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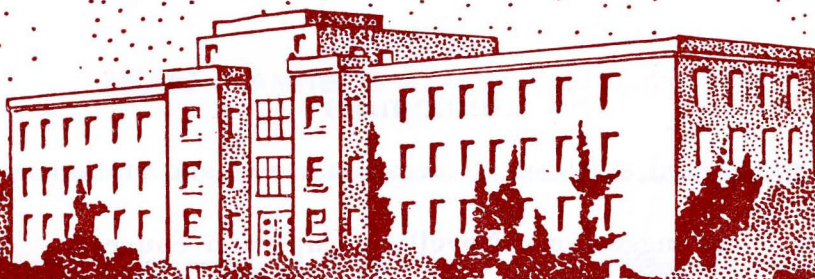
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NOVA SCOTIA SANATORIUM

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.

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ANGLICAN

Rev. Weldon Smith

ROMAN CATHOLIC

Parish Priest—Rev. R. Donnelly

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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VOL. 49

February, 1968

No. 2

LOVE

*Let me not to the marriage of true minds
Admit impediments; love is not love,
Which alters when it alternation finds,
Or bends with the remover to remove;
That looks on tempests, and is never shaken;
It is the star to every wandering bark,
Whose worth's unknown, although his height be taken
Love's not Time's fool, though rosy lips and cheeks
Within his bending sickle's compass come;
Love alters not with his brief hours and weeks,
But bears it out even to the edge of doom.
If this be error, and upon me proved,
I never writ, nor no man ever loved.*

Shakespeare

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



It was a great privilege for me on a Thursday afternoon during the last week in January to attend a ceremony during which twenty-nine of our Student Nursing Assistants received their caps after having successfully completed their first four probationary months of nursing education.

One of the great satisfactions of being associated with any educational enterprise is to observe change; in this case, to see changes brought about by this very wonderful group of young women and one young man. Four months ago they were strangers to us, they were perhaps a little fearful of what lay ahead for them, they were of varying sizes, shapes and sported the various modes of dress, coiffures, and modes of deportment exhibited by normal young people today. At the start they numbered 41 but by now their ranks had been reduced.

These twenty-nine young people are alert, there is natural color in their cheeks, a sparkle in their eyes, they are well groomed and they give an impression that life now had a sense of purpose, that life is now a challenge which they have accepted. There is satisfaction for them in knowing that destiny has carved out a niche in life for them to fill in a worthy fashion. It is a great satisfaction for us to have been able to provide them with the opportunity of doing so.

It was very fitting that the Ladies' Auxiliary of the Gideons were in attendance and contributed to the ceremony

by short but appropriate remarks and a gift of a Testament to each of the twenty-nine students. Our thanks are extended to them.

* * * * *

During January I was asked to speak on the subject of Tuberculosis to the Rotary Club in Wolfville. After the meeting was over a number of the Rotarians expressed great surprise to have learned that tuberculosis is still a very considerable problem in Canada. These worthy gentlemen are knowledgeable about most matters so I am sure that their surprise is duplicated among other citizens throughout the length and breadth of our country. Therein lies one of our problems. A false sense of security leads, of necessity, to complacency and this allows further inroads by tuberculosis into our communities. In 1964, 1965, and 1966 in Nova Scotia there were discovered 168, 201, and 217 new cases respectively. Our report for 1967 exceeds those reported in 1964 by a considerable number. This is no cause for complacency. Let us spread the word!

* * * * *

Drs. Holden, Quinlan, Schaffner and Jebson have returned from attending the annual meeting of the Royal College of Physicians and Surgeons of Canada in Toronto, and Mrs. Catherine I. Boyle, R.N., attended an Institute for Schools of Nursing Librarians in Halifax in January. Our staff continues to read the medical journals and attend meetings in order to keep abreast of what is new in the fields of medicine and surgery so that they may provide the best possible care for our patients.

* * * * *

Valentine Greetings to all.

A noncancerous ailment, emphysema shares one striking feature with lung cancer. Both were rare diseases only a few decades ago. Today, both are leading causes of death and disability. Emphysema is one of the two most frequent diagnoses for disability under social security, accounting for some sixty million dollars a year in social security payments. It is exceeded only by heart disease.

—ITAM

MANNERS

Manners are the happy ways of doing things; each one a stroke of genius or of love, now repeated and hardened into usage, they form at last a rich varnish, with which the routine of life is washed, and its details adorned. If they are superficial, so are the dewdrops which give such a depth to the morning meadows.

—Emerson

An English Holiday In Retrospect

Eileen M. Hiltz

A repeat visit can be mixed shade and sunshine: there is joy in seeing again some place or thing fondly remembered; at the same time one may be saddened, or jarred, by changes the intervening years have brought. But, always, we have found the pleasure to outweigh the disappointment, and revisiting is one of our greatest delights as travellers.

As with Edinburgh, so it was with Oxford—fifteen years had passed since we had spent a very full and happy holiday there. In 1952 we had stayed at the Mitre Inn, a famous old hostelry that boasts having entertained the first Elizabeth, and stands squarely on the High Street, that long main thoroughfare through the city. Now if anyone pictures Oxford as a sleepy college town he need only stand at the door of the Mitre to be completely and forever disillusioned. The traffic that roars along the High Street day and night is almost beyond belief. If you are inclined to think I exaggerate, I refer you to the **Encyclopaedia Britannica**, which has this to say: "Illustrative of the rapid urbanization during the 20th century is the average number of vehicles which daily cross Magdalen bridge, estimated in 1954 at over 41,000. Practically all this traffic, traverses the High Street . . ." This time, thinking to escape the traffic, we chose to stay at The Randolph, a fine hotel well-removed from the High Street but still very convenient for all points of interest in the city. Well, anyone can be wrong—we discovered on our first night there that a giant bus terminal was just around the corner and that the buses made much use of our "quiet" street for their comings and goings. We decided that sleeping with closed windows was preferable to enduring the noise and fumes.

Although it is a busy manufacturing city now, centre of an automobile industry among other things, it is for its matchless colleges that the world reverts Oxford. Each college—there are over twenty in all—is walled off from the others and from the city, and each has its own unique character. If permission is posted, visitors may enter at the narrow gate and walk about well-kept quadrangles, marveling at the time-mellowed buildings. Then, again if permitted, one visits the proudest features of each college, its chapel, library and Hall, or refectory. In the refectories, where masters, lecturers, fel-

lows and pupils assemble at mealtime to dine beneath portraits of their most distinguished alumni, one has the feeling of history made real. We visited Christ Church, with its famous bell, "Great Tom"; Magdalen, strolling along its lovely water walks and deer park, where deer of all sizes watched for hand-outs; Merton, the oldest of them all; and as many more as our limited time, and the powers in charge, allowed.

During our Oxford stay we made two interesting side trips. We took a bus out to Bladen on Sunday for a very special mission. The time was mid-September, rather past the main tourist season, but we found bus after bus arriving and discharging their loads of visitors come to pay tribute to the man of the century, Winston Churchill. In a modest churchyard, by a very unpretentious church, his grave lies, flanked by those of other Churchills and Marlboroughs.

The following day we journeyed to Burford, to spend a night at the home of our good friends the Bennetts, reunion with whom is one of the treats we promise ourselves when planning a holiday in Britain. Burford, twenty miles from Oxford, is a venerable town rich in 16th and 17th century houses. It is the southern gateway to the Cotswolds, and as the Cotswolds comprise some of the loveliest and least spoiled countryside of England, it is not surprising that it is immensely popular as a centre for exploration of the area. With commendable good taste and judgment, the Bennetts had chosen Burford when they resolved to get away from the stress of London life and settle in some gentler spot. Our visit in the Bennetts' home was a delight. The house, not yet two years old, built, in keeping with a local law, of famous Cotswold stone in its soft yellowish hue, enjoyed all modern comforts inside and offered a splendid view from its hilltop location. Add to that the fact that Mr. Bennett is an ardent stamp-collector and that they possess a dear black poodle!

Burford like so many Cotswold towns was a centre for the wool trade in earlier days. Token of this is found in the name of a main thoroughfare, Sheep Street, on which stands an ancient, rambling inn,

The Lamb. We had dinner at The Lamb that evening, in surroundings so unchanging you almost caught yourself listening for the sound of a coach-and-six clattering

over the cobblestones. (Mention of The Lamb still brings a faraway look in Dr. Hiltz's eyes, from memories of the "curried fruit" with which he started his dinner.) A smallish town, Burford consists mainly of one broad street that climbs from the Windrush river through the brief business district and steeply up a long hill, lined with trees and beautiful homes. One of these our friends pointed out as the house where Lady Tweedsmuir, widow of the former Governor-General, lives in retirement.

From a holiday two years ago, when we spent a week at Chipping Campden, we knew something of the northern fringe of the Cotswolds. Between Chipping Campden and Burford lies much beautiful country, dotted with enchanting small towns bearing names like Upper Swell, Lower Slaughter, Stow-on-the-Wold, Shipton-under-Wychwood. Who could resist them? Some day we shall return, hire a car and discover them fully. Well, we can dream, can't we?



WINTER FUN

* * * * *
 The snow had begun in the gloaming,
 And busily all the night
 Had been heaping field and highway
 With a silence deep and white.

Every pine and fir and hemlock
 Wore ermine too dear for an earl,
 And the poorest twig on the elm-tree
 Was ridged inch deep with pearl.

From "The First Snow-fall"
 —James Russell Lowell

* * * * *
 Every little flake of snow is a perfect
 crystal, and they fall together as grace-
 fully as if fairies of the air caught water
 drops and made them into artificial
 flowers to garland the wings of the wind!
 Nature is beautiful, always beautiful!

—Lydia M. Child

* * * * *
 Picture, picture, on the wall
 Splashy, vivid, massive, tall
 Viewed up close or from afar,
 How I wonder what you are.

Tuberculosis: A Matter Of Life And Breath

By Floris E. King, M.P.H., PH.D.

Program Director, Canadian Tuberculosis Association

The Problem

In 1967 in a Canadian 16-room school 32 children developed tuberculosis. A great many other boys and girls were also infected. As a matter of fact some 200 persons are now receiving drugs to prevent a breakdown. And this, in a community where children and parents are well nourished, live in comfortable homes, and where there has been organized systematic health department tuberculin testing surveys. It couldn't happen here? It did.

Although great progress has been made in tuberculous control and treatment, obviously much more needs to be done. Why do we have cases at all? It is preventable.

However, in 1966 there were 4,485 new cases of tuberculosis reported in Canada. Of these, 525 were boys and girls under ten. Another 431 were between 10 and 20. And besides these, another 769 former patients suffered relapses. The cost of diagnosis, treatment and follow-up of ONE active case of tuberculosis is approximately \$5,000 in developed countries. The total cost of this disease is staggering.

Thinking world-wide, and today more than at any other time in our history, our responsibility is world-wide: the World Health Organization estimates that 15 to 20 million people somewhere in the world have active tuberculosis, and that during the next year they will infect 100 to 150 million others.

The Expansion

To be more effective it is necessary to expand efforts in order to focus more precisely. The Canadian Tuberculosis Association is expanding its programme to include a wide range of other diseases of the lung, some of which are easily mistaken for tuberculosis, and others which complicate treatment of tuberculosis. Some of these diseases are bronchitis, emphysema, influenza, common cold, asthma, pleurisy, pneumonia and bronchiectasis. These cost Canadians more than two million hospital days yearly. On an average day, about 40,000 Canadians are sick with some of these diseases. As a matter of fact emphysema is the fastest growing cause of death in Canada. It now causes four times as many deaths as it did ten years ago.

The Programme

The Canadian Tuberculosis Association serves as the consultant body to each of the provincial associations. Each provincial association is responsible for the programme in its province in the light of local needs and resources.

The programme may be summarized as follows:

1. There is support of casefinding through community surveys, screening of selected groups with particular emphasis on high incidence groups using mass X-rays and tuberculin testing. These programmes have continued across the country in very close cooperation with the Department of Health.

2. The educational programmes of the Association have expanded. This includes professional education of doctors, nurses, staff and board members and volunteers, as well as health education of the general public. The methods used have been in the form of specifically defined meetings; institutes, volunteer participation in specific programmes, district study sessions, mass media, and the production and distribution of materials.

Besides, the Thoracic Society is organized at the provincial as well as national level for involvement of chest specialists across the country; Nurses' Sections are now being organized provincially as well. There is the Overseas Scholarship, which provides for a visit of a physician to study tuberculosis and respiratory diseases in the United Kingdom. This year, a Centennial lecturer, Dr. Owen Clarke, Consultant Chest Physician, Canterbury Chest Clinic, England, visited provincial associations across Canada as well as the National Meeting in the United States.

3. A rehabilitation programme is conducted in five provinces.

4. The research and fellowship programme of the Association has been further expanded through the support of the Christmas Seal Campaign on a national basis. In addition, a number of provincial associations, particularly Ontario and British Columbia, have increased considerably their own research programmes.

Besides, three specific national committees are functioning in the area of research: the Mass Survey Evaluation Committee, the Committee on Definitions, Indices and Statistics; and the National

Study Committee on atypical Mycobacterial Infections.

5. In the international field the Association has continued to play an active part in the affairs of the International Union with financial support to the Southeast Asian Project in Malaysia including the support of a specialist physician in tuberculosis to organize the programme there. Also, the rural chest clinic programmes in West Africa have benefited considerably from the mutual assistance contributions from Canada. And, also, the International Co-operative Study of the epidemiology of tuberculosis in four countries, Canada, Norway, Czechoslovakia and the Netherlands, has continued with financial support from the Association.

6. The Association continues its special interest to cooperate with other voluntary societies and government bodies.

7. The Christmas Seal Campaign remains the fund raising activity of the Association. Contribution to this Campaign is an expression of interest and support in the tuberculosis programme.

The Conclusion

The demands of tuberculosis, which is certainly not disappearing from Canada, and has, in fact, come back quite fiercely with explosive epidemics in some areas, and the increasing problem of chronic respiratory disease are a challenge to us all in the future.

—Health, October 1967

STOPPING BY WOODS ON A SNOWY EVENING

Whose woods these are I think I know,
His house is in the village though;
He will not see me stopping here
To watch his woods fill up with snow.

My little horse must think it queer
To stop without a farmhouse near
Between the woods and frozen lake
The darkest evening of the year.

He gives his harness bells a shake
To ask if there is some mistake.
The only other sound's the sweep
Of easy wind and downy flake.

The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.

—Robert Frost

TO GET ALONG WITH PEOPLE

Getting along with people! Yes, we have to be able to do it. Not many of us want to retreat like Simon Stylites of the fifth century to the top of a pillar 60 feet high and live there all our lives. No, it is a great deal more fun to live and work with people, even if it does tax our skill and patience sometimes to do it.

News of the Blues, the Blue Cross-Blue Shield magazine suggests "20 Ways to Get Along with People." Here they are:

1. Develop the ability to accept criticism without being hurt.
 2. Be enthusiastic—show it.
 3. Keep your dress, physical presence and appearance in top form.
 4. Use tact in dealing with others.
 5. Be thoughtful—avoid the "big I and little you."
 6. Have a sense of humor—Smile.
 7. Take the time to be courteous.
 8. Be a self-starter, show initiative.
 9. Face up to problems—don't duck them.
 10. Get cooperation by giving lots of it yourself.
 11. Be loyal and spread the feeling to others.
 12. Have confidence in yourself.
 13. Be honest—there's no substitute for it.
 14. Be economical and efficient—be a cost cutter.
 15. Develop your memory for names and faces.
 16. Systematize—be orderly.
 17. Weigh facts—curb prejudices.
 18. Express yourself clearly—get your ideas across.
 19. Be patient with the shortcomings of others.
 20. Be flexible—adjust to change. Sounds like a big order doesn't it? Perhaps one ought to add that those who cannot qualify on all 20 ways should not give up hope. It takes time to change habits. Being proficient in only part of the 20 ways will help a lot in anyone's human relations.
- The Link.

The neighborhood jokester went into the butcher-shop and, finding the butcher's wife in charge, couldn't resist the temptation to be funny.

Neighborhood jokester: "Can you furnish me with a yard of pork, madam?"

Butcher's wife (never changing expression, simply called to the boy behind the counter), "Jimmy, give this gentleman three pig's feet."

—C. Kennedy.

TB Has No Favorites, Hits Without Warning

David B. Gregg, M.D.

The following factual events, omitting only dates, places, and names, tell much about an insidious, treacherous and contagious disease—tuberculosis.

One spring morning a young man in his 30's, leaving his place of employment, boarded a mobile X-ray unit with many of his co-workers for a routine check.

Later, during the reading of these films, a physician singled out this young man's X-ray as suspicious for tuberculosis. He failed to keep the appointment he was sent by mail for return to the unit.

A public health nurse then made a home visit to the young man's address in order to see that he understood the necessity for having another X-ray and learned from his family that the young man had gone to a northern state to find work there.

A state interchange on communicable disease was forwarded through the Tuberculosis Control Division of the State Board of Health to the similar agency in the northern state requesting that he be given the necessary follow-up there.

Two months after this young man boarded the X-ray unit, his sister, with whom he lived, sought medical attention for her young daughter, 4. She had become very drowsy and slept more than normal.

She was referred to a specialist and hospitalized in a nearby city where brain surgery was performed. Within a week the child died and an autopsy revealed that she had tuberculosis meningitis.

Upon notification of the cause of death of this young child the local health officer sent the public health nurse to her home to initiate the examination of all contacts of this child to find the sources of her infection.

At this time the nurse first learned that the young man with whom this story began was a member of this household and was an uncle of the deceased child. It was also learned that the young man had been ill during his stay in the northern state, and returning home for the funeral of his niece, not feeling well, had at that moment gone to see his local physician.

The nurse immediately contacted the doctor to tell him the events in his history, noted in this story. Armed with this information, the doctor referred him to the local health department for chest X-ray, tuberculin test and sputum examinations.

These revealed Far Advanced Tuberculosis with numerous tuberculosis germs found in the sputum. Approximately three months after boarding the mobile X-ray unit, the young man was hospitalized for treatment of his tuberculosis.

Our story does not end here, however, for it was realized now that a case of infectious tuberculosis had been found and though the end had come for one of the exposed, there were many others whose exposure was the same and were at high risk of developing the disease.

A nursing visit disclosed that there were seven persons in the immediate household. A check of these showed the parents of the deceased child had negative chest X-rays, but the father had a positive tuberculin test and was giving isoniazid as a preventive.

Of the five other children ranging from 9 to 1 year, two also had positive tuberculin tests and were placed on the drug as a preventive when X-rays revealed no evidence of disease.

After several conferences between the coordinating nurse for Tuberculosis Services, the health officer and the central office, it was agreed that all of this family, not just the positive tuberculosis reactors should be placed on isoniazid prophylaxis.

Attempts to bring the family in again for this purpose met with resistance, for the mother had apparently sought refuge in "religion" and had been misled into feeling that this alone was adequate and other services were not needed. Even the children and father, who were given isoniazid, were not getting it regularly because of the mother's misdirected religious belief.

Unable to persuade the mother to come in for re-check, the nurse went to the home again, taking necessary equipment with her, and again tested the children who had negative tuberculin tests about four months earlier.

The mother refused to be tested again. All three of the children, age 8, 7 and 3, now reacted strongly to the skin test, and X-ray films made soon thereafter indicated that they now all had active pulmonary tuberculosis.

When these results became known it was learned that the mother had become ill and admitted to the local general hospital. Studies there revealed she had moderately advanced tuberculosis. It was now necessary to admit the mother

and four of her five children to the state tuberculosis hospital where adequate treatment could be assured.

This left only the father and an infant at home, hopefully now stimulated to faithfully take their isoniazid.

—SoCaSan Piper
via San-O-Zark

INFECTIOUSNESS OF TUBERCULOSIS

Within the past 20 years, the risk of tuberculosis infection has been greatly reduced by the advent of effective chemotherapy, increased understanding of the mechanism of transmission and the practical ways of disinfecting the air.

However, attitudes toward contagion have not kept pace, says the Ad Hoc Committee on Treatment of Tuberculosis Patients in General Hospitals in a statement published recently in the American Review of Respiratory Diseases. The following is an excerpt from their statement. It concerns the transmission of bacilli from person to person.

The tubercle bacillus is a nonmotile organism that is readily killed by heat, drying, sunshine, and ultra-violet light. It is transmitted from one person to another by air, in the residue of minute droplets of moisture produced during coughing, sneezing, laughing, etc. The larger particles fall to the ground close to the expeller. The small ones, however, rapidly evaporate leaving "droplet nuclei", which remain suspended in the air indefinitely and are carried by air currents, as is cigarette smoke. Inhalation and implantation on lung tissue of these bacillus-laden droplet nuclei are necessary for transmission to be completed.

As a rule, only the more minute particles are able to penetrate into the lungs. When larger particles are inhaled, they are stopped in the nasal and upper respiratory passages and are eliminated. Even though laden with tubercle bacilli, these particles do not infect because the upper respiratory tract is resistant to infection. Bacilli must reach the susceptible lung tissue, settle out, survive, and multiply before infection is established.

Available evidence suggests that tubercle bacilli lodged on fomites—linen, furniture, books and floors—do not constitute a significant infection hazard. Most of them die quickly through the action of drying, heat or sunlight. Dried secretions are very difficult to fragment

and suspend in the air; and furthermore those airborne particles, which do arise from surfaces, are ordinarily innocuous. They are too large to penetrate into the lung. Hand washing is efficient in removing organisms possibly picked up from fomites or direct contact with infectious sputum or other discharges.

At the conclusion of the statement, the committee repeats what other doctors and health workers have been telling the public for years . . . i.e. the greatest risk of infection arises from the individual with undiagnosed or unsuspected tuberculosis.

—Sanatorium Board of Manitoba News Bulletin.

A WONDERFUL WEAVER

There's a wonderful weaver
High up in the air,
And he weaves a white mantle
For cold earth to wear,
With the wind for his shuttle,
The cloud for his loom,
How he weaves, how he weaves
In the light, in the gloom.

Oh, with finest of laces,
He decks bush and tree;
On the bare, wintry meadows
A cover lays he.
Then a quaint cap he places
On pillar and post,
And he changes the pump
To a grim, silent ghost.

But this wonderful weaver
Grows weary at last;
And the shuttle lies idle
That once flew so fast.
Then the sun peeps abroad
On the work that is done;
And he smiles: "I'll unravel
It all just for fun."

—George Cooper

"We have the medical answers to TB—the knowledge the science, the drugs and the experts. But people must have the interest to seek medical attention when they don't feel well. We are dependent on the interest of the public . . . about 70 per cent of all cases being reported for the first time are advanced cases . . . more and more younger people are getting TB because older people with the disease are not being diagnosed fast enough nor being brought under treatment fast enough." — Dr. E. A. Piszczek in *The Crusader* (Wisc.), Winter 1965.

What Is A TB Patient?

Between Admission and discharge there comes to the TB San, that most important personage we call the **PATIENT**.

TB Patients come from all walks of life; and whether they are walked in, driven in, wheeled in or carried in kicking and screaming; they've all got one thing in common: a past visit from the "Little Old TB Maker," Mr. Tubercule Bacillus.

Most patients are sick when they arrive—and they know it. But there's always a few who need a little convincing and their Chaplain cards read something like the following:

"The Doc got ahold of some other guy's x-ray."

"What!? You ain't got enough sick people in here to keep everybody busy. Why'ye hoffta pick on a nice healthy specimine like me?"

It's just the flu, Doc! Honest! I got that hole in Iwo Jima."

"I've got influence at the center. I'll have your job and be outta here in no time at all."

Patients come in a variety of colors: those who feel stranded on an island—**MAROONed**. Those who remain sad and gloomy—**moROSE**. Those who argue with chart readings — **CHART-RUSE**. Those who are 'guine to leave the San—**SAN-GUINE** and those who dig in and go home well—**INDIGO**.

Home, to a patient, is where he takes his pills. At best, his room at the San can be his home away from home. But when he gets transferred around a few times and maybe takes a little side trip to surgery, it gets to be more like his home away from home away from . . . well, you just can't be sure of anything these days.

Patients like: cheerful letters from folks or friends, some assurance from the Doc once in awhile, pretty nurses or handsome doctors, getting their clothes back (on), passes, empathy that you don't necessarily have to pour on a pancake, outside visitors, solitude (once in awhile), back rubs, negative cultures and **discharges**.

They don't like: needles, sleepers when

they're already asleep, various aspects of PAS, fences, coming here in the first place, "rule-book Charlie", spareribs on Wednesday, the guy next door's TV coming on like a maniac Howitzer, not sleeping 'til noon, evasiveness, rudeness AND incompetence in the same employee (very rare), four walls to look at, the impotent feeling of not being master of their own fate temporarily, mulch on a shingle, ceramics that get loused up in the kiln, and "lights out".

Doctors treat them, folks at home miss them, nurses nurse them, aides aid them, chaplains, social workers, cooks and pantry maids, janitors, therapists and a dozen other specialists try to serve the patient but for the most part he feels like he's been sent, stoned and stabbed; and he remains thoroughly confused until the day he's discharged.

