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Health Rays



HEALTH RAYS

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The Discovery Of The Koch Bacillus

After 270 unsuccessful attempts, a German scientist called Robert Koch succeeded in identifying the agent of tuberculosis: a slender rod between 3 and 4 thousandths of a millimeter in length.

When he discovered the bacillus that bears his name, Robert Koch was 39 years old. The discovery was made at the 271st attempt.

Koch began to be interested in bacteria when a country doctor in Silesia, but did not remain in the provinces for long once his brilliant researches on the anthrax bacillus had brought him to the notice of his contemporaries, the scientists Cohn and Cohnheim.

"Koch will again astonish us with his discoveries," one of them predicted. And both his sponsors used their influence to secure him a post with the Imperial Health Office in Berlin. Koch brought with him the microscope his wife had given him for his 28th birthday.

Day after day he sought the most favorable medium for the culture of microbes, and perfected the techniques for studying them.

He showed the same persistence in his attempts to isolate the bacillus of tuberculosis, which was then the most widespread disease in the western world.

He spent most of his time shut up in his laboratory at the Charity Hospital, Berlin. The door was closed to everybody except his co-workers and his wife. His only other companions were the guinea-

pigs, rabbits and mice needed for his experiments.

MARCH 24, 1882

He finally succeeded in isolating the bacillus, a microorganism that was not only hard to cultivate, but hard to see. It was particularly difficult to stain, since the coloring matter had to be left to act for a period of 12-24 hours. He therefore borrowed a technique from the dyers, that of using alkali with the dye. Added to methylene blue, the alkali acted as a mordant enabling the dye to penetrate the bacillus.

At last the great day came. On March 24, 1882, in a crowded room at the headquarters of the Berlin Phthisiological Society, the young man with the pointed beard addressed some 80 fellow-scientists. Robert Koch explained his discovery in a matter-of-fact way, as if he were presenting some routine paper. He told them all about the culture technique, the bacillus, and the characteristics of the lesions. Microscopes stood waiting on the desk in front of him. One by one the audience came up, peered into them, and saw the slender rods for themselves. There was a dead silence. Not a single voice was raised in opposition to Koch's findings. From that moment everyone knew that the origin and propagation of tuberculosis were no longer a mystery. It was not a hereditary, but a communicable, disease.

—Selected

Beneath the moon I saw one great white star
 And marvelled, wondering whether God
 was wise
 To make these matchless pilgrims of the
 skies,
 In splendour set immeasurably far
 From motes who vaguely guess such glories
 are
 Immortal truths that mock our mortal
 lies,
 Resplendence everlasting, while there
 dies
 Man's feeble hope fretted by constant
 war.

And then again I thought: "What lamps
 are these

That gleam undimmed with white trem-
 endous flame
 Deep in the wintry heavens, in saffron
 seas,
 And swim in depths of space that have no
 name?"
 "These are the eyes of God, whose glory
 frees
 All darkling souls," the surging Answer
 came.

—Nathaniel A. Benson

* * *

A friend of ours reports an odd experience he had at a drive-in movie one night. He watched a love scene for 25 minutes before he realized he was facing in the wrong direction.

—Journal of the American Medical Assn.

Diabetes And Tuberculosis

EMILY B. FERGUS, M.D.

Diabetes mellitus is a chronic disease which is becoming more and more prevalent in the world. It is estimated that there are 600,000 people with diabetes in this country many of whom are unaware that they are afflicted. The increase in numbers of diabetics is due largely to our increasing life span; for though diabetes may develop at any age (even in infants a few days old) it most commonly occurs in persons over 50 years of age. The disease is inherited and incurable but now easily controlled with modern methods of treatment.

The name diabetes mellitus (sugar diabetes) is taken from the Greek meaning literally "to pass through sugar," and is not to be confused with another rare disease, diabetes insipidus, which is related to diabetes mellitus only in that larger volumes of urine are excreted. In diabetes mellitus the body, because of improper hormone balance, is unable to burn up the sugar which is eaten and sugar builds up in the blood and is carried off in the urine. Extra urine is formed because more fluid is needed to wash the sugar through the kidneys and this results in an unsatiable thirst. These two symptoms, the thirst and increased urination, are the two cardinal symptoms of diabetes.

It has long been recognized that persons with diabetes are more susceptible to tuberculosis. Exact statistics vary with areas of the country, but it is estimated that 3 per cent of all diabetics show x-ray change, suggesting that they have or have had active pulmonary tuberculosis and that 4 per cent of all patients with tuberculosis have diabetes. Experience in this hospital correlates well with these figures. The incidence of tuberculosis in diabetics is so much higher than in the general population that it is recommended that diabetics have chest x-rays every six months.

For many years it had been noted that patients with diabetes seemed to have more extensive tuberculosis and seemed to take longer to recover. Now with drug treatment of tuberculosis and better methods for controlling diabetes, the diabetic patient does almost as well as the non-diabetic patient. It is essential, how-

ever, that the diabetes be well controlled for the most rapid and complete recovery of the tuberculosis.

Our knowledge of the cause and possible cure of diabetes is constantly increasing. However, as with many things, the more we learn the more we find we do not completely understand. Because of the peculiar way in which diabetes is inherited, not every person in a family may develop the signs of diabetes but may be merely "carriers," which means that they can possibly give the trait to their children who may then develop diabetes. For this reason, it is not always possible for a diabetic patient to recall any diabetes in his immediate family, even though "carriers" of the trait must have undoubtedly been present.

In 1921 two Canadian physicians, Banting and Best, discovered insulin, an extract of the pancreas gland, which when given to people with diabetes reduced their high blood sugar and diminished the amount of sugar lost in the urine. This led to the conclusion that diabetes was caused by an inactive pancreas which did not produce enough insulin. Research since this time, however has indicated that diabetes is not solely due to a deficient pancreas, but that it may also be caused by altered function of the thyroid gland, the adrenal gland or the pituitary gland, all important glands in maintaining proper body nutrition.

Through this research it has become obvious that there are probably different kinds of diabetes depending upon the cause and this explains why diabetes may be more or less severe in different patients. In all however, the defect may be corrected satisfactorily with insulin and diet in varying amounts.

Insulin, therefore, is still our mainstay in the treatment of diabetes. Over the years since its discovery, modifications of insulin have been made so that now usually one shot of insulin per day will suffice. However, it cannot be given by mouth as it is quickly destroyed in the stomach. Recently much attention has been given to a group of pills given by mouth which will control some but not all diabetes.

These drugs are related chemically to

the sulfa drugs and the one now in use in this hospital, still on an experimental basis, is called "Orinase" (R). In general, only the milder forms of diabetes will respond to this drug and as with insulin, a controlled diet is also essential. These drugs have the added advantage of rarely producing "insulin shocks" where an individual gets too much insulin or does not eat a sufficient amount of food and as a result may even lose consciousness.

In summary then, there are two important points which I hope have been made:

1. That families in which there is a history of diabetes, even if only in second cousin Mehitabel, should have regular urine check-ups for sugar.

2. That known patients with diabetes should have regular chest x-rays for the presence or absence of tuberculosis.

As with so many other illnesses, diabetes and tuberculosis respond well to modern treatment but respond best when discovered and treated early.

—The Firland Magazine

—:O:—

WHY SO TIRED?

Most members of the human race have a notion that they just love the idea of rest and relaxation. When someone is going off for a holiday where they can loll in a deck chair we all think the only thing stopping us from resting is that we haven't a chance. When the doctor puts the commandments on us about getting enough sleep we think that surely he doesn't need to tell us to get our rest and sleep, we have enough sense to do that for ourselves.

If we have we're different from a lot of people. In thousands of stores and offices all over Canada on any working day you can hear staff members say between yawns "I'm so tired." I haven't had a good night's sleep in weeks."

No doubt about it, they look as if they hadn't had a decent night's sleep for months.

And what's stopping them? Neighbours raising the roof? Raging toothache? Anxiety about their next of kin at death's door? Examinations next week? Nagging worry about the mortgage?

Sometimes, but not often. More of those bags under the eyes are caused by bridge games that went past midnight, late movies on T.V. and detective stories that are

started too late to be finished before two than by pain or anguish, real or imagined.

In the days when houses were lit with candles, or even later still when they used oil lamps, people went to be a lot earlier. For one thing, candles and oil cost money. So does electricity or gas but we don't count the pennies as our ancestors did.

They weren't as tempted as we are to stay up and read because they had few books. There was no television to watch, no radio to listen to, no movie around the corner.

It takes a lot more determination to get enough sleep these days. Some time around the dinner hour a voice announces what the late show will be. Invariably it seems to be one that we know was good. We remember it with pleasure or else remember we missed it. Now here is a wonderful chance.

But is it worth going around all the next day feeling as if one had sand in the eyes? Or being just enough over the edge of fatigue to be a bit cranky? Or is it worth giving some infection which is poking around a better-than-average chance to put us in bed for a week.

Anyone who has had a spell of a serious sickness, whether it be TB, pneumonia, heart disease, polio, arthritis or a good many other ills, has to take a firm line about getting enough sleep.

—TB ... and not TB

—:O:—

Aid For Elderly

EDMONTON — Details of a \$3 million program to provide extended health care to Alberta's 127,000 senior citizens have been announced. The program will cover cost of eye-glasses, hearing aids, dentures and dental work, and medical equipment such as braces, crutches and wheelchairs.

The Alberta program — first of its kind in Canada — covers services not provided under Blue Cross or health insurance and is available to persons 65 years old and over.

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Influenza: The Facts

Influenza has been known to man since ancient times. Italian astrologers thought it came from an influence of the heavenly bodies. That's why they used their word for influence, "influenza", as a name for the disease.

Today, we use "influenza" to mean a specific sickness in which the throat and windpipe are very sore and hot. Muscles are weak and achey. Usually, a lot of people in a community have it at the same time.

Flu is much more severe than the common cold, which Charles Dickens said made him "deaf in the ears, hoarse in the throat, red in the nose, green in the gills, damp in the eyes, twitchy in the joints, and fractious in temper." But a cold usually involves not much more than a stuffy nose and scratchy throat.

With flu, you feel so sick you want to go to bed. You're never as sick with a cold. And flu keeps you down longer.

WHAT IS INFLUENZA?

Flu is a fairly brief, severe sickness that is very catching. It is spread from one person to another by one of a family of viruses. When flu strikes, it may damage the lining membrane of the breathing tubes. Then it may spread to the air cells of the lungs. Tissues become swollen and inflamed. They may also crack into little sores, causing the discharge from your nose or throat to get streaked with blood. But these tissues are not damaged permanently. They are repaired after nine to fifteen days—provided no other germ takes over.

WHO GETS INFLUENZA?

Anyone can get flu—especially when it is widespread in a community. But children are most vulnerable; the sickness is most common among ten-year-olds. From then on, you are less likely to get it. But many adults do come down with flu. And it is likely to be serious for those with some sickness of the chest or a chronic disease and for people who are old, or women who are pregnant.

HOW DOES INFLUENZA ATTACK?

Flu seems to come on suddenly. But actually, it takes one to three days to develop. When it comes out into the open, you may notice chills, fever, headache, backache, muscular pains, and lack of appetite. Other common discomforts include a cold in the head, sore throat, dry cough, weakness, pain or burning in

the eyes, sensitivity to light, and nausea.

Temperature goes up quickly during the first day—usually to 101 or 102 degrees. Then it reaches a peak, probably not higher than 103 degrees. Your temperature then may go down gradually over a few days. Or it may go down quickly only to rise again on the third day. Fever usually lasts about three days. But it may go on for as long as seven. As your temperature begins to go down, you'll probably notice more stuffiness in your nose. Your cough may get worse. And there may be pus in the discharge from your nose or throat. From that point on, you'll probably get well fast. But don't be surprised if you feel overly tired for a week or more. A loose cough for a few weeks is also common.

HOW IS INFLUENZA TREATED?

Your doctor will probably suggest bed rest. He may also tell you to take something like aspirin to ease the pain and bring down the fever. Or urge you to drink a lot of fluids if your fever is high. If the sickness you have is really flu, penicillin and other wonder drugs won't help because they are not effective against viruses. But the doctor may give you one of these drugs if he thinks you are getting another kind of infection as well. Doctors say you should stay in bed at home as long as the sickness is severe—and probably for two days after the fever is gone. The temperature of your room should be moderate. And the humidity should be kept high.

HOW CAN INFLUENZA BE PREVENTED?

Vaccination is the only satisfactory way to prevent or control flu. The vaccine now in use contains substances that are effective against past flu viruses as well as those currently causing the trouble. Today's vaccine is said to be "70

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Activity Program — A Pilot Project

By John Sansom

HALIFAX, N. S. — A 10 month experiment in diversionary recreational activity for Halifax Infirmary patients could come to a halt March 31 if government funding sources turn down upcoming appeals.

Called, simply enough, the Activity Centre and staffed by non-medical workers—with the exception of coordinator Mary Cann, RN—the service started June 1, 1973, following a sample survey of 199 patients, 180 of whom okayed the idea and confirmed their willingness to participate. Total budget over the current period of operations was \$39,000 of which the Nova Scotia Department of Recreation picked up \$18,200, the provincial Department of Health and the Nova Scotia Health Service Insurance Commission \$18,200, and the federal Non-Medical Use of Drugs Directorate \$3,200.

To date well over 600 patients in the 450-bed general hospital have received direct recreational services through the project while group activities have involved over 2,000. Eight recreation workers staff the centre 12 hours daily on weekdays and nine hours per day on weekends and holidays. Stress has been laid on arts and crafts with over 20 distinct project areas at the patient's choice. Games, film shows, music, errands, escorts for patients outings, and letter writing are also part of the service. Contact is normally made through referrals by nurses, social workers and interested physicians.

"HEALTHIER" PATIENTS

Infirmary administrator W. E. Duggan pulled no punches in praise of the centre. He said, "There has been a noticeable change in the atmosphere of the hospital since the program began. There have been numerous reports from nursing personnel that patients using the service are much more secure psychologically. Hopefully, this will result in 'healthier' patients with a more rapid rate of recovery."

He added that there was no apparent conflict with the demands of other services for the patient's time. The Activity Centre services, he noted, had been scheduled not to interfere with medical services and to optimize patient free-time.

Miss Cann, with eight years as an RN behind her—two of them in general nursing in Thailand—said, "This is a natural program for a general hospital to get into. Hospitals are, if you'll excuse the expression, 'sick places' and many patients need something more than straight medical services. They need something that's fun."

She admitted to some trepidation when the project was initiated under the direction of former social services department director Anna Tingley, RSW, now with the Lion's Gate Hospital, Vancouver.

COST SAVINGS

"While we knew the idea was good, we weren't too sure how beneficially we would affect patient care or how we could measure that effect in terms of per-patient costs. That's probably the most difficult part of getting the kind of on-going funding which will give us time to make the best evaluation possible of the service's cost benefits. We know we're providing direct benefits to the patients. And we 'feel' we're effecting some cost savings in the overall patient care picture. What we need is the kind of money which will give us the time to continue providing and perfecting the service and to provide a reasonable base for evaluation by a third party."

Miss Cann had no doubts as to the best potential funding source, "We're providing a recreational and personal reinforcement service in a sophisticated medical setting. Our hope is that the federal Department of Health and Welfare will eventually look on us as a worthwhile pilot project which, if successful, could have application nationally."

Meanwhile, she said contact is being maintained with the original provincial funding sources. If no further funds

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Notes On Smoking

From the American Cancer Society, a leader in the antismoking campaign, comes this view:

'There has been a definite decline in smoking between 1963 and the end of 1973, as estimated: 5.6 per cent in pounds of cigarette tobacco; 18.8 per cent in pounds of total tobacco products — There is other evidence of the effect of the anti-smoking campaign. . .

1. Since 1964, 10 million smokers have given up cigarettes, making a total of 29 million ex-smokers in all.

Smoking by youths. Cigarette use by young girls, according to one authority, is rising faster than use by boys.

The National Clearinghouse for Smoking and Health, Education and Welfare Department, keeps tabs on teen-age smoking through polls taken every two years.

Dr. Daniel Horn, director of the Clearinghouse, explains the trend:

'The percentage of boys smoking began leveling off in the late '50s. During the 1960s and the early '70s—except for one brief period—it has been coming down. The percentage of girls smoking has been increasing except for the period just after the Surgeon General's report. They've been keeping up with the boys. With boys and girls born since 1955, there doesn't seem to be any appreciable difference.'

What's ahead? To mark the tenth anniversary of the Surgeon General's report, about 35 separate agencies concerned with smoking and health will sponsor a special program to review what has been gained and what still needs to be done.

Dr. Horn, of the HEW Clearinghouse, summed up the situation from the health agencies' point of view:

'If it hadn't been for the health issue that came to public attention in the early 60s, we'd have between 70 and 80 million adult cigarette smokers. We actually have about 50 million.

'The per capita consumption of cigarettes is still less than before the surgeon General's report was issued.'

U.S. News and World Report,
December 17, 1973

RON ILLSLEY
ESSO SERVICE STATION

Notes And News

We are pleased to report that Dr. Frank Misner returned to work, following his convalescence after undergoing surgery. He was back on the job during the latter part of February — part-time at first.

The Valley Chapter of the Nova Scotian Institute of Science held their March meeting in Miller Hall on March 4. The program consisted of two presentations which were very well received by those in attendance:

1. Breast Carcinoma following multiple fluoroscopies with pneumothorax for the treatment of pulmonary tuberculosis. — Dr. J. J. Quinlan (and Dr. J. A. Myrden, co-author)
2. Blood Gas Analysis and Clinical Application. — Dr. E. W. Crosson.

—O—

We are grateful to a group of students from Acadia University for providing entertainment in the Patients' Lounge twice during the month of February. These young people are working toward Masters' Degrees in Recreation — a recent addition to the course of study at Acadia.

Very recently the Meteghan and District Lions Club purchased a Bennett AP 4 respirator for the use of a patient from their area — to be used by him for as long as he needs it, and to then be made available to others who will require this as part of their home treatment.

In January a similar purchase was made by the Port Roseway Chapter of the I.O.D.E., in Shelburne County, for a patient from that area. In this case it was a Monaghan respirator which was obtained.

Purchases of this nature represent a considerable amount of money for a service club to invest, and we are very grateful for the assistance given.

ACTIVITY PROGRAM—

(Continued from Page 5)

are forthcoming the centre may have to fall back on volunteer help which, Miss Cann thought, "could dilute the service."

However, she remained hopeful. "We've got about two months to go before the crunch comes and we're talking to everybody who'll listen. So far nobody's come up with a flat no." — Mediscope.

Editorial Comment

At the time of writing, the West Infirmary is going down faster than the new Service Building is going up. Work on the new addition is proceeding slowly in its early stages, although the weather has been exceptionally good for outside work. 'Tis said that slow delivery of structural materials has accounted for the rather minimal crew of three, and sometimes four, who have been working on the forms for footing and foundation.

Meanwhile, the demolition of the West Infirmary is progressing quite rapidly. The first outward sign of destruction was on February 13, when they began to tear down the tunnel. The overpass section of tunnel is to remain, so that there is still a south entrance to the Service Building. The contractors removed the windows and inside doors of the West Infirmary. Those, together with the pipes for plumbing, heating, and sprinkler system, and other metal objects, were among the comparatively few items which could be salvaged for a profit. With the cost of building materials so high it is difficult to realize that it is not profitable to salvage and sell quantities of the lumber that workers could salvage. Therefore, the method of demolition differs from what it used to be. They have been using the pay loader to batter in the walls, and then pull out sections of wall with a cable hooked to a tractor, or a loaded truck. The material is pretty well broken up by the time is picked up by the pay loader and loaded on the dump trucks.

We used to hear folks say that they had been patients for such a long time that they felt they should own a bit of the Sanatorium. Now is the time to obtain a bit of it, "for a limited time only, while supplies last," — as the commercials often state. Yes, the contractors have been permitting people to take out lumber, without charge. There is considerable work and hazard involved, however, for it appears to have been well constructed, with the use of a generous quantity of nails. Several workers have temporarily nailed themselves to the ruins, but there have been no serious outcomes reported. One was heard to comment that it was probably the next best thing to a B.C.G.

For those who like to remember dates, and who remember them better than I do (I hope), it was on the afternoon of March 1 that the west wing of the West Infirmary collapsed after a considerable battering. If the walls could talk they would be lamenting loudly. One week later, on March 8, the center section was brought down, leaving the final wing for this week, if the contractors are able to maintain their present pace.

* * * *

People often remark on some of the inconsistencies of our time. For example, the difficulty in obtaining interested workmen for a project. This, at a time when there is widespread unemployment. Critics of the administration of Unemployment Insurance point out that this is because it is possible to work for seven weeks and draw benefits for the bulk of the year. Then, when a person is filing a claim on account of sickness he finds that he must have 21 weeks of contributions and can draw for a shorter period. Fifteen weeks, isn't it — the same as the UIC pregnancy benefit.

Regarding food prices: when prices are climbing ever higher it is said to be because supply cannot keep up with demand. Yet, we are warned that if prices are permitted to drop production slows down, and often government subsidies are granted to maintain a price level that will encourage production. Now, with building materials the prices are not only climbing out of the reach of would-be builders, but there is no assurance that they will be obtainable when needed. It is very complex.

Patients often express the feeling that there are inconsistencies in the administering of social assistance at the federal, provincial, and municipal levels. Those eligible for Old Age Security receive the same amount whether in or out of the Sanatorium. Those on Provincial Social Assistance, due to a disability, are cut off from benefits while in the Sanatorium. Often their expenses and commitments are the same, or greater than those on the federal pension. As for assistance administered at the local level, it is a matter of conjecture as to the amount, if

(Continued on Page 9)

Assisting Diabetics

By David Woods

TORONTO — A group of allied health workers involved in the education and treatment of diabetics has formed its own organization made up of nurses, dietitians, social workers and podiatrists.

The group—called the Professional Health Worker's Section of the Canadian Diabetic Association—has 200-odd members. It is less than a year old.

The fact that it took more than 50 years from the discovery of insulin to get these people talking to each other and working together says something about today's emphasis on the health team.

But in specific terms, the group's founding came about through allied health workers' concern about under-employment, public misapprehensions of diabetes, the economic advantages of prevention and ambulatory care—and a sense of frustration over fragmented efforts on behalf of Canada's almost 500,000 diabetics.

The group's vice chairman, Mrs. Elizabeth Laugharne, RN, believes that allied health workers have an especially important role to play in educating the diabetic, and also in ensuring—on a continuing basis—his understanding of, and compliance with, treatment programs. We are closer to the patient, she says, "because we have the time, we have the expertise". The Professional Health Workers' Section believes that responsibility for educating the patient will belong, increasingly, to the paramedical disciplines.

UNITED APPROACH

The new group claims many advantages from its parent body, the Canadian Diabetic Association: the CDA provides administrative help and a liaison member to the executive to advise on clinical and scientific matters.

The need for a more concentrated and united approach to educating the patient, says Mrs. Laugharne, springs partly from the simple fact that people are living longer. And also, she says, we have some responsibility to try to keep patients out of the hospital when they can be given ambulatory care.

The big question facing the fledgling organization is: How do you educate the

educators? Both Mrs. Laugharne and the group's chairman Mrs. Julie Davis, a dietitian, agree that in few diseases is there more misinformation and superstition than in diabetes. At least a couple of recent books on the subject have been downright dangerous, they say.

Mrs. Davis helps write a newspaper column on diabetic diets; the group itself puts out a newsletter and is in process of organizing a national workshop. The overall goals for members are motivation, stimulation and communication among members of the health team because the group recognizes that diabetes is a condition requiring continuing care, and frequent review by health personnel. Moreover, the group strongly believes that serious complications that can arise from diabetes are often preventable by good care. Such care can only occur with the patient's awareness and cooperation—and this requires a consistent and effective education program.

Julie Davis believes that allied health workers have "been looked down on by physicians . . . to some degree" although both she and Elizabeth Laugharne acknowledge that there has been very little resistance among MDs to the founding of their own group. Some doctors, they agree, feel threatened by the banding together of other members of the health team.

Both these members of the new group's executive are highly enthusiastic about a long overdue approach to patient education that involves both unity and a systematic professional attitude.

Ten years from now, says Mrs. Laugharne, "I'd like to think we had a team in our section that would evaluate programs . . . be a resource center giving assistance to beginning programs . . . make sure that workers in Halifax or Vancouver were getting the same message about educating the diabetic".

Predictably, one of the new group's problems is lack of money. Annual membership fees are \$10, and the Ames Company has provided two annual bursaries of \$1,000 each to be given to a member of the group for professional development. But so far, approaches to the federal government for financial support have been unsuccessful. Both

Mrs. Laugharne and Mrs. Davis feel this has to do with the group's newness—and it may simply be a matter of taking their place in the lineup for government funds.

SUBSTANTIAL SAVING

However, both executive members emphasize the cost effectiveness of ambulatory care and education compared with hospitalization. One 1972 study, they say, shows that in Ontario almost 15,000 people entered hospital that year with a diagnosis of diabetes. They had an average hospital stay of 14.8 days. If you take the 411 diabetics who came through our education program here, they claim, we saved 1,590 hospital days just with that small group—and at an average per diem cost of some \$104 for the hospitals involved that's a pretty substantial saving.

Allied health workers involved in the treatment and education of diabetics can find out more about the Professional Health Workers' Section of the Canadian Diabetic Association by writing either to its chairman or vice chairman at the CDA offices: 1491 Yonge St., Toronto. — Mediscope, Feb. 8, 1974.

EDITORIAL COMMENT—

(Continued from Page 7)

any, that will be received, depending upon the individual welfare officer's evaluation of need, the policy based upon regional norms, weighed against the existing budgetary limitations of the applicant, his friends and representatives — and a little bit of luck!

One reason why most of us accept, without complaint, the rising costs and pending shortage of essential goods is that we still haven't gotten used to whatever modest degree of affluence we have attained. We are still pleasantly surprised at being able to obtain something that we could do without, without having to plan away in the future for it.

Two bums were brought before the judge on a vagrancy charge. The judge examined the ragged pair, and then asked the one on the left, "Tell me your name and address."

"My name is Harry Smith, and I live under the stars in the beautiful woods of this beautiful earth."

The judge turned to the other man. "And you?"

"My name is Sam Fritz, and I live next door to him."

INFLUENZA — THE FACTS —

(Continued from Page 4)

per cent effective in preventing the disease" by the Surgeon General of the U. S. Public Health Service. In 1961, he said the vaccine might have prevented 60,000 of the 86,000 extra deaths that occurred during flu epidemics from 1958 to 1961.

Every year, people with TB, emphysema or other respiratory diseases, heart trouble, diabetes, or other chronic illnesses should be vaccinated. So should pregnant women and people over 65. If you are not in any of these groups, ask your doctor whether you should get the vaccine.

* * *

IF YOU HAVE SYMPTOMS OF INFLUENZA, YOU SHOULD:

1. Call your doctor.
2. Go to bed. Even if your aches and pains and sore throat turn out to be nothing but a cold, bed rest will help you to get well sooner.
3. Keep warm and drink plenty of liquids if your doctor can't see you right away. A wash cloth wrung out of cold water and placed on your forehead may relieve the fever.
4. Do not take medicine your doctor does not prescribe.
5. Stay in bed until the doctor says you can get up. He will probably tell you to stay in bed for at least two days after the fever is gone.
6. Avoid exposure to other sickness after you are out of bed.
Flu lowers our resistance.

(This article is taken from the pamphlet "Influenza, the Facts" published by the National Tuberculosis Association.)

—:o:—

THE LATE LEARNER

One who, consuming midnight oil in studies diligent and slow, teaches himself, with painful toil, the things that other people know.

—Fiet Hein

* * *

"Labour with jest, and give of your best"
For the sweetness and joy of the giving;
To help folk along with a lift and a song,
Why, that the real sunshine of living.

—Contributed by Mrs. Mildred Shields



Chaplain's Corner

MSGR. J. H. DURNEY
FROM: "THE VETERAN"

THE ALSO RANS

"ALL HAIL, THE CONQUERING HERO!" This is a phrase with which we are all very familiar. We have heard it many times; we have read it in the press and have seen it in the News on our T.V. sets and in the movies. It is an acclamation spoken for someone or some group which has been victorious in a contest. All the world loves a hero and a winner. But perhaps next time, with the same contestants involved a different winner will emerge, and then the last winner will be forgotten. True, the name or names of previous winners may be engraved on a plaque or a cup, and they will be referred to from time to time as the winner of such and such date. Their period of praise and adulation will be short at best, but **THEY WILL BE REMEMBERED.**

There is another group however which never reaches the winner's circle. It is the group which makes the declaration of a winner possible, because it supplies the contestant or contestants over whom the winner has triumphed. They are **THE ALSO RANS**; those who trained just as hard; those who worked just as diligently; those who fought just as earnestly; in a word, those who did not reach the top in the finals.

While it is true that the winner receives all the rewards and the praise, the **ALSO RANS** deserve a great deal of credit for the efforts they put forth. Without them there would be no contest, and consequently no winners. They supply the opposition for the winners, and in the last analyses there is sometimes a very small margin separating the winners from the **ALSO RANS**. The important, and at the same time, the interesting thing is "What happens to those **ALSO RAN**?"

As you will perhaps have gathered from this article, it is being written, on behalf of the **ALSO RANS**, and while there are no statistics, which can be very misleading at times, it is our considered opinion that as many **ALSO RANS** as **WINNERS** make a success of life. Those who have the best marks in college or university don't always make the best business people. Those who are highest in

the graduating class in Social Studies don't always make the best men or women to deal with the social problems of others. Those who are on or near the top of the group in medical or law school don't always make the best doctors or lawyers. The same thing applies to any walk of life you may wish to mention. Why is this?

Perhaps it is because the **Also Rans**, who have experienced failure of a sort in studies, or any other field, have learned to understand better the feelings, the wants, the needs of those who have never tasted success, and for this reason they can better associate themselves with the problems of those they are trying to help. Constant success is apt to beget intolerance, which in turn makes one impatient with those who are slow to grasp things. The **Also Rans** are more apt to understand that not all have received the same talents or abilities, and therefore they recognize the fact that more time and consideration and patience must be given certain people in certain cases.

Almighty God has distributed His gifts according to His own infinite plan, but He has distributed the required gifts to each to fit him for the particular vocation to which he is called. Therefore one who receives the gifts given to him and develops them with the help of God's grace, is co-operating with God's plan for him, and therefore has the continued assistance from God to make him successful in his particular field of endeavour. While he may never be crowned a winner in the eyes of the world, he is trying to do what God wants him to do, and therefore, in the eyes of God he will be considered a Winner.

ALL HAIL, THE ALSO RANS!

* * *

There is more in the education of children than the everlasting iteration of the word "don't!"

Worse than the dull conscience is the conscience that must mind its neighbor's business.

The best way to tell a woman's age is a mistake.

Success comes in cans; failure in can'ts. No man, however great is known to everybody and no man, however solitary, is known to nobody. — (Moore)

On Personality

The sum of a person's characteristics, good or bad, or, good and bad, is something we call personality. It is character expressing itself in word and act. Our little habits and skills, our way of talking, our smile, our walk, all these and dozens more, might be likened to single sticks, which if tied together with the ribbon of **ourselves** will come out as the bundle of our personality. Each of our qualities is a gem. If we string them on the tread of **ourselves**, the necklace formed is our personality. Pretty or ugly, genuine or sham, the string or bundle of all our qualities is our personality.

To make our personality pleasing should be the ambition of everyone, especially the Christian. Everyone, I believe, would like to possess an attractive personality, one that would help him reveal his best qualities and win people to himself. Dr. Norman Vincent Peale points out a few ways to help us make our personalities attractive.

1. Let a series of happy thoughts run through your mind. They will show on your face.

2. Spend a minute or two forgetting your pet grudges, your frustrating experiences, your mistakes. Just bring up each one in your mind, then say, 'forget it.'

3. Practice letting peaceful expressions rest on your face. Bring the peace of God into your mind.

4. Hold yourself erect, head high stomach in, chest out, and think a series of positive thoughts, meanwhile expel every negative idea.

5. Spend a few moments definitely thinking thoughts of kindness. Remember all the kind acts that have been done for you lately or that you have observed.

6. Say to yourself slowly, 'Let the beauty of the Lord my God be upon me,' and conceive of God's attractiveness a being conferred upon you.

7. Select a few people to be particularly kind to today, maybe those you were a little harsh with yesterday. Perhaps

they are close to you, husband, wife, children—and others, such as the grocer, the bus driver.

8. Set out today with the thought that an inner light is shining from you. People will notice and comment, 'What an attractive personality!' But do not take undue pride in this for if you do, the light will fade. Just be natural and the light will glow with never-failing radiance.

A pleasing personality is something all of us can give to the world. In terms of the dollar, it won't cost us a cent. Let's all do a little work to put a little color and warmth in the lives around us.

—Rev. Ralph Duffner
From San-O-Zark

—:o:—

Irate divorcee to her friend: "So I told him if he doesn't make his alimony payments promptly, I'll repossess him."

* * *

Doctor (to Mrs. Briggs, whose husband, after being given up, makes wonderful recovery): "I think your husband can get up a little now, Mrs. Briggs."

Mrs. Briggs: "He canna get up, doctor. When you guv'm up we sold his claethes."

* * *

Here lies the body of Susan Jones,
Resting beneath these polished stones,
Her name was Brown instead of Jones
But Brown won't rhyme with polished
stones,
And she won't know if it's Brown or
Jones.

* * *

In a crowded bus a lanky mountaineer sat opposite a young woman whose skinny skirt kept creeping up over her knees. She fought a constant battle with it, pulling it down; but as soon as she released her hold, up it crept. After one hard yank she looked up and met the gaze of the mountaineer.

"Don't stretch your calico, sister" he said. "My weakness is liquor."

* * *

Overheard at a cocktail party, one woman to another: "My dear, I've heard so much about you. Now it's only fair that I listen to your side of the story."

* * *

MARJORIE S. PITHER:

Conversation is like a boat—if everybody crowds on the same side, it sinks. It needs balance to keep afloat.

—Woman's Life

THIS FULL PAGE SPONSORED BY
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OLD TIMERS

It is that time of the month again, so we will drag forth a fistful of notes from the cluttered desk and see what we come up with. This is being compiled this month without clerical assistance, Mrs. Madelon Misner being on sick leave these "past few weeks." Well, from the mailbag I see there are some renewals to start off: June Damery, Amherst; Grant Romkey, R. R. 1 LaHave; Hubert Harnish, R. R. 1 Hubbards; Mrs. Marguerite Wheten, Antigonish, who sends her best wishes to the doctors and nursing staff; and Mrs. Carl Spidle, R. R. 1 Barss Corner, who writes that she enjoys reading Health Rays, and expresses her gratitude to the medical staff, nurses and others, for the help received as a patient and out-patient.

Adam Pellerine, Pictou, says 'Hi' to staff, patients and those who were patients at the same time; Mrs. Ina Williams, Shelburne, writes that she enjoys reading Health Rays, often sees names of some of the patients she met when at the Sanatorium from Dec. 71 to March 72. She is keeping well, is working every day, and sends her best regards to everyone.

Sidney Roberts was in to renew his subscription on the afternoon of March 1st. I remember the date because the west wing of the West Infirmary was brought down as he was returning to his car. His wife, Jean, was a former member of the nursing staff — as I probably remark every year — and is now working at the B. F. M. Hospital.

There is a nice note from Mrs. Claudia Putnam (while practicing her typing). She says, in part: "I am sorry for the delay in payment; I am afraid it is a case of forgetfulness. I have a new baby, Dennis Sheldon, 4 months old (born October 11). My family is growing like weeds; Paula will be 5 in April and Shawn will be 4 in April. They both attend play school two days a week, and both love it. So sorry to hear about Mr. Jagosh, and about Dr. Misner's illness. The changes at the San are really something; every time we go down there is something missing or moved. I write to Stu Tectonides off and on; she is doing very well with her job, and wedding bells aren't far away. Dorothy Anderson is still on the go, working in Halifax. Would you say Hello to everyone for me. I think of everyone quite often, and will always be

grateful to the Sanatorium. My visits to the San will be once a year now, but Merle and I always enjoy our trips to the Valley and look forward to the next one." (Ed's note: this was not all in one paragraph, but is a summary).

Renewals from the following are gratefully acknowledged: Archie McArthur, 14 Idlewilde Road, Armdale; Lauchie D. Campbell, 149 Cabot St., Sydney; Rita Lampier, 7117 Ernst St., Halifax; Margaret F. Cameron, 257 Washington St., New Glasgow; Mrs. John Hines, R. R. 1 Kentville; Mrs. Mary MacK. Brown, Halifax; Mrs. J. J. MacKarney, R. R. 1 Port Dufferin; Mrs. Faye Leach, 29 Brule St., Dartmouth; Leighton Dillman, 223 Windmill Road, Dartmouth; Eugene L. Hamm, Box 354, Yarmouth; George Rafter, who was in for a re-check; and Cecil Rushton, Lower Debert.

Steve Mullen, 62 Prospect St., Yarmouth, who for a number of years was subscription manager, enclosed his own renewal and writes, "I read it and then pass it on to two other former citizens of the San — my brother, Tom and his wife, Ellen (Mossman) Mullen. I am still breathing — at intervals."

Margaret MacDonald, River Denys, says that she enjoys keeping up on the news from the San.; Lawson J. Myra, formerly R. R. 2 Wolfville, advises us of his change of address to: 101 Beaverbank Villa, Halifax Co.; Angus Donald Rankin, R. R. 2 Mabou, was here for three weeks and returned home on February 16 — paying on his way out the door, so to speak.

And we have some renewals from former staff members: Loran Geitzler, Port Williams, who we are pleased to see is still working occasionally on the nursing staff; Mrs. Basil Elliott, New Ross, who has still not returned to the nursing staff (in error I had once reported that she had!); from Mary and Percy Doucette, New Minas; and Mrs. Eleanor (Archibald) Chase, Port Williams.

We have the following note from Ernest (Buddy) Boudreau, who is well-known as a former member of the nursing staff: "Enclosed is \$2. Health Rays. I am still enjoying "retirement" and spending the winter here in Florida. I often see Mr. Al Ruffee who was a patient on The Hill in the mid 1950's. He is also spending the winters here in Sarasota."

And we have had some renewals from present staff members: Mrs. Eleanor Woodman, R.N.; Mrs. Catherine Boyle,

R. N.; Eleanor MacQuarrie, O.R. Nurse; Mrs. Louise Wood, nursing staff; Helen Smith, Payroll Office; Beulah Trask, Switchboard; Mrs. Violet Hunter, nursing staff; and Jack Ripley, dietary staff.

Anne-Marie sent us the following notes: When Mary and Percy Doucette were visiting in Antigonish they saw Tat Bernasconi at St. Martha's Hospital. Tat was a patient here in 1949 and has been on the nursing staff of St. Martha's for some years. While there, they also saw John Douglas MacDonald who works in the kitchen of the same hospital.

While in Tracadie, they saw Leonard Myatt who was getting ready for the fishing season. He is looking very well and apparently feels well.

Grace Adams, of Masstown, former patient and later steno in the nursing office until her retirement, visited Anne-Marie and Mrs. Harriett Campbell recently. Grace enjoys her retirement, and was working on a needlepoint masterpiece, one of her hobbies.

Thank you, Anne-Marie. Next, here is part of a letter that Vance Atkinson wants to share. It is from John Douglas Matheson, written from Saint Elizabeth Hospital, North Sydney, where he says he is "getting a job done on my two big toes so I can wear shoes again." He says that he has been keeping in touch by Health Rays, and mentions many of the friends he met while in the Sanatorium. Speaking of two of them, he says, "Both good people — should be Cape Bretoners, along with yourself! In fact, I never met anyone up there I didn't like. I could go on for hours about people I would like to hear about, and to wish them all the best. The whole complete staff of the Søn — if there are any better anywhere, I never heard of the place." Thank you for those kind words, "J. D.". We know that they were not written for publication, but you can blame Vance for it.

————:o:————

You can carry a pack if it's strapped to your back.

You can carry a weight in your hands.

You can carry a bundle on top of your head,

As they do in other lands.

A load is light if you carry it right.

Though it weighs as much as a boulder.

But a tiny chip is too heavy to bear

If you carry it on your shoulder.

Health Rays Golden Jubilee Fund

Contributions to this Fund may be addressed to:

Health Rays Jubilee Fund
Nova Scotia Sanatorium
Kentville, N. S.

An official receipt will be sent to all contributors, and all contributions are tax deductible. Your contributions will help Health Rays to remain healthy.

The standing of this Fund as of February 28, 1974:

Previously acknowledged	\$4,933.41
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
John T. Pye	
Interest	
Miscellaneous	
Total	146.48
Grand Total	\$5,079.89

————:o:————

WOMAN'S LIP

Five-year old Sue was "helping" her daddy at his work bench in the basement. Finally he tired of her incessant chatter and questions and asked her to be quiet for a while.

"I don't have to be quiet," