to enjoy what we have built. The older we grow the more important memories of the past become. It is the character of these memories which gives us a feeling of achievement from a life lived well, or a sense of remorse for wasted years. Every day we are deciding our happiness by how we live. Wisdom suggests that we live right every day, so that any shadows of the past will fade and every promise for tomorrow will become even brighter than before.

\* \* \* \* \*

Do not look for wrong or evil,  
You will find them if you do;  
As you measure for your neighbor,  
He will measure back to you.  
Look for goodness, look for gladness,  
You will meet them all the while;  
If you bring a smiling visage  
To the glass, you meet a smile.

—Anonymous

\* \* \* \* \*

A fifteen-year old was advising his brother that he could be spared much agony and toil by refusing to learn to spell the first word. "The minute you spell 'cat', you're trapped," he said. "After that, the words get harder and harder."

Despite one of folklore's hoariest bits of wisdom, what you don't know can hurt you. And that usually goes double in matters affecting your health.

There's the ancient question of tuberculosis, for example—it's been vastly reduced in the last few decades, though getting it down to absolute zero will still take a lot of doing. A couple of generations ago, the common belief was that TB "runs in families." Most people thought it hereditary. Medical science finally succeeded in convincing just about everybody that it's transmitted by a germ, and in no other way.

No sooner was this bit of mythology laid to rest, than another took its place. TB victims living at home are most apt to communicate the disease to members of their families—that's true. But observation of this fact led to a common idea that you are more liable to the disease if a member of your family has had it—another version of the "runs in families" fallacy, and almost as untrue! Anybody who has the active disease can transmit the TB germ—the tubercle bacillus—to anybody with whom he comes in contact, although not everyone infected becomes sick.

Still another popular health delusion is that TB infection promptly causes loss of weight and other symptoms of illness. As a result of this notion, people have been known to ignore a common cough, shortness of breath, or even so obvious a sign as expectorated blood. They're husky and plump, they feel fine—so how could they possibly be in danger of anything like TB? Unfortunately, anybody can be—because the disease often doesn't betray itself through symptoms until it's well advanced.

TB plays no favorites. The only way to be sure you're not infected with the active or inactive germ is the way recommended by all physicians and tuberculosis associations—a periodic tuberculin test or chest x-ray.

ITAM.

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## Chaplain's Corner

Rev. J. Douglas Archibald, B.A., D.D.

United Church Chaplain

Sometime ago a discussion was taking place at our table. It became clear that the points of view expressed, and the conclusions reached, reflected the background and the line of thought that grew out of a certain manner of life and experience. Then someone said, "Well, after all, a great deal depends on the window out of which you are looking." How true!

We know it is possible to locate a house in this fair land of ours, with its diversity of scenery, so that you have a different and appealing view from the windows on each of the four sides of the house. The windows on one side may look out to a distant ridge of hills; on another, to a garden or fruit orchard; on the third, to gazing fields with flocks and herds; while those on the fourth side could give a view of a placid river flowing to join other streams on their way to the ocean.

The window influences our view and this is a truth evident in many areas of life. As I write these lines we are in the midst of a political campaign here in Canada. There was a time when one was a Conservative or a Liberal because of family tradition. Generations had looked out of the same window. That has changed somewhat today, but there are still many people who aren't too concerned about the issues at stake, differences in policy, or even in the personalities of the candidates. The important thing is that a certain party gains the majority—our party, and we haven't taken the time to consider other parties and what they have to offer. We might do well to remember that in politics there are a number of windows through which we should look out and only after we have done that will we be able to exercise our franchise in a somewhat intelligent way.

In the realm of religion we are all very much influenced by the window through which we have been looking. Oftentimes, as in politics, so in religion, we are influenced by our family tradition. This is only natural for those who, early in life, were taken by their parents to the Church of a certain denomination and acquainted with its teaching and work. Looking out on our world today we fail to see too many bright spots, but surely one of them is the fact that we are discovering that there are other windows in the realm of Christianity which present to us an appealing view as well as the

one from which, traditionally, we have been looking out. We are seeing truths in other faiths that we have never seen before, just because we dared to shift away from our accustomed window once in awhile. Most people feel this is a good thing and out of it is coming a new tolerance and spirit of understanding which we believe will grow and bear fruit in nobler and more unselfish living.