Patients can be found in the exchange store, roaming the halls, in X-Ray, out on the patio, in the Dentist's chair, in O-T, Pool Room, other patients' rooms, doing the campus and . . . oh, yes, occasionally in their own room during rest period or Doctor's rounds.

Most patients are an endless source of questions such as:

"How could this happen to me?"

"You got something against sharp needles?"

"What's up, Doc?"

"You sure that was **my** bottle they got ahold of in the lab?"

"Only a 48-hour pass?"

"When am I going up for discharge?"

"Not really!?"

To some, patients are just a pair of lungs or another case. But in reality, the cases are in the filing cabinets and the patients are in their beds. Patients are people—and doctors are people too.

Patients go through many stages. When they are sick they are very very sick, and when they are well they want to go home, and the best stage of all is the one that takes them there.

—By Roger Poortvliet

Editor, Firland Magazine

—ITAM

Mary (Buying fur coat): "Can I wear this fur coat in the rain without hurting it?"

Salesman: "Madame, have you ever seen a squirrel carrying an umbrella?"

Why Guests Stay

Mrs. Talkalot: "Let's see, whom were we discussing?"

Mrs. Jabbermore: "Mercy me, I forget. Who was it went out last?"

NURSING NEWS

Mrs. Catherine Boyle, R.N., attended the Institute for Librarians of Nursing Libraries in Halifax, during January. This was sponsored by the Registered Nurses Association.

Miss Rhoda MacDonald, R.N., visited our School for Nursing Assistants on an official inspection for the Nova Scotia Board of Registration for Nursing Assistants.

We are pleased to welcome Mrs. Betty Jean Johnson, R.N., to our staff and also, Mrs. Helen Taylor, as Ward Clerk on Third Floor, East Infirmary.

Colds and flu have taken a toll among the staff, but we hope the worst is now over.

Mrs. Grace Nickerson and Mrs. Marian Johnson have been patients in the Blanchard Fraser Memorial Hospital. We wish them a speedy recovery. Mr. Alan McKinnon, C.N.A., is still off duty, but we are pleased to hear that he is improving in health.

NURSING ASSISTANTS — CAPPING

CLASS '68B

Twenty-nine Nursing Assistants, Class '68B, received their caps at a ceremony in the Chapel on January 25, 1968.

The students were presented by Mrs. Catherine Boyle, R.N., and capped by Mrs. Hope M. Mack, R.N. The Hospital Pledge was repeated following the Capping.

Blue Testaments were presented to the students from the Gideon Ladies' Auxiliary by Mrs. Dean Hennigar, Sheffield Mills; Mrs. Norman Moore, Wolfville, gave a short talk; Miss Andrea Myra sang a solo accompanied by Miss Elizabeth MacPhail, R.N., at the piano.

Other members of the Auxiliary present included Mrs. Irving Gates, President, Mrs. Hance Mosher, and Mrs. Clayton Myra.

Dr. J. E. Hiltz congratulated the students on receiving their caps and thanked the Gideon Ladies' Auxiliary for the presentation of Testaments.

Tea was served at the Nurses' Residence.

Two golfers were feeling a little guilty about playing on Sunday morning. "I suppose we should've stayed home and gone to church," one said.

"I couldn't have gone to church anyway," the other said. "My wife's sick in bed."

YESTERDAY, TODAY AND TOMORROW

The value of experience cannot be overlooked nor underestimated. Past mistakes can help us to set our sights more accurately; looking ahead is one of the pleasures of existence, for it is true that many times anticipation is more pleasurable than realization. Knowing these, it is still this day—today—about which we are concerned.

There are two days in every week about which we should not worry; two days which should be kept free of fear and apprehension.

One is yesterday, with its mistakes and cares, its faults and blunders; its aches and pains. Yesterday has passed forever beyond our control. All the money in the world cannot bring back yesterday. We cannot undo a single act we performed, no matter how regrettable, nor can we erase a single word we said. Yesterday is gone.

The other day about which we should not worry is tomorrow, with its possible adversities, its large promise and probably poor performance. Tomorrow also is beyond our immediate control. Tomorrow's sun will rise, either in splendor or behind a mask of clouds—but it will rise. Until it does, we have no stake in tomorrow, for the day is yet unborn.

This leaves us one day—today.

Any man can fight the battles of just one day. It is only when you and I add the burdens of those two awful extremities—yesterday and tomorrow—that we break down. It is not the experience of today that breaks one's spirit, it is the remorse or bitterness for something that happened yesterday and the dread of what tomorrow my bring.

Let us, therefore, concentrate on making the most of what we have—today; Let us live but one day at a time—today.

—Link

Via The Stethoscope

MY LOVE FOR YOU

My love for you is all my life,
My heart to you I give;
No matter what my job or strife
For you alone I live.

My love for you is so sincere
That when you're far away,

I seem to always feel you near
Each moment of the day.

My love for you is great indeed
But if we have to part,

All I ask and all I need

Is a place within your heart.

—Mary B. Cushing

HEALTH RAYS

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STAFF

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EDITORIAL COMMENT

For the February issue of **Health Rays** we felt it would be appropriate to intermingle poems on love, friendship—and the more pleasant aspects of winter. Needless to say, we have not been courageous enough to write any of them ourselves but have been more or less content to borrow from a variety of sources. How content we are to borrow the expressed sentiments of others, rather than try to put our own feelings into words! Probably we are never more conscious of this than when we are trying to select a card expressing affection, best wishes, or sympathy. Earlier generations would have taken pen in hand and written a personal message, or poem—in the case of a valentine message—while we tend to settle for a card which seldom conveys what we would like to say.

It is interesting to note how the observance of Valentine's Day has survived, in one form or another, through the centuries and in countries where conditions and customs must bear little resemblance to those at the place of origin. We have read a number of theories regarding the origin of this celebration. In ancient times February 14th is said to have been the time of a pagan celebration in honor of love. This would be vastly different from life in 17th to 19th Century England, for example, when many of our more romantic love poetry was written. It is said, too, that February 14th was the time when birds began to mate and that this gave rise to the custom of young persons sending love messages to each other on that date, choosing them as their "valentine" for the ensuing year. This was obviously not in a climate such as Eastern Canada experiences in February.

Probably the most widespread theory

concerning the origin of Valentine's Day is that it was named in honor of a Roman priest and martyr, St. Valentine who, according to legend, was beheaded on February 14th, in the year 270. He is regarded as the patron saint of lovers, and love messages sent on February 14 are called valentines in his honor. Whatever its origin, it is rather reassuring to find that the custom continues to survive.

At this time we would like to send our congratulations to the staff of the new Charles Camsell Hospital, Edmonton. Having just read your Pictorial Issue of the **Camsel Arrow** we are indeed impressed—and perhaps just a little bit envious—at seeing the photographs of your very modern looking facilities. Our best wishes for your continuing success in your new surroundings.

NEW FRIENDS AND OLD FRIENDS

Make new friends, but keep the old;
Those are silver, these are gold.
New-made friendships, like new wine,
Age will mellow and refine.
Friendships that have stood the test —
Time and change—are surely best;
Brow may wrinkle, hair grow gray,
Friendship never knows decay.
For 'mid old friends, tried and true,
Once more we our youth renew.
But old friends, alas! may die,
New friends must their place supply.
Cherish friendship in your breast —
New is good, but old is best;
Make new friends, but keep the old;
Those are silver, these are gold.

—Joseph Parry

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THE FROST

The Frost looked forth one still, clear night,
And whispered, "Now I shall be out of sight;
So through the valley and over the height

In silence I'll take my way.
I will not go on like that blustering train,
The wind and the snow, the hail and the rain,
Who make so much bustle and noise in vain.

But I'll be as busy as they."
Then he flew to the mountain and powdered its crest,
He lit on the trees and their boughs he dressed

In diamond beads, and over the breast
Of the quivering lake he spread
A coat of mail that need not fear
The downward point of many a spear
That he hung on its margin far and near,
Where a rock could rear his head.

He went to the window of those who slept,
And over each pane like a fairy crept.
Wherever he breathed, wherever he stepped,

By the light of the moon were seen
Most beautiful things: there were flowers and trees,
There were beves of birds, and swarms of bees,
There were cities, and temples, and towers, and these,

All pictured in silver and sheen.
But he did one thing that was hardly fair;
He peeped in the cupboard, and finding there

That all had forgotten for him to prepare,
"Now just to set them thinking—

I'll bite this basket of fruit," said he,
"This costly pitcher I'll break in three,
And the glass of water they've left for me,

Shall 'tchick to tell them I'm drinking."

—Hannah F. Gould

WHY TEENS SKIP BREAKFAST

"What did you have for breakfast this morning?" The question was put, in a reasonably polite way, to five hundred freshmen in a large Chicago high school.

Nearly half admitted that they hadn't had breakfast. Of those who had, half had taken time for only a fast grab—a roll or a slab of toast washed down with coffee or water. Only a quarter of those involved had eaten an adequate breakfast—milk, fruit, cereal, and perhaps an egg.

The breakfast eaters averaged higher in their school work and showed far fewer absences. It was concluded that some instruction about eating habits would help raise the general student level of performance.

After a semester of teaching about nutrition and rules for healthy living, the youngsters were asked the same question. Results turned out virtually the same as before. Although now primed with the facts, few students had changed their habits. One explained: "I know I should eat breakfast, but this morning I only had time for a toothpick." Other excuses were divided between "Not time" and "not hungry."

The key, it turned out, was Mother and her plans for family happiness. Too many mothers assume that adolescents are "old enough to get their own breakfast." They are. But the sad fact is, they don't.

In those between years, boys and girls are half children, half grown-ups. They should be greeted each morning with a dependable, "Breakfast is ready, come and get it!" Without this secure beginning they may drift through the day, bodies inadequately prepared to meet their responsibilities.

—Information Service
Ark. TB Association
The Link

When they told her that there was an effort being made to revive Shakespeare, she said, "Oh, was he at the party, too?"

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Chaplain's Corner

Rev. Kenneth G. Sullivan, M.A., B.D.

St. Paul and St. Stephen United Church

Fulton Oursler relates this interesting story which I pass on to you:

"The tiny, silver-haired woman is crying. Beside her wheel chair, station porter Number 42 ruefully watches his suffering customer. As the elevator dawdles down from the balcony of Grand Central, the man takes off his red cap and, closing his eyes, seems to listen. Presently he bends over and whispers:

'Lady, that is a sure-enough pretty hat you're wearing this morning!'

In utter astonishment she looks up into the Negro face. 'And your dress too—prettiest one I've seen all today.'

Over the pain-wrenched mouth comes the apparition of a smile, such as only women know when their taste in frocks and bonnets is admired.

'I declare!' she gasps. 'Whatever made you say that to me?'

'The good Lord,' declares Redcap Number 42 with conviction. 'I just asked Him how to help you, and the answer came to me to take a look at your hat. But,' he chuckles, 'the dress was my own idea.'

She is still smiling as he pushes the wheel chair across the noisy concourse and down the ramp to the Pullman, but in the drawing room she apologizes:

'I am ashamed of breaking down like that, but I am in pain all the time. Can you imagine what that is like?'

'Yes, ma'am. I had to lose an eye—and for years afterwards it hurt me like a hot iron.'

'How were you ever able to endure a thing like that?'

'Just praying.'

'Did prayer take your pain away?'

If you discriminate against me because

I am dirty, I can make myself clean.

If you discriminate against me because

I am bad, I can reform and be good.

If you discriminate against me because

I am ignorant, I can learn.

If you discriminate against me because

I am ill-mannered, I can improve my manners.

But if you discriminate against me because of my color, you discriminate against me because of something which God himself gave me and over which I have no control.

—Dr. Channing Tobias

'No, ma'am, it never did that. But it brought me the strength to stand the pain.'

There is an aroused light in her hurt eyes as she sends him away. Not until a year later does the porter hear from her. June again, and above the station din, a voice paging Number 42. When the bespectacled scholarly-looking redcap reports at Information Desk, her daughter is waiting with a message from the dead.

'She asked me to find you and tell you that what you said to her last summer made all the difference in the world to her.'

Off comes the red cap, the eyelids close, the porter listens and then looks into the resentful face of the daughter. In the boldness of faith this diligent Samaritan says:

'Don't be bitter, miss, and don't be ashamed to cry. Jesus went, why can't we? And why don't you say a little prayer of thankfulness to the Lord?'

'Why should I be thankful?'

'Because your mother lived to be a very old lady and you had her to love for a long time. I know lots of orphans mighty young. And besides, your mother's pain is gone now! . . . That's good, miss, cry real hard!'

Hundreds of travellers have been helped by Ralston Crosbie Young, who makes a career of toting luggage and volunteering comfort to the downcast and the bewildered. Neither clever nor profound, this eager servant of God specializes in faith and common sense mixed with an unshakable liking for people."

Friendship is a thing of the spirit. A man has not completed his education until he is able to have a friend and to be one. A neighbor or a mere acquaintance is friendly—but what a distance to sincere friendship with one! From true friendship we should expect nothing but a oneness with us. No exchange, but a melting of spirits. And often this friendship is completed in silence.

—Author Unknown
Contact

A friend is a present you give yourself.
—Robert Louis Stevenson

TELL YOUR DOCTOR YOU'VE HAD TB

One of these days you're going to be out of the sanatorium. You'll be looking ahead to years and years when the doctors you will be seeing are not the ones looking after you now, but your personal physician. As you may not always live in the same place you may get a new doctor from time to time.

Make a note now that one of the things your personal physician should always know is that once upon a time you had tuberculosis. Your appearance won't inform him, so it is only fair to tell him. Should you ever get pneumonia, he should have that information. Should you ever have diabetes, it would be important that he should know that you once had tuberculosis. Diabetes lowers resistance to infection and he would want to be especially alert should you ever suffer from it.

Your doctor should also know if you ever had TB because there are some drugs which certainly tend to cause a flareup in tuberculosis, and they are drugs in fairly wide use. Some drugs used in rheumatic disorders would be particularly dangerous. The fact that you have had tuberculosis does not rule out of your life those twinges that affect so many of us as time marches on. Before prescribing for certain aches and pains in the joints, the doctor should certainly know you have had tuberculosis.

Another reason you should tell him is that there are probably scars on your x-ray plate which might puzzle him. If you have told him that you have had TB he

will expect to see the scars and the able to assess them at once.

Tuberculosis is a great masquerader. The common symptoms are cough, fatigue, spitting of blood, loss of weight, but there are others not so common. If the doctor knows you have had tuberculosis and that he should be sure you are not having a return of it, it may save him more time.

So remember to tell your doctor you have had TB. It will help him to help you.

—Via San Outlook

OUR PRAYER

Thou that hast given so much to me,
Give one thing more—a grateful heart;
Not thankful when it pleaseth me,
As if Thy blessings had spare days;
But such a heart, whose pulse may be
Thy praise.

—George Herbert



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Old Timers

"Hurrah for the jolly old winter", says a poem in an old school Reader, but few would call his performance of a few weeks ago a jolly affair. Flinging all that white stuff around with such fury smacked more of villainy! However, now that the old fellow has simmered down and something like normal movement is possible again, we tend to forgive his tantrum and admire the beauty miraculously created by it. Anne Marie even went on a jaunt armed with her camera in order to capture permanently some of this transient beauty. But Anne Marie's enthusiasm for her favorite hobbies never conflicts with her faithfulness to the Old Timers column. She had Christmas greetings from Earl Millen of Westville, who cured here in 1965. Earl wishes to be remembered to all his old friends in this column, and would be pleased to hear from any of them.

Other patients sending greetings to the staff were: George Baker of New Victoria, C.B., who was here in the mid 'Fifties! Howard Fowlie of Dartmouth, here in 1960; Rev. B. Osborg of Upper Clements, Annapolis County, here only last year; John C. Thompson of Enfield, Hants County, who left us in 1966; Mrs. Mildred MacLean of Pictou, also here in 1966. Daisy Arthur, whose patient days were followed by many years on the nursing staff, also sent greetings, and was well enough to entertain some of her friends delightfully over the Christmas Season in her apartment on Chester Avenue.

Tucked in with their respective Christmas and New Year greetings were **Health Rays** subscription renewals from Betty Smith of Marriott's Cove, Lunenburg County, and Lillian Legacy of Amherst. Along with her other activities, which are many and varied, Mrs. Legacy is secretary to the Cumberland County TB Society. This Group is anticipating conducting a Heaf Testing Survey in their area.

Again, looking through my own Christmas mail, I find a note from May Chymist of Lockeport, who was here just last year. At the time of writing May was baby-sitting.

Joan (Daurie) McCarthy, formerly of Clearland, Lunenburg County, but now of Chilwell, Nottinghamshire, England, sees a lot of Europe. Last year she and her husband vacationed in Germany, for which Joan has a great affection. Joan

hopes that next year's vacation will be spent in the land of her birth. It was away back in 1954 that Joan spent some time at the Sanatorium as a patient.

Dagny (Anderson) Svenlin of Tullinge, Sweden, sends greetings to all her friends of Sanatorium days in the 1930's. Dagny still has her regular check-ups and is holding her own. When hubby Karl goes fishing, Dagny accompanies him, but enjoys a good book while he angles. Every year the city creeps nearer to their rural home, but even though this spells progress, city-bred (Stockholm) Dagny now prefers the quiet of the country-side to city bustle.

Rosalita (Bush) Tumblin of West Dublin, Lunenburg County, is well. Son Randall, nearly three, talks quite well, and says a little prayer at bedtime. Rosalita was a patient here in 1962.

Dorothy (Hubbard) Muise of Yarmouth is well, and still working. Her sister, Gladys (Mrs. Bernard Surette) also sent greetings. These ladies cured at the Sanatorium in 1954 and 1963, respectively.

Catherine (Mitchell) Tucker of Framingham, Massachusetts, writes that she is well. She has one small son, Marty. Catherine spent some months here in 1950, and was formerly from Bridgetown.

Some who read this column will be interested to know that Marjorie Bain of Liverpool (here in the 'Thirties) retired on December 30th after twenty-one years as receptionist for Robert Wile, Optometrist, Liverpool. Marjorie was a supper

THIS HALF PAGE WITH THE
COMPLIMENTS OF

Don Chase, Ltd.

guest of your columnist on the eve of her retirement.

Judy (Mao) Che, who came from Formosa to take post-graduate nursing at the Sanatorium some three years ago, sent greetings from Los Angeles, California. Judy is happily married, and is on the staff of the Hospital of the Good Samaritan. She is very happy, too, over having obtained her driver's license in November.

A recent and most welcome visitor to our Rehab Department was Mrs. Jane (Brown) Cummings, a former handcraft

worker here. Jane, blooming with health and happiness, took this opportunity to call on friends in The Valley while hubby Alec was in the area on business.

Some weeks ago we noticed a picture of Earl Langille in **The Chronicle-Herald**. Mr. Langille, who left us nearly ten years ago, is Supervisor of the Hebbville Schools, Lunenburg County.

And through Pat McEvoy we hear that Jim MacKinnon, who lent a professional touch to some of the patients' variety shows a few years back, is well and living with his daughter in Halifax.

Quite recently **The Advance** (Liverpool weekly) published a picture of Mr. and Mrs. Frank Trainor, who had just celebrated their thirty-fifth wedding anniversary. **Health Rays** offers congratulations. Mr. Trainor, now mayor of Liverpool, was a Sanatorium patient some thirteen years ago.

Two of our teachers, Mrs. MacKinnon and Miss Lacey, had Christmas greetings from a former pupil, Bernie Hum of Halifax. It was interesting to note that though the cards had been mailed well before Christmas, they were not received until the end of January!

"Don't let it worry you: If your efforts are criticized, you must have done something worth while. If someone calls you a fool, go into silence and meditate, for he may be right. If a dull day comes along, it gives you time to think out plans to make the next day brighter. If someone has put something over on you, remember there are millions of people in Canada who never played you a single nasty trick. If you have tried to do something and failed, you are vastly better than if you have tried to do nothing and succeeded."

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Just Jesting

Betty: "Will your watch tell the time!"
 Jean: "No, I have to look at it."

Perfectly All Right

The conductor of a very slow English train hurried along the platform and opened the door of a compartment occupied by an elderly gentleman.

"Pardon me, sir", he said, "but I've got some very bad news for you."

"Oh!" exclaimed the passenger. "What's happened?"

The conductor looked agitated.

"Well, sir," he said, "we've just had news through to the effect that Dishville, the stop where you were getting off, has been burnt to the ground."

"That's all right," returned the passenger, "they will have rebuilt it by the time this train gets there."

Kenneth: "I'd like to get rid of this headache."

Harry: "Put your head through a window and the pane will go."

An Englishman was visiting this country for the first time, and as he was driving along the highway saw a large sign: "Drive slow. This means YOU!"

The Englishmen stopped in surprise and exclaimed: "My word! How did they know I was here?"

SAD

Student (holding test tube up to his ear): "The chemistry says, 'Introduce ferrous sulphate, then slowly add sulphuric acid and note the ring.' Blamed if I can hear a sound."
 —Exchange

IT PAYS TO LISTEN

When they said "brains" I thought they said "trains"

And I missed mine.

When they passed out "looks" I thought they said "books"

And I didn't want any.

When they passed out "noses" I thought they said "roses"

And I ordered a big red one!

When they passed out "chins" I thought they said "gins"

And I ordered a double!

Boy! Am I a mess!!

—From "Philosophers Notebook"
 Via Camsell Arrow

Customer: "You say this suit is wool! The label says 'cotton'."

Clerk: "Oh! That's just to keep the moths away."

A WARM WELCOME

A manager of a motel received a letter inquiring if dogs were allowed in his motel. He replied as follows: I have been in business for a great many years and never have I had to call the State Police to remove an intoxicated dog. Never have I found cigarette burns in the rugs or bed clothes caused by a dog. Never have I known of a dog swiping a towel or a blanket. Sure, your dog will be heartily welcome at my place, and if he will vouch for you, you can come along too!

Anne Marie says she's found a sure cure for insomnia. Instead of counting sheep, she says to just imagine it's time to get up.

"To smash the simple atom
 All mankind was intent.
 Now any day
 The atom may
 Return the compliment."

—Ethel Jackson

—San-O-Zark

Even a fish can't get caught if he keeps his mouth shut.

An old lady who didn't follow the news too closely was horrified to learn that her grandson wanted to be an astronaut. "There have never," she explained indignantly, "been any circus folks in our family."

Enough: Just a little bit more than the neighbors have.

Curtis: "Were you upset by the recent bank failure?"

Alfred: "Yes; I completely lost my balance."

Sharon: "Did you ever hear a mosquito cry?"

Joanne: "No, but I heard a moth ball."

Mrs. Misener: "Do you understand the difference between liking and loving?"

Calvin: "Yes, ma'am; I like my father and mother, but I love pie."

A BUDGET: The modern way of worrying before you spend your money instead of afterwards.

Money may talk, but today's dollar doesn't have cents enough to say very much.

INS and OUTS

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One of the greatest things that any tuberculous person can do for his family, his friends, his fellow workers, etc., is to cover his mouth adequately with several layers of tissue every time he coughs or sneezes. To do this, a person should have tissues ready in a breast pocket so that he can get them out quickly and easily when he feels a cough or sneeze coming on. After using these and disposing of them properly, the careful patient immediately puts two more tissues in his breast pocket. Reaching around for a box of tissues after a cough starts simply does not work, and coughing behind one's hand is only fooling himself. It is really not hard to acquire a good habit of covering if a person understands the need for it and cares about protecting others from the disease.

So — join the "Cover-Your-Mouth-Club!"
— Back Talk

Every true friend is a glimpse of God.
—Lucy Larcom

You can't fence others out without
fencing yourself in.

MY RELIGION

I believe in the supreme worth of the individual and in his right to life, liberty, and the pursuit of happiness.

I believe that every right implies a responsibility; every opportunity, an obligation; every possession, a duty.

I believe that the law was made for man and not man for the law; that government is the servant of the people and not their master.

I believe in the dignity of labor, whether with head or hand; that the world owes no man a living but that it owes every man an opportunity to make a living.

I believe that thrift is essential to well-ordered living and that economy is a prime requisite of a sound financial structure, whether in government, business or personal affairs.

I believe that truth and justice are fundamental to an enduring social order.

I believe in the sacredness of a promise, that a man's word should be as good as his bond; that character—not wealth or power or position—is of supreme worth.

I believe that the rendering of useful service is the common duty of mankind and that only in the purifying fire of sacrifice is the dross of selfishness consumed and the greatness of the human soul set free.

I believe in the all-wise and all-loving God, named by whatever name, and that the individual's highest fulfilment, greatest happiness and widest usefulness are to be found in living in harmony with His will.

I believe that love is the greatest thing in the world, that it alone can overcome hate; that right can and will triumph over might.

—Will Schofield
Patient, Nova Scotia
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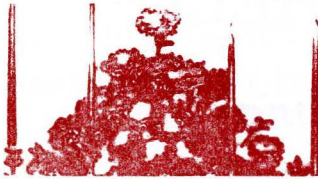
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