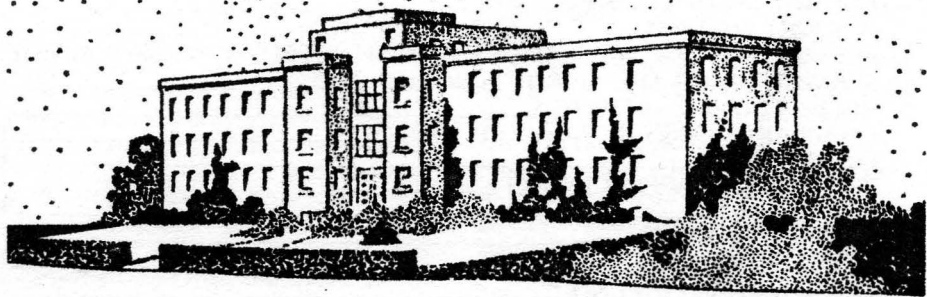


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# Health Rays



**The Miller Hospital**  
Vol. 57    March 1976    No. 3

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# HEALTH RAYS

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## Hospital Visiting Hours

DAILY: 1100 - 2030 (11:00 a.m. - 8:30 p.m.)

APR 8 1975

**PETER S. MOSHER APPOINTED**

W. K. KELLOGG

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KENTVILLE - Peter S. Mosher has been appointed executive director of the recently-amalgamated Blanchard Fraser Memorial Hospital and Nova Scotia Sanatorium, it was announced Friday by John D. Drew, president of the Kentville Hospital Association.

In his report to the board of directors, Mr. Drew said Mr. Mosher's responsibilities will include the day-to-day administration of both hospital units and the integration of services in accordance with the agreement of amalgamation.

Mr. Mosher, son of John D. Mosher who recently retired as administrator of the BFM Hospital here, was educated at Acadia University and received training in hospital administration at the school of hygiene, University of Toronto.

He is a member of the Society of Graduates in Hospital Administration, University of Toronto, and is an active member of the Canadian College of Health Services Executives.

Mr. Mosher has had administrative experience in hospitals and government departments in Ontario and Nova Scotia and was formerly administrator of the Nova Scotia Sanatorium. His position previous to accepting the appointment was secretary and chief executive officer of the Nova Scotia Council of Health.

Mr. Drew described 1975 as a "momentous year" in the history of the hospital association.

Operating statistics for the year indicated substantial increases in almost all department of the BFM Hospital, and total expenditures exceeded \$2,800,000, compared to \$2 million in the year previous.

The president voiced appreciation to those who donated to the hospital

during the year, making it possible to break even, and to provide needed capital for equipment purchases.

The most significant event of the year was the amalgamation of the BFM and the Sanatorium by agreement between the association and the Province of Nova Scotia, Mr. Drew said.

"Many problems are left to be resolved as a result of the merger, but in the long run it will prove to be a beneficial undertaking to the people of the community and area since it assured the continuance of chest disease service and a provincial tuberculosis unit".

Other major accomplishments noted by the president during the year were the opening of a five-bed intensive care unit and the completion of a major revision of hospital and medical staff by-laws.

"Revision of by-laws will assist the organization of the two hospitals' units after amalgamation, and will provide a means by which both units may continue to meet the standards of hospital accreditation".

New directors elected were: Robert Newcombe, Port Williams; David Davies, Kentville; Mrs. Eileen Hiltz, Wolfville.

Re-elected for further terms were: R.L. MacDonald, Larry D. MacNeill, Mrs. Roger Greer, Kentville, and R.S. Foley, Centreville.

-Halifax "Chronicle-Herald"  
March 20, 1976

Our greatest glory consists not in never failing, but in rising every time we fall.

Oliver Goldsmith

## A SHORT HISTORY OF T.B.

G.D. Saxton, M.D., F.R.C.S. (Ed.) (C)  
President, Canadian Tuberculosis and  
Respiratory Disease Association

There are few Canadians of mature age whose family history does not record a case of tuberculosis. It may have been a great aunt who, as a young woman, died of consumption. It might have been a youth bedridden for years with TB of the spine or a large joint. Large ugly scars in the neck of a grandparent would have been evidence of previously discharging tuberculosis glands, the disease having been acquired by drinking milk from infected cows. This family may have been Canadian for many generation, either native Canadian or of European origin. But immigration from Britain, Europe and Southeast Asia does not vary this picture. Tuberculosis was endemic, it was prevalent everywhere. Some countries had a higher incidence than others, but as an infectious disease without a known cure, it was here, there and everywhere.

Contrast that picture to the present one. Control has now been achieved to a degree that many young Canadians now regard tuberculosis of historical interest only and not worthy of serious concern. Dr. John Wherrett, a former Medical Director of the Canadian Tuberculosis Association, has written and is now in the process of publishing the story of tuberculosis in Canada. He has most appropriately titled his book "The Miracle of the Empty Beds". For those of us closely associated with the diagnosis and treatment of tuberculosis for the past two generations, the change is truly miraculous. But tuberculosis is not eradicated. The mortality rate has been reduced, the morbidity decimated, the numbers slashed, but in recent years the number of cases discovered yearly has remained fairly constant for Canada

and the province of British Columbia. In British Columbia, this has averaged 496 new cases yearly for the past five years.

Tuberculosis has been known since earliest recorded history. As long as 3,000 years ago, medical writers from Babylon and from India left descriptions of a lung disease which was undoubtedly tuberculosis. In the bones and spines of Egyptian mummies, areas of destruction typical of tuberculosis have frequently been found. Throughout the writings of past centuries there are frequent references to scrofula. King Charles II of England fancied himself as a faith healer and is reported to have touched 90,000 sufferers of this disease in an attempt to affect a cure. In Europe, the disease reached its peak in the 18th century when one in every four deaths was due to tuberculosis. In fact, there was a certain romantic aura surrounding this so called "white plague". Many prominent writers, poets, and composers of music were victims. The list includes such names as Goete and Keats, Mozart and Chopin, the artist Watteau, the entire Bronte family and author Robert Louis Stevenson. There was a widespread notion that the disease was somehow related to genius. But this was not so! The ordinary and the humble were victims by the thousands. The military did not escape. General James Wolfe was suffering from an advanced case of tuberculosis when he was killed at the Battle of the Plains of Abraham. There is no historical mention of Montcalm's state of pulmonary health.

Lacking knowledge of the cause, treatment varied greatly and depended mostly on folk remedies. By the mid



## A SHORT HISTORY OF T.B.

(continued from Page 3)

poliomyelitis vaccines. It has been used widely but not universally.

As an expansion of the theory of rest practised in the sanatorium, a method of local rest of diseased lung tissue was developed. The introduction of air into the pleural space to deliberately collapse a portion of the lung was first used in the late 1800's. This operation of artificial pneumothorax required a refill of air at weekly intervals for as long as two or three years. This had a great advantage for the successfully treated patients. They would achieve a negative sputum much earlier and might then be discharged from hospital and receive their treatment as outpatients. But many cases were not suitable for pneumothorax. For some of those, the operation of thoracoplasty became their solution. This was introduced by Dr. Edward Archibald of Montreal in 1912. The operation consisted of the removal of a varying number of ribs on the diseased side. This allowed the soft tissues of the chest wall to fall down onto, and to collapse, the underlying diseased lung. As the periosteum, the growth envelope of the ribs, was retained, new ribs reformed in the collapsed position. This was a tedious and deforming operation, often done in several stages. But with good selection of cases, the results were excellent. There are many hundreds of citizens of British Columbia alive and well today who would not have lived without their thoracoplasty.

The possibility of a drug to cure tuberculosis was given added life by the discovery of the sulfa drugs in the 1930's. But not until 1944 was streptomycin isolated from a mould by Drs. Schatz, Bugie and Waksman at Rutgers University. It was truly a miracle drug. I saw some of the first cases treated at the Mayo Clinic in 1945. Previously fatal cases of meningitis lived, draining sinuses healed, lung cavities closed, the

sputum became negative. Enthusiasm was great but was dampened when it was discovered that the unnecessarily large doses then being used were producing deafness and dizziness and that reactivation of the disease frequently occurred. However, by 1946, para-aminosalicylic acid, another anti-tuberculosis drug that could be taken orally, was available and could be used in combination with streptomycin. The two drugs together prevented the development of drug resistance by the tubercle bacilli. In 1952, isonicotinic acid, a third drug, was introduced. Now, with a combination of any two or often three drugs, inactivation of the disease became the rule.

Surgical removal of localized disease of the lung then became possible. With the active elements of the disease controlled by the drugs, it now became possible to safely remove any portion of one or both lungs, or a whole lung on one side diseased beyond repair. This was widely practised for the next 15 years, by which time the residue of old chronic cases with unclosed cavities had been cured.

A practical demonstration of the close involvement of the B.C. TB Christmas Seal Society was the gift in 1949 of a new and modern suite of operating theatres to be used exclusively for the surgical treatment of tuberculosis. This suite is on the floor above the Christmas Seal Auditorium at 10th Avenue and Willow, so well known and so well used, also a gift of the Society.

Surgery for pulmonary tuberculosis is now rarely necessary. Recently infected cases, or previous cases that have reactivated, now have the

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## PREVENTION - OUR NUMBER ONE HEALTH PROBLEM

*-Morton S. Hilbert, President-elect,  
American Public Health Association.  
Taken from Environment News Digest,  
Nov.-Dec., 1975.*

Since its inception 104 years ago, the American Public Health Association has been the primary national health organization whose focus has been the promotion of health and the prevention of disease. During this time, marked improvements have been made in the health of the American people. Most of these improvements have resulted from such basic prevention techniques as sanitation and immunization. Because of these efforts, for example, communicable diseases are no longer the threat they were 100 years ago.

Although we currently know that prevention techniques can be used to either totally prevent disease, or to significantly effect its progress, health policy in this country today chooses large to ignore programs for the prevention of disease. The Nixon and Ford administrations have publicly announced the priority given to prevention, yet prevention programs are among the first to be cut in the health budget.

We need to convince ourselves of the importance of our public health efforts and then influence the decision makers to be as concerned as we are about the health of the population we serve.

Our society has been most successful with prevention programs when a public or other agency undertakes virtually the entire task of prevention and the individual is passive. Somewhat less successful prevention is accomplished by health professionals delivering preventive services to their patients. Far and away, society has been least successful in prevention when the public has had to take an active, continuing and individual role in

promoting personal health, with society or health professionals providing guidance, information or facilities. Much of this failure lies in the inability of the health professional to effectively influence the public's behavior . . .

Many of the risks, injuries and deaths we know how to prevent through appropriate environmental intervention. Milk has been pasteurized and milk-borne diseases are rare. Municipal water supplies are chlorinated and enteric disease outbreaks from city water supplies are almost unknown . . .

A cost benefit analysis of prevention is a most difficult public health exercise. If our prevention programs are successful, the catastrophic events of the past no longer occur. Disease, suffering and death of prior years become lost in the forgotten history of ages past. The support for continual and eternal vigilance is oft times difficult to secure.

Prior to 1920, typhoid was a common occurrence through municipal water systems. The widespread use of chlorination has practically eliminated this extensive problem yet no one suggests the discontinuance of bacteriological treatment of water.

In 1940, polio was a horrible threat to the children of the Nation. With polio immunization, few cases occur. We continue to be concerned about the need for protective immunization.

We install traffic signals at busy intersections to prevent accidents and to facilitate traffic flow.

Most of us have home fire insurance but seldom, if ever, have experienced

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## PREVENTION

(continued from Page 5)

the disaster for which the policy was purchased.

### Prevention

That activity which keeps something from happening.

We know how to prevent many diseases through appropriate environmental action. To prove that an event will take place in the absence of public health intervention is difficult if not impossible. To base public health preventive efforts on proven existing problems is equally difficult. We need to convince the public and governmental officialdom that eternal vigilance and environmental management is essential if we are to maintain the public health gains of the past century.

The cost of medical care in the United States now exceeds 100 billion dollars annually or eight percent of the gross national product. The Nation cannot continue to sustain increments in sickness care . . .

The American Public Health Association has named prevention as one of its priorities for long-range action. An APHA Task Force on Prevention has prepared a policy statement for presentation to the membership at the coming annual meeting in Chicago.

Dr. Eugene Sibery, Executive Vice-President of Blue Cross Association, stated recently at a national meeting that there is an increasing awareness that programs of prevention and treatment do not have to be competitors; not only is detente possible, but wholehearted cooperation and integration can be achieved.

Relating the issue to the development of a national health policy was the main focus of the meeting and, on this point, Sibery touched squarely on the importance of prevention in reducing health costs, a major objective of Blue Cross along with many other organizations and individuals.

"There is too much emphasis on cure and not enough on causes", Sibery said. "It was perceived that health care dollars are being spent on curative medical care to the near exclusion of preventive care and any focus on the actual determinants of health".

"If we ignore the damage to health caused by environmental and occupational factors, the major thrust of our health programs will be only to continue to repair the damage to human machinery caused by these factors even if there are hospitals and doctors' offices on every street corner. It was felt that traditional health spending will have little impact on citizens' health because it pays scant attention to factors such as our vocations, our environment, the quality of air and water, noise levels, housing, the relief of stress and congestion, and the need to motivate the individual to act on her or his behalf. These are among the most important determinants of health".

Walter McNerney, President of Blue Cross, noted that the tremendous expenditures made from public funds to refine and improve health care delivery systems have not resulted in corresponding gains in the health status of the public. Therefore, he suggested looking to other alternatives - particularly prevention - to keep people out of the health care system.

It may well be, as Sibery noted, that the first objective of Blue Cross and its 74 member plans (serving over 110 million Americans) will be to obtain as much information as possible about environmental and occupational health as a step in formulating an action program. Blue Cross has already taken one step by contracting with the Labor Department for a \$100,000 study to determine whether health care utilization data can be used to detect occupational illness. It will seek to detect abnormalities through analyzing claims data and breaking out the information by occupational categories.

Regardless of the details of its

cooperation, Blue Cross has - perhaps for the first time - expressed its commitment to a partnership in the development of environmental and occupational health programs and other preventive programs as a mainstream effort to preventive medicine to keep down the requirements and the costs of health care. That commitment, and its fulfillment, will be of enormous importance.

The Health, Education and Welfare's Forward Plan for Health, currently under review by Secretary David Mathews, covers the five-year period July 1, 1977 to June 30, 1982 and puts major emphasis on expansion of environmental and occupational health as major thrusts in a preventive health strategy designed to reduce the incidence and costs of disease. It is by far the most ambitious such plan to come out of HEW.

We in public health, through preventive action, can and must assure the people of our communities of a better life with less expenditure of scarce resources.

Our health is a gift and the pursuit of the preservation of health is an invitation into a fantastic world of ever-expanding professional and scientific opportunity.

In an age-old story, a gazer upon a cathedral under construction asked one stone mason what he was doing. The reply was, "I am cutting stones". A nearby second mason was asked the same question. Came the reply, "I am building a cathedral". Public Health workers are faithful hewers of stone and drawers of mortar. The preventive health cathedral, under way for over a century, is far from completion. Imagination has not had its day.

The mother in an environment harboring a dying infant, a wayward son a prematurely aging husband and a house falling into shambles, thinks not in terms of epidemiological justifications or bacteriological samples proudly presented in tabular form. She

thinks of happiness never quite attained, of satisfaction never gained, of frustrations never banished, of poverty never surmounted, of needs never fulfilled. When preventive public health, with all its ramifications, extends its imagination to the creation of a new dimension that reaches into the hearts and lives of mankind, then may come the hope that this preventive health cathedral may attain completion.

From "The Lighthouse"



#### A SHORT HISTORY OF T.B.

(continued from Page 4)

advantage of prolonged and efficient chemotherapy and seldom fail to be cured. The operating room suite has been taken over by Vancouver General Hospital and adapted for cardiac surgery and non-tuberculosis lung surgery.

Other dramatic changes have occurred. Hospitalization is now short and is often not required at all. In 1952 there were 828 provincially operated sanatorium beds for whites in British Columbia, and about 300 for Indians operated by the Federal Government. These are now combined and 86 beds are now being used by the Division of Tuberculosis Control for the hospitalization of tuberculosis patients.

from "Your Health"



There is something good in all weathers. If it doesn't happen to be good for my work today, it's good for some man's today, and will come around for me tomorrow.

Charles Dickens

The block of granite which was an obstacle in the pathway of the weak becomes a stepping-stone in the pathway of the strong.

Thomas Carlyle

## SPRINGTIME OF THE SPIRIT

Lilah Smith Bird

When late January and early February roll around, days begin to lengthen and our thoughts turn to Spring.

Springtime - That's what the old English word Lent - or still older word Lenten really means.

Buds swell, seeds burst their brown jackets and send out rootlets, the sun gets warmer.

The place where I was born and brought up, was on an Island off the coast of Cape Breton. During the Easter season, ice floes were still visible in the Harbour and patches of snow everywhere. All this did not daunt our spirits.

Coming home from school in February or March we would search for pussy willows in ditches and would bring them home and place them in jars of warm water. Everyday we would watch for the green buds and finally the pussy willows would appear.

At this time of the year we had "setting hens" and around Easter these fluffy chicks would appear. We made several trips day after day to the barn, wondering if we could hear the cheep-cheeps of the baby chicks.

On Easter Sunday we would be allowed to bring a few of these chicks into our kitchen for a short while. "Mother Hen" was not too pleased about this.

On Good Friday we always planted tomato seeds in flat boxes and placed them in the south windows. We watched every day for the green leaves to appear.

Shrove Tuesday or Guddins Day, as it was called in olden times is Pancake Day. In England, in boys' private schools, on Shrove Tuesday, the chef makes a large pancake, then tosses it in the air, all the boys scramble for the largest piece, the one who gets it receives a prize. This tradition has

been passed down for years.

The fourth Sunday in Lent is called "Mothering Sunday" and has a homey sound. In some part of England, especially in the north, also some places in Europe, sons and daughters who left home to work or left to make homes of their own, try to visit their home on Mothering Sunday. They bring gifts to Mother, and she in turn makes a Simnel Cake. This is a white cake, with spices and fruits from the far East.

On Mothering Sunday the family go to church and sit together in the family pew. After church all the family gather around the table for dinner; the dessert is Simnel Cake.

In North America, we all know Mother's Day is the second Sunday in May.

In England, around Easter time, bakers would stand on street corners with trays full of Hot Cross Buns, and sing the old rhyme, "One a penny, two a penny - Hot Cross Buns". Indeed, in a short while the buns would be all sold.

Jesus met in the Upper Room with his disciples the evening before he was crucified and had his last supper with them. He washed his disciples' feet, and gave them a new Commandment, "To love one another".

This day is known as Maundy Thursday. One custom many years ago in some churches was to act out the washing of the disciples' feet.

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## RECREATIONAL ACTIVITIES


February 14 saw the first major party of the New Year for patients and staff of Miller Hospital. This was a valentine party with the main activity being Bingo with Jack Bowser of Kentville being Bingo Caller and members of the Recreation Committee assisting him. This was also the first occasion of Bingo being held in our new cafeteria which was well decorated in red and white in a Valentine motif for the occasion. Decorations were under the direction of our handicraft worker, Mrs. Morag Manzer. Approximately forty persons attended and most everyone won one or more prizes. Bingo was then followed by special sandwiches and sweets provided through the dietary department.

On February 24 a C.G.I.T. group from the Port Williams Baptist Church, under the direction of Mrs. Pat Davison, entertained patients with music and games in the cafeteria. Approximately fifty persons in all attended, with coffee and donuts being served at the end of an enjoyable evening.

On March 5 a musically talented Young Peoples' Group from the Apostolic Church in Gaspereau, under the direction of Brian Jorden, sang and conversed with patients on the nursing units. This was especially appreciated by those patients who were confined to their beds.

A very enjoyable bingo party was held in the Cafeteria on the evening of Saint Patrick's Day, Wednesday, March 17. The room was attractively decorated for the occasion, thanks to Mrs. Morag Manzer, Handcrafts instructor, Joe Canning and several other patients, and Thelma Chute who obtained the decorations. The ladies of

the Olympic Chapter of the I.O.D.E. provided the prizes, helped with the play, and assisted in serving the tasty refreshments - under the guidance of Miss Quinlan. Jack Bowser, as always, kept the action going, as he called the bingo. Dr. Holden, Mr. and Mrs. Betik and Don Brown were in attendance, and Mr. Betik expressed our thanks to all who had contributed toward making this a successful party.



### SPRINGTIME OF THE SPIRIT

(continued from Page 8)

Why is the last day on which Jesus was tried, sentenced and cruelly crucified called "Good Friday?" At one time this day was called Holy Friday or Gods Friday.

The first Lent the church kept, lasted forty hours - as a reminder of the dark hours Jesus remained in the Tomb. Later, it was changed to a forty day period of fasting - penitence and prayer. Ash Wednesday begins the forty days of Lent.

In some parts of England in small towns and villages on Easter Sunday morning, Sunday school children along with their teachers, and choir and lastly the Vicar would walk through the streets singing Easter Carols. The procession was headed by the Cross Bearer. On entering the church they would proceed up the aisle to the High Alter singing "Jesus Christ is risen today. Alleulia" What can we do for Easter 1976?

Days grow long when one is ill. Why not visit some lonely and aged folk in nursing homes of hospital. A friendly word and smile can go a long way, and indeed many times is infectious.

Sometimes a small gift, can be given, like a plant one has grown. Children

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## Chaplain's Corner

Msgr. J.H. Durney  
in THE VETERAN

### SEEING IS BELIEVING

The Greek Philosopher Diogenes was walking about the market-place one day carrying a lighted lamp in the middle of the day. When asked by the crowd what he was doing, he replied, "I am seeking a man". They said "Why the place is full of them!" Diogenes retorted: "You are mistaken, They are not men, but irrational creatures, living not as men but as beasts, permitting themselves to be led by their beastly appetites".

The strange thing about life is that most of us, at one time or another, act so beast-like that it might be thought we are being driven by instinct alone rather than by a human mind. Precious few times, if we wish to be honest about it, do we act as adopted sons of God and heirs of heaven. Stranger still we want other people to be sure to look beneath our rough-and-ready manners and our harsh ways of speaking and find our hearts of gold. What we seem to forget is that actions speak louder than words. Words may get people to look at us, but only our example will get them to love us. Why we don't learn the lesson is a bit of mystery, for we are all familiar with "You say it, but you don't do it!"

Better than all books on peace of mind, peace of soul, or how to get along with people is this lesson, if well learned and put into practice: if peace is the happy realization that things are in balance, then the lack of balance is sickness in the mind as well as in the body. The drugs which doctors give us when we are ill are to restore the balance of the chemicals in our body. The body can take care of itself if each chemical can perform its proper duty. So it is with our personality. To be properly balanced, there must be an exterior sign of our inward feelings. In

the Gospel we read that the people "watched" Christ. And people are watching us and we are watching them. We make up our minds on what we see, and they make up their minds on what they see.

Members of families should examine their own consciences on how many times they have contented themselves with merely saying they love one another rather than giving concrete expression of that love by tender, kind, and considerate actions. Let us imitate Christ who went about doing good, not simply talking about it.

### OBEDIENCE

St. Luke's Gospel (2:41-52) is like a sign-post pointing directly to the virtue of obedience. A right understanding of this virtue is all the more important in our times, for we are now feeling the full fury of that storm of disobedience which began with the religious revolt of the sixteenth century. Many persons have become intoxicated with poison-out notions of human freedom. They imagine that subjection of any kind is degrading. They foolishly consider that they can best assert their individuality by defying law in so far as they dare, and by flouting all respect for authority, traditions and good manners. How clearly contrary is the truth! To obey and to respect honorable institutions is to be Christlike; to scorn obedience is to be like Satan whose battle-cry was: "I will not serve".

To obey means to submit one's will to another who has the authority to demand it. All rightly held authority comes from God, for, as the word implies, He is the author of all things. He alone who has endowed us with free will has absolute right to our submission. In the natural order, God does not dispose His world directly, but

through His agents; and so in like manner does He delegate His right to command and to be obeyed.

The more we increase in knowledge of God, the greater becomes our love of Him, and our desire to express our love by acts of worship. Submission to His will is perfect worship; thus, far from being degrading obedience is ennobling, for it is nothing less than a way of worshipping God. It is the first of moral virtues, and sheds its lustre over all other moral qualities. St. Thomas goes so far as to describe it as the mother of other virtues.

In the natural order we are bound to obey our parents. Obedience to our employers in the affairs of our work is an implied condition of our service. Our civil authorities are God's stewards appointed to administer His laws for the general good. The laws of civilized communities are for the most part only particular applications of God's laws, and we are bound to obey. In spiritual matters we must render obedience to the pastors of the Church. The Divine Master's commission to the Apostles still holds: "He that hearth you hearth Me, and he that despiseth you despiseth Me".

### HE KEEPS HIS OWN

Bessie Fairn Mason

Although ten thousand set themselves  
Against the child of God, —  
He may in safety lay him down, his  
pillow but a sod,  
And sleep in peace, and waken  
refreshed anew, sustained,  
Through prayer and supplication, his  
cause by  
God Maintained.

For every precious promise to sinful  
mortals given, —  
For keeping harm far from us, while on  
our way to Heaven, —  
For Love that saves, protects us, when  
angry billows roll,  
We thank Thee, O our Father,  
Blest Shepherd of the soul.

### HE IS RISEN

Bessie Fairn Mason

Why do we seek the living among the  
dead?

This question, asked by angels long  
ago, —

Is pertinent to us today as it was  
then:—

WHY do we seek? And WHOM? And  
WHERE? And WHEN?

WHY do we seek? Because we feel a  
need of something our souls crave, but  
have not found.

WHOM do we seek? A Saviour who  
came down from Heaven, us to save, —  
that we, through Him, eternal life  
might have.

WHERE do we seek? O surely not on  
stern Golgotha's cruel Cross! He is not  
there, for Nicodemus gently laid His  
body in the tomb.

Then WHERE? The tomb is empty  
now;

Only His clothes are there.

THE TOMB IS EMPTY! Tell me, —  
WHERE IS JESUS NOW?

WHEN should we seek? TODAY, my  
friend, TODAY!

SEEK HIM TODAY! Behold, He lives  
again!

He arose triumphant over Death and  
sin, —

A victor's crown upon His noble  
brow, —

Thou'lt find Him seated now at GOD'S  
RIGHT HAND.

He intercedes for us. Come, seek Him  
NOW.

Why do ye seek the living 'mong the  
dead?

HE IS NOT THERE! HE LIVES IN  
HEAVEN INSTEAD.

## OLD TIMERS

Starting off with our mail bag, we find a good number of renewals since last month's issue. I'm sure that most of our readers will find some familiar names among the following lists:

Mrs. J.J. MacKarney, R.R. 1 Port Dufferin; Mrs. Evelyn Illsley, Box 40, Coldbrook; Miss Clara Quinlan, Box 104, Mahone Bay; Miss M.R. Martell, Box 314, Sydney (3 years); Mrs. Mutka Khroya, 20 Russell St., Dartmouth; Mrs. Marjorie Welton, Coldbrook Station; Russell Keddy, R.R. 1 Lawrencetown; Hubert Harnish, R.R. 1 Hubbards; Lewis F. Palmer, Box 143, Berwick; Arthur Hardacker, R.R. 3 Wolfville; Mrs. Martha E. Blanchard, 1043 Highland View Ave., New Minas; Grant V. Romkey, R.R. 1 LaHave; Mrs. Paul Davison, Holmes Hill, Hantsport; Mrs. M. Marie Doiron, Box 69, Digby; Miss Margaret Briggs, 2 Queen St. Ext., Amherst; Fred S. Dickson, R.R. 3 Truro; Miss Jean McKenna, Box 59, Pictou; Mrs. Elsie M. Slade, 27 School Ave., Fairview; and Miss Floris Smith, Box 24, Barrington (2 years,) who kindly comments that she often sees news of former patients or staff, and passes the magazine along to others who enjoy it.

Continuing, Ronald Forsythe, 17 Henry St., Kentville; Terry L. Meek, Box 24 Kentville (2 years); Amidee Dugas, R.R. 1 Church Point (2 years), while recently here again as a patient; Miss Helen Smith, Payroll Office; Urbain Belliveau, Belliveau Cove; J. Douglas Matheson, 22 Victoria St., North Sydney, with his best wishes to all of his friends; a note from George E. Allen, 1133 Tower Rd., Halifax; and from Mrs. Sophie LaPierre, Grand Desert R.R. 2, Halifax Co.

Mrs. Hope Mack, former Director of Nursing, renewing for two years, likes to keep in touch with changes, and says: 'Am afraid I'll always think of it as The San and I hope this year I'll be able to

get to see what goes on, and also see old friends''.

Emile Landriault, Spring Garden Terrace, 5885 Spring Garden Road, Halifax, renewing for 2½ years writes, "My regards to the staff, and especially to both Dr. J.J.Q. and Dr. Holden. I am still alive and kicking, thanks to their particular care''.

Mrs. Anne-Marie (John R.) Amirault, Amirault's Hill, writes that they enjoy Health Rays and are renewing for two years. She mentions that she has not been a patient at the San, but that her husband has on several occasions.

We received a note and a donation to the Fund from Miss Matilda Burke, R.R. 1 River Bourgeois, Richmond Co. Many thanks.

Leaving the mail bag for a moment, we wish to comment on a visit from Kenneth Francis, Annapolis Royal, who was here as a youth from Jan. '51 to March '53. Bob Ferguson, X-ray Technician, was talking with him and tells us that Ken drives a school bus and has been keeping well.

We recently saw Wesley Burns of Barss Corner when he was in for a regular check-up. He had the flu awhile ago and has lost a bit of weight but is otherwise well.

We were sorry to learn of a couple of deaths recently: Miss Clara E. Gray, 15 Oakdene Ave., Kentville, who died Mar. 12 at age 85. Miss Gray was for some years charge nurse on West III. We are sorry, also, to hear of the death of Wesley Spencer, husband of Sophie Spencer, who is well remembered as a nurse, especially in the West Infirmary.

From Yellowknife, N.W.T., we have a note from Doug Knockwood and a donation to our Fund. Many thanks, Doug, and our best wishes.

Here is a note from Mrs. John Robson, formerly Ruth MacEachern, 18 Sinclair St., Kingston, Ont.: "We are all well and living a full life. Susan is in Grade 13 and is going into nursing in the fall. Gregory is in grade 9 and at this point hasn't decided what he wants

to do. Our best wishes to all".

Here is another interesting note, this one from Alberta Pearson (Mrs. M.D. Armstrong) 2089 Beech St., Halifax, with a renewal for three years: "Have enjoyed receiving Health Rays for over 40 years. Needless to say, there are very few familiar names that appear in the "Old Timers" column, or that are still on staff.

"Hoping that all patients' stay at Miller Hospital will be of a short duration. What a change from the '30's! I think most everyone enjoyed themselves, under the circumstances, and were as well cared for as they are today. We were all very anxious to be able to return home as soon as possible though. Best wishes".

Here is a note from Chesley Spracklin, 2406 Gottingen St., Halifax: "I certainly enjoy receiving Health Rays down through the many years. I was a patient at the San in 1927 and 1952, in Kentville. I was also a patient at two other Sanatoria previously. I am now on medication again for a lung condition and responding very well. My wife and I enjoy a life of ease in our later years in one of the new Senior Citizens' high-rise apartment residences here in Halifax.

"It is good to know the Miller Hospital is taking over where the San left off, and we hope all continues well in the amalgamation with the B.F.M."

Then, we have renewals from Miss Rita Lampier, 7117 Ernst St., Halifax; Loran Geitzler, R.R. 1 Port Williams; Maxine Stewart; Anne-Marie Belliveau, and . . . speaking of Anne-Marie, we will close with one note from her:

Mary Doucette had a long letter from Rita "Peggy" MacDonnell of Needham, Mass. Peggy, formerly of Inverness, was a patient here in 1948. She works in the Service Department of the Coca-Cola Company in Watertown and is the only female in the office with 24 men - how lucky can you get, Peggy! She still spends her summer vacations in Inverness.

## THANKS AND APPRECIATION

The wife and family of the late Budd William Gertridge wish to express our sincere thanks and appreciation to Miss Skerry, nurses and staff for their kindness, thoughtfulness, and excellent care while he was a patient there at Miller Hospital.

Special thanks to Dr. Holden, Dr. Quinlan and other doctors who attended him.

Also, many thanks to the staff of the Therapy Department and all who helped in any way.

Thanks to Rev. J.D. Archibald and Mrs. Mosher for their many visits with Budd. All are greatly appreciated.

Sincerely,  
Mamie Gertridge and family

I would like to extend my very special thanks to the doctors, the nurses and staff of the Miller Hospital for giving me such wonderful care during my surgery, and for being so kind and considerate to me while recovering. My thanks also to Father Luc Gaudet and Dr. J.D. Archibald for their visits.

May God bless each one of you.

Sylvia Muise

Trials, temptations, disappointments - all these are helps instead of hindrances, if one uses them rightly. They not only test the fiber of character, but strengthen it. Every conquered temptation represents a new fund of moral energy. Every trial endured and weathered in the right spirit makes a soul nobler and stronger than it was before.

James Buckham

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## Ins And Outs



### MILLER HOSPITAL ADMISSIONS

FEBRUARY 1 to 29, 1976

FREDERICK THOMAS DAURIE, R.R. 2 Kentville; AMBROSE CORBETT DOWE, Parrsboro; STEWART RUSSELL KEDDY, R.R. 1 Lawrence-town; WARREN ALEXANDER ADAMSON, 101 High Street, Pictou; LAWRENCE CRAWFORD HUBLEY, Cookville, R.R. 2 Bridgeater; IRA OWEN SABEAN, Chestnut St., Windsor; ROBERT ARTHUR MORAN, 4 Applecrest Dr., Kentville; GEORGE STANLEY JOUDREY, 29 First Ave., Bedford; ARNOLD RICHARD GALLAGHER, Centre Burlington, Hants Co.; MRS. MARY CATHERINE CONNELL, Pine Ridge Ave., Kingston; CECIL AMOS LEWIS, Port Lorne, Anna. Co.; MRS. EDITH MARGARET WILCOX, 63 Willow St., Truro; MRS. ANNETTE MARY MAY, Hall's Harbour, R.R. 3 Centreville; JAMES FREDERICK COCHRANE, 22 Park St., Kentville; DENNIS PATRICK GASKELL, Upper Dyke, R.R. 2 Centreville; HERBERT AUGUSTUS BURRELL, Round Hill, R.R. 1 Annapolis Royal; MRS. MILDRED NAOMI MARTIN, Berwick; HARRY PARKER KNICKLE, Garden Lots, R.R. 1 Lunenburg; REID RALSTON FLETCHER, Hantsport; JOHN DAVID ZINCK, Ruggles Rd., R. R. 2 Melvern Square; HARRIS LOGAN TAIT, Box 115, Oxford; KEITH ARCHIBALD MORINE, Avonport, R.R. 3 Wolfville; COLIN FRANK ATWELL, 438 Main St., Wolfville; HARVIE KENNETH

ANTHONY, 167 Main St., Kentville; IVAN RUSSELL DAVIDSON, R.R. 1 Wolfville; JAMES BYFIELD BENJAMIN JR., Belcher St., Port Williams; CARL LLOYD SLAUNWHITE, Lower LaHave, R.R. 1 Riverport; GILBERT PURCELL FORSYTHE, R.R. 1 Coldbrook; LAYTON HENRY RISHER, 415 Aldershot Rd., Kentville; PAUL STEPHEN PEPPARD, 1028 Aalders Ave., New Minas; LESLIE JAMES LEE, R.R. 1 Berwick; FREDERICK ALLEN BEST, R.R. 2 Kentville; MAURICE HOWARD GORDON DUNN, Bear River; PAUL ANTHONY TAYLOR, R.R. 1 South Berwick; MRS. ANNE ALEITA HUTTEN, Lakeville, R.R. 1 Kentville; RALPH MAURICE BIGELOW, Kingsport, R.R. 2 Canning; MRS. ESTELLA ANN DULONG, 458 Main St., Yarmouth; CLARENCE MICHAEL GROVER, Cole Harbour, R.R. 2 Larry's River; MRS. MARY ANNE LONG, Black River, R.R. 2 Wolfville; EDWARD ROSS SAMMON, Church St., Port Williams; MURVIL LEWIS HOUGHTON, Sheffield Mills, R.R. 2 Centreville; MRS. BETTY ALBERTA CROFT, Canning; WINSTON BEALS, 2615 Fuller Terrace, Halifax; JOSEPH HAROLD SMITH, White Rock, R.R. 2 Wolfville; HAROLD LEROY WEIR, Kingston.

### DISCHARGES

FEBRUARY 1 to 29, 1976

DR. WILLIAM HENRY YOUNG, 14 Dennison Ave., Kentville; KENNETH FOSTER McLEAN, Kingston; EDWARD LEO ST. PETER, Maccan, Cumb. Co.; ROBERT ARTHUR MORAN, 4 Applecrest Drive, Kentville; ANDREW EMERY RIPLEY, River Hebert; MRS. THERESA JANE WILSACK, 152 Hudson St., Stellarton; JOSEPH AUGUSTA COMEAU, Belliveau Cove, R.R. 1 Church Pt.; CECIL AMOS LEWIS, Port Lorne, R.R. 1 Paradise; MRS. MARGARET ANN HUSSEY, Morden, R.R. 3 Aylesford



(Expired); MERTON GEORGE WHALEN, Salt Spring Station, R.R. 2 Springhill; ISRAEL JAMES MELANSON, Plymton, Digby Co. (Expired); STEWART RUSSELL KEDDY, East Inglisville, R.R. 2 Lawrencetown; ARNOLD RICHARD GALLAGHER, Centre Burlington, Hants Co.; George Cyrus Brown, Steam Mill, R.R. 1 Kentville; MRS. MARGARET JOHANNA BRIAN, 118 Stannus St., Windsor; AMBROSE CORBETT DOWE, Box 317 Parrsboro; WINSTON BERNARD MULLEN, Sheffield Mills; FLOYD CLARK COGSWELL, Lovett Rd., Coldbrook; EARL ALBERT HAMILTON, Litchfield, Anna. Co.; FREDERICK THOMAS DAURIE, Aylesford Lake Rd.; LESLIE JAMES LEE, South Berwick; COLIN FRANK ATWELL, 438 Main St., Wolfville; LAWRENCE MORRIS HAMM, Box 42, New Germany; MRS. FLORENCE MAE ACKER, 4 Lexington Dr., New Minas (Expired); LLOYD ALLAN BLAKENEY, 112A School St., Kentville (Expired); JAMES FREDERICK COCHRANE, 22 Park St., Kentville; STEWART AUSTIN HURLEY, 9 Ottawa Ave., Amherst; IRA OWEN SABEAN, Chestnut St., Windsor; LAWRENCE CRAWFORD HUBLEY, Cooksville, Lun. Co.; CHESLEY DOBSON REDMOND, 6289 Payzant Ave., Halifax; RALPH HALMET ACKER, R.R. 1 Clementsvalle, Anna. Co.; KEITH ARCHIBALD MORINE, Avonport, R.R. 3 Wolfville; IVAN RUSSELL DAVIDSON, Gaspereau Mnt. R.R. 1 Wolfville; HARVIE KENNETH ANTHONY, 167 Main St., Kentville; FRED FROST ANNIS, 14 Park St., Middleton; JAMES CALVIN MILLER, Up. Kennetcook, Hants Co. (Expired); MRS. ANNETTE MARY MAY, Hall's Harbour; JOSEPH MYLES FORTUNE, 3449 Emerald St., New Waterford; CARL JOHN REDMOND, Hidden Valley Subdivision, Kingston; REID RALSTON FLETCHER, Hants Border; DENNIS PATRICK GASKELL, Up. Dyke, R.R. 2 Centreville; JOSEPH AMEDEE DU-

GAS, Grosses Coques, Digby Co.; WILLIAM DAMERY, 27 Pleasant St., Amherst; GILBERT PURCELL FORTSYTHE, Coldbrook, R.R. 1 Kentville; MRS. MARY CATHERINE CONNELL, Pine Ridge Ave., Kingston; MRS. JANET BEALS, North Preston; MRS. MARY SYLVIA MUISE, 30 Queen St., Yarmouth; MRS. EDITH MARGARET WILCOX, 63 Willow St., Truro; WALTER HUNTINGTON TAYLOR, Wilmot Station (Expired).

## NOTES AND NEWS

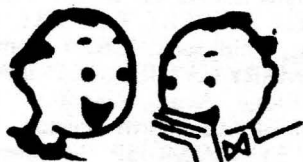
Mrs. Eileen M. Hiltz has been appointed a director of the Kentville Hospital Association. (see article regarding Peter Mosher's appointment). For the information of some of our newer readers, Eileen is Mrs. J.E. Hiltz, widow of Dr. Hiltz who was Medical Superintendent at the time of his death on March 22, 1969. At the time of her appointment we understand that she is vacationing in Florida - which is perhaps one reason why we have no items written by her this month. We are pleased that she will be one of the directors, and offer our congratulations!

We are pleased to have two items from Mrs. Bessie Fairn Mason, Melvern Square, whose writings we have long admired. From her note I see that she has recently become acquainted with Health Rays and we hope to have further articles from her. I hope that she will not mind if we pass along the information that she is now 88 years old - but still does her own typing.

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## Just Jesting



Mr. Peterson was preparing to go to market and his wife told him to get a head of cabbage there. "What size?" he asked.

"Oh, about the size of your head", she told him.

On the way, Peterson met a friend who was a gardner. "Just go over to my garden and take any head of cabbage you want", the friend offered generously.

Later, another friend asked the gardner, "What kind of idiot did you have walking in your garden? When I went by, he was there trying his hat on one head of cabbage right after another".

"I've taken vitamins A, B, C, D," said Phyllis Diller, "and I still look like H".

A visiting preacher asked a small boy the way to the post office. "Come to the Baptist church tonight and I'll give you the direction for getting to Heaven", he said in thanking the boy.

"I don't think I'll come", said the boy. "You don't even know the way to the post office".

A teacher, explaining an arithmetic problem on the blackboard, was pleased to see that her dullest pupil was watching intently. So when she finished, she said, "You were so interested, Silas, I wonder if you have any questions". "Yes'm, said Silas, I got one - where do the numbers go when you rub them off the board?"

At middle age, your tripping becomes less light, more fantastic.

Drive-in Banking was invented so cars would go in and see their real owners.

The pompous physician was inclined to criticize others. One day he was watching a stone mason build a fence for a neighbor. He thought the mason was using too much mortar, and said. "Mortar covers up a good many mistakes, doesn't it?"

"Yes, doctor," replied the mason, "and so does a spade".

There is only a slight difference between keeping your chin up and sticking your neck out, but it's worth knowing.

Taxes could be much worse -- suppose we had to pay on what we think we're worth.

As a movie love scene moved to fever pitch a small voice was heard above the groans on the screen: "Mama", said, "is this where he puts the pollen on her?"

### FILLERS

Speech may sometimes do harm; but so may silence and a worse harm at that. No insult ever caused so deep a wound as a tenderness expected and withheld; and no spoken indiscretion was ever so bitterly regretted as the word that one did not speak.

In any controversy the instant we feel anger we have already ceased striving for truth, and have begun striving for ourselves.

Often we feel guilt for what we did, but seldom for what we are.

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## SPRINGTIME OF THE SPIRIT

(continued from Page 9)

love doing these projects, maybe they can colour eggs for a sick friend, or just visit.

Would someone like a drive to church? Let us show our love for each other as Jesus commanded us to do. Let us be kind and patient with each other in our homes and those with whom we come in contact during our daily lives.

Why not ask someone in for tea or supper? Children love to get meals ready, and have them participate in this. If no one arrives, place some coins on the empty plate, and give the money to the poor of the world by placing it on the coin cards.

In many places today an Easter sunrise service is held. For hundreds of years, folk have risen on Easter Sunday morning early, and climbed to the high hills to watch the sunrise on Easter morning, so joyous and bright is the early Spring Day.

That first Easter day, Jesus' friends went early to the Tomb, so ought we followers of Jesus rise early on Easter morning to have communion with "Him".

Let us keep Easter in our hearts, not only at Easter time, but all through the year.

Christ has died,

Christ is Risen,

Christ will come again.

To each and everyone of you - Happy Easter.

Neither let mistakes nor wrong directions, of which every man, in his studies and elsewhere, falls into many, discourage you. There is precious instruction to be got by finding we were wrong. Let a man try faithfully, manfully, to be right, he will grow more and more right.

Thomas Carlyle

## GOLDEN JUBILEE FUND

Contributions to this Fund may be addressed to:

HEALTH RAYS GOLDEN JUBILEE FUND

The Miller Hospital  
Kentville, N.S.  
B4N 1C4

An official receipt will be sent to all contributors, and all contributions are tax deductible.

The standing of the Fund as of March 10, 1976:

Previously acknowledged: \$5,624.11

Mrs. Andrew (Beulah) Doherty

John T. Pye

Matilda Burke

Interest

Total 72.37

Grand Total \$5,696.48

## FAR AWAY

Where are now that merry party  
I remember long ago,  
Dancing round the Christmas fire  
Brightened with its merry glow.  
In the summer's balmy evenings  
In the fields amongst the hay,  
They have all dispersed and wandered  
Far away, far away.

Some have gone to lands far distant,  
And with strangers made their  
home.

Some upon the world of waters  
All their lives are called to roam.

Some have gone from us forever  
Longer here they must not stay,  
They have reached that fairer region  
Far away, far away.

There are still a few remaining  
To remind us of the past,  
But it's changed, as each thing  
changes,

Nothing in this world can last.  
Years go by and pass forever,  
What is coming you can say?  
'Ere this changed is, many may be  
Far away, far away.

## THE MILLER HOSPITAL

### ACTIVE STAFF

H.M. HOLDEN, M.D., F.R.C.P. (C) F.C.C.P. . . . . .	Medical Director
J.J. QUINLAN, M.D., F.R.C.S. (C), F.C.C.P. . . . . .	Surgeon
F.J. MISENER, M.D., F.C.C.P. . . . . .	Radiologist
MARIA ROSTOCKA, M.D. . . . . .	Physician
*G.A. KLOSS M.D., F.C.C.P. . . . . .	Physician
BARBARA LEITCH, M.D. . . . . .	Physician

### CONSULTANTS

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D.W. ARCHIBALD, M.D., F.R.C.P. (C) . . . . .	Psychiatry
S.F. BEDWELL, M.D., F.R.C.P. (C) . . . . .	Neurology
J.C. CROSBIE, M.D., F.R.C.P. (C) . . . . .	Pediatrics
T. DOK, M.D., D.O.M.S., D.L.O. (Eng.) . . . . .	Ophthalmology & Otolaryngology
P.P. GEORGE M.D., F.R.C.P. (C) . . . . .	Psychiatry
J.A. HYNES, M.D., F.R.C.P. (C) . . . . .	Internal Medicine
C.E. JEBSON, M.D., F.R.C.S. (C) . . . . .	Urology
*D.H. KIRPATRICK, M.D. . . . . .	Anaesthesiology
D.M. MacRAE, M.D., F.R.C.S. (C), F.C.C.P. . . . . .	Bronchoscopy
G.M. SMITH, M.D., D.P.H. . . . . .	Preventive Medicine
P.W.S. WATTS, M.D., M.R.C.O.G., F.R.C.S. (C) . . . . .	Obstetrics & Gynaecology

\* Certified by P.M.B.

### ADMINISTRATIVE

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MISS E. JEAN DOBSON, R.N., B.Sc.N . . . . .	Director of Nursing
MISS EILEEN QUINLAN, B.Sc., P.Dt. . . . .	Senior Dietitian
DONALD M. BROWN, B.A., B.Ed., M.S.W. . . . .	Director of Rehabilitation

### POINT EDWARD HOSPITAL

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T.K. KRZYSKI, M.D., ChB. . . . .	Assistant Medical Superintendent
D.B. ARCHIBALD, M.D. . . . .	Consultant Urologist
R.G. CHOKSHI, M.D. . . . .	Consultant Bronchoscopist
E.C. MacDONAGH, M.D. . . . .	Consultant Psychiatrist
H.R. CORBETT, M.D. . . . .	Courtesy Consultant, radiology
R. MATHIESON, M.D. . . . .	Courtesy Consultant, pathology
H.M. HOLDEN, M.D. . . . .	Courtesy Consultant, cardiology
MRS. EDNA MacDOUGAL, R.N. . . . .	Director of Nursing
MRS. JOAN CHIASSON. . . . .	Dietitian

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### ANGLICAN

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Hosp. Chaplain - Rev. William Martell

### BAPTIST

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

### CHRISTIAN REFORMED

Minister - Rev. H. Kuiperus

### PENTECOSTAL

Minister - Rev. T. Kenna

### ROMAN CATHOLIC

Parish Priest - Rev. Clarence Thibeau  
Asst. Priest - Rev. Luc Gaudet

### SALVATION ARMY

Capt. Sidney Brace

### UNITED CHURCH

Minister - Rev. Ian MacDonald  
Hosp. Chaplain - Dr. J. Douglas Archibald

The above clergy are constant visitors at The Hospital. 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 - Father Angus MacLeod

#### UNITED CHURCH

Rev. Allan MacIntosh

#### PRESBYTERIAN

Rev. E.H. Bean

#### SALVATION ARMY

Capt. Alex Swan