**Health Rays** is a publication that has a lot of good reading for those who are "on the cure," in the Nova Scotia Sanatorium and Point Edward Hospital, as well as the many former patients on its subscription list. You are the people who know very well the importance of the window from which you are looking out as patients and ex-patients. I must admit that it isn't always easy to look out on life and see the blue sky and bright sunlight filling a world of beauty and loveliness. There are days when, from your window, the sky is dull and dreary and almost leaden, but we know that in the process of healing the person who has the faith to choose the pleasant and optimistic window has a powerful ally in his or her healing. You must stand often before the window that gives you the long view, The faith that tells you no matter what today is like there is always a tomorrow, and, thanks to the skilled doctors, nurses, attendants, and the use of modern medicines and surgery to restore your health, you will return cured to your homes and, many of you, to your former work. Thank God we have such a window. My calling on many of you day after day convinces me of this and that your progress is the better for it.

We know that windows sometimes need to be cleaned for the view can be obstructed and distorted by dirt and dust that collect on the glass. Nothing cleans the windows of life like faith in God. Faith to see God as Jesus Christ presented Him in His interest in the whole of life. To believe that our health is His concern and through the hands of skilled, trained, and consecrated people the healing ministry goes on. We are sure the blessing of Him who healed the sick when He was here on earth is with those who are ill and on those who continue His work of eliminating disease and bringing health.

**TB IS SNEAKY**

Too often tuberculosis takes root and grows unobserved, with few or no symptoms to warn of its attack. A person with active TB may feel perfectly well for quite a while even after the disease has struck. There are few if any outward signs to tell him that he is ill and needs treatment. It is a sneaky and treacherous enemy.

It is at the onset of the disease, however, that tuberculosis can be most readily and quickly overcome. This is why it is so important that everyone have regular and complete physical examinations—and it is doubly important if there is reason to believe one has come in contact with known active cases of TB.

When signs of tuberculosis do appear, TB is harder to control, and in many cases extensive lung damage has already taken place.

Symptoms of tuberculosis include extreme tiredness, poor appetite, loss of weight, frequent colds, persistent cough, indigestion, fever, night sweats, and blood spitting. These of course, may be symptoms of other diseases—only a thorough checkup will prove the cause.

TB is sneaky—TB is an ever present danger—TB oftentimes is deadly. Don't let TB catch YOU unaware—get a tuberculin test and/or X-ray at regular intervals.

When did you have an X-ray? Why not NOW?

—The Link



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Yielding your fruit with a bountiful hand.  
Melodious songbirds, myriads unnumbered,  
Thrill men delightfully, all through the land.

Birds by the wayside and bees in the clover—  
Roses perfuming with fragrance the air,  
Make of a man just a wanton, wild rover,  
Obeying the urge to roam, hither and there.

Beautiful, golden and glorious season,  
Dragging us down to a vagabond's fate,  
Do not, I pray thee, so intrigue our reason  
That we neglect harvest until it's too late!

—Irma A. Pilkington

**Moirs** . . . . .

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## Old Timers

Most of Anne Marie's friends and acquaintances are familiar with her stamp-collecting habits and rarely miss an opportunity to contribute to her collection, especially when vacationing in other lands. And so, just a short time ago, Anne Marie had a postcard all the way from French Morocco. The sender, Marilyn MacLeod, is well known to many at the Sanatorium, having been both a physio-therapist and a patient here in the early 'Sixties. In company with her sister and a friend, Marilyn has also visited Portugal (which she loved) and Spain. After a few days of swimming and sunbathing in French Morocco, they will return to Spain, then go on for a three-week visit to the British Isles. After this Marilyn plans to spend some time at her home in Cape Breton.

Patients of the 'Sixties seem to be claiming the spotlight this month. Mrs. Caroline Arsenaux and son William of Halifax are reported well. William is married now, and his little brother, born at the Sanatorium, is now a bonny lad of five.

Others of that era are Pat Comeau of Saulnierville, who is doing some barbering, and Joseph Irene Comeau of St. Alphonse, who is taking a course in furniture-making in Halifax.

Among those in for check-ups were Daniel Tufts of Saulnierville, here in 1965, and Lorne Marsman of Halifax, who was here three years earlier. Lorne, who works for the Department of Public Welfare, is being transferred to Bay St. Lawrence, Victoria County.

On one of his recent visits to the Rehab. Cliff Beeler told us that Art Richardson and Arthur Abbott arrived at his home in Canard one evening by car. Art, a former Sanatorium patient, had just been discharged from Point Edward Hospital, and was on his way home down Shelburne way. Mr. Abbott, discharged from the Sanatorium last March, was looking for a boarding house in the Valley.

We congratulate Mrs. Mima (Hale) Mahaney of Kentville on her graduation from Mack Business College, and on having obtained employment at Burgher Insurance Agencies, New Minas. Mima was a Sanatorium patient in 1966.

One is almost bound to assume that a stranger looking for a copy of **The X-Ray** has had some association with the Sanatorium before its official publication was rechristened **Health Rays**. And sure enough, Mr. Frederick Hill, the stranger making the inquiry, was one of the many

World War I veterans to cure here in the romantic 'Twenties—1924-25—to be exact. Furthermore, Mrs. Hill (recently admitted to the Sanatorium) was also a patient at the same time, and theirs was a San romance. Both took an active part in patient activities, and as Miss Nola MacElmon, Mrs. Hill was one of the Associate Editors of **The X-Ray**. The intervening years have been kind to this couple. As director of a museum in Virginia, Mr. Hill, accompanied by his wife, travelled to many parts of the world. After his retirement, some ten or so years ago, the Hills settled at Great Village, Colchester County, but have spent their winters in Florida. They had no children.

Another San romance of the same era was that of Leland Romkey and Lela Herman—friends of the Hills. Mr. Romkey is now retired from his position as Finance Commissioner of Halifax. He and Mrs. Romkey are in good health.

Mrs. Lucy Damery and her daughter, June, of Amherst, both of whom cured here in 1955, were also among those in for check-up recently. Both are working in Amherst—Lucy as receptionist for Dr. Myers and June, with Casey Construction. Lucy is proud of her two-year-old granddaughter, daughter of her other daughter, Mrs. Audrey Jones of Springhill. June is still enjoying the thrill and excitement of driving her new Mustang.

---

THIS HALF PAGE WITH THE  
COMPLIMENTS OF

*Don Chase, Ltd.*

---

July has come! the meadow-lands  
In verdure stretch away;  
In broad-brimmed hat the mower stands  
Knee-deep amid the hay;  
The scent of clover fills the air,  
While sunflowers gaily nod,  
And Nature's children sweetly share  
The joy of praising God.

Charles MacKay

\* \* \* \* \*

Sign on a Texas farm fence: "Hunters—Don't shoot anything that doesn't move. It may be my hired man."

## CANADIAN BORN

We first saw light in Canada, the land  
beloved of God;

We are the pulse of Canada, its marrow  
and its blood;

And we, the men of Canada, can face  
the world and brag

That we were born in Canada beneath  
the British flag.

No title and no concept is half so proudly  
worn

As that which we inherited as men Cana-  
dian born.

We count no man so noble as the one  
who makes the brag

That he was born in Canada beneath the  
British flag.

—E. Pauline Johnson

## SONG OF SEASONS

"A garden is a lovely thing"  
That must be spaded in the spring,  
Weeded when the summer's searing,  
Mulched in fall when winter's nearing...  
Of all the seasons, do you wonder  
I like it best when it's snowed under!

—Sanatorium Outlook

## TEE BEE — THE BUG

Comes the urge to cough or sneeze,  
Grab some tissues and use them, please!  
Use tissues, both night and day.

There's no one here that wants your  
spray!

Cover up with tissues in and out of  
doors—

We've got OUR bugs, don't give us  
YOURS!

San-O-Zark

## Important News in Men's and Boys' Wear

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## Just Jesting

Doris: "Want soup?"

Steve: "Is it good soup?"

Doris: "Sure—fourteen caret."  
\* \* \* \* \*

Joseph: "I don't see how football players ever get clean."

Keith: "Silly, what d'ye suppose they have the scrub team for."  
\* \* \* \* \*

"What become of the young man who used to bring you all the flowers?"

"He married the girl at the florist's."  
\* \* \* \* \*

He: "You look sweet enough to eat."

She: "I do eat; where shall we go?"  
\* \* \* \* \*

"What's happened, George?" she asked her husband, who got out of the car to investigate.

"Puncture," he said briefly.

"You ought to have been on the look-out for this," was the helpful remark. "You remember the guide warned you there was a fork in the road."  
\* \* \* \* \*

A baby kangaroo kept jumping out of mama's pouch. Papa kangaroo slapped the baby kangaroo saying, "I've put you back now the twentieth time."

"You shouldn't have done that," said Mama. "He can't help it if I have the hiccoughs."  
\* \* \* \* \*

The judge: "The lady says you tried to speak to her at the station."

Maurice: "It was a mistake. I was looking for my friend's sister whom I had never seen before, but who has been described to me as a handsome blond with classic features, fine complexion, perfect figure, beautifully dressed and—"

The Witness: "I don't care to prosecute the gentlemen. Anyone might have made the same mistake."  
\* \* \* \* \*

Dr. Holden: "And how is your appetite?"

John: "Oh, I eat like a horse." And at dinner time he wondered why he didn't get a set of silver.  
\* \* \* \* \*

Murphy: "What is that in your pocket?"

Mike: "Shhhh. It's dynamite caps. I'm waiting for Pat. Every time he comes by he slaps me on the chest and breaks my pipe. Next time he'll blow his hand off."  
\* \* \* \* \*

Charge Nurse: "When you wait on the patients, be sure not to wear any jewelry."

Certified Nursing Assistant: "I haven't anything very valuable, but thanks for the warning."

Walley: "We have such thoughtful dining room girls here. Yesterday when I was late for dinner they saved me the tenderest part of the chicken."

George: "What part was that?"

Walley: "The gravy!"  
\* \* \* \* \*

Mike: "Which of all the parables do you like the best?"

Stephen: "The one where somebody loafed and fishes."  
\* \* \* \* \*

Gushing Visitor: "To think that your strength had all petered out and now is all coming back to you! What more could be wished for?"

Kenneth: "That my money would follow suit."  
\* \* \* \* \*

Rastus was dead. A wonderful funeral was in progress. The preacher talked at great length of the good traits of the deceased brother; what a good, honest man he was, what a good provider for his family, what a loving husband and father. The widow grew restless. "Johnnie," she whispered, "go up dere and look in dat coffin and see if dat's yore pa."  
\* \* \* \* \*

Mary: "Can you tell me where I heard 'Tb or not Tb; that is the question?'"

Phyllis: "Was it while 'Tiptoeing Through the Tubercles?'"  
\* \* \* \* \*

Florence: "Did you hear about the little girl mouse that found her boy friend caught in a trap?"

Edith: "No, what happened?"

Florence: She cried: "Darling squeak to me!"  
\* \* \* \* \*

Beggar: "Could yer help a poor guy dat's starving?"

Lady: "You should remove your hat while talking to a lady,"

Beggar: "I can't mum. It's full of sandwiches."  
\* \* \* \* \*

The personnel manager, checking the job reference of an applicant, asked the man's former employer if he was a steady worker.

"Steady?" came the reply. "Why he was practically motionless."  
\* \* \* \* \*

"What do you think of Red China?" one matronly lady asked another during a luncheon discussion of world affairs.

"Oh, I don't know," replied the other lady. "I guess it would be all right if you used it on a yellow tablecloth."

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The quality of mercy is not strained;  
It droppeth as the gentle rain from  
heaven  
Upon the place beneath it: it is twice  
blest—  
It blesseth him that gives and him that  
takes:  
'Tis mightiest in the mightiest: it becomes  
The throned monarch better than his  
crown:  
His sceptre shows the force of temporal  
power.  
The attribute to awe and majesty,  
Wherein doth sit the dread and fear of  
kings;  
But mercy is above this sceptred sway—  
It is enthroned in the hearts of kings,  
It is an attribute to God Himself,  
And earthly power doth then show lik-  
est God's,  
When mercy seasons justice.

—Shakespeare

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### TB HAS 'PESKY' COUSIN

Through Christmas Seal dollars a 25-year-old doctor is well into a research project which is producing some answers to problems involving the first cousin of the TB germ.

Dr. Barbara Robinson, working on a Christmas Seal Fellowship under direction of Dr. Stefan Grzybowski, associate professor of respiratory disease, University of B.C., is conducting the first interview-type research project in B.C. on patients suffering from a disease much like TB but isn't.

Patients have been infected by "atypical" germs, close relatives to the TB bug, which does not, as yet, have a name of its own.

This is part of a larger study on "atypical" infections supported by the Muskoka Hospital Memorial Research Fund.

While "atypical" germs do not produce TB, they produce symptoms similar to it, and are pesky in themselves.

TB for the most part reacts to modern drugs. "Atypical" stands firm and resistant.

Dr. Robinson is working with a test group of 20 patients, 12 of whom in the Greater Vancouver area she has interviewed, and tuberculin skin tested. On seven she has "done extensive blood work." "We think their blood will provide the key to what makes them susceptible to "atypical" disease," Dr. Robinson said.

"Interviews take place in their homes as "atypical" disease patients are not hospitalized," Dr. Robinson added. "They are not infectious and because of their resistance to recognized drugs, little can be done for them. Their conditions deteriorate slowly."

Majority of cases Dr. Robinson has interviewed have been those with pulmonary infections.

The germ also causes cervical adenitis in children which produces infection of neck glands and which is cleared through surgery.

"Atypical germs have been recognized as such for some years but it is only re-

cently we have known they actually cause disease," Dr. Robinson added.

For the past six years the provincial government laboratory has been recording all incidents of "atypical" cases found.

"We are growing germs all the time," Dr. Robinson said, "and renewing cultures to try them out for drug resistance."

Still much in the experimental stage is a drug which fights leprosy, cousin of TB and relative of "atypical" with which Dr. Robinson and other researchers have found some satisfactory and encouraging test tube results.

When her Christmas Seal Fellowship is finished in mid-summer she will combine her findings in a paper, as a stepping stone of knowledge for those who follow.

—Your Health,  
January-February, 1967

### SHOPPING

One of these days I must go shopping! I am completely out of self-respect. I want to exchange the self-righteousness I picked up the other day for some humility which they say is less expensive and wears better.

I want to look at some tolerance which is being used for wraps this season. Someone showed me some pretty samples of peace, — we are a little low on that and one can never have too much of it.

And, by the way, I must try to match some patience that my neighbor wears. It is very becoming on her and I think that some might look equally well on me.

I might try on that little garment of long-suffering they are displaying. I never thought I wanted to wear it, but I feel myself coming to it.

Also, I mustn't forget to have my sense of humor mended and look for some inexpensive everyday goodness. It's surprising how quickly one's stock of goods is depleted.

—Spyglass  
—Via The Link

Most people like a compliment and often try to live up to its implications.

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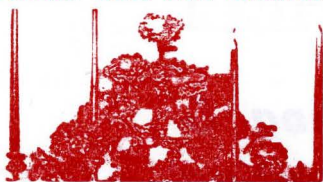
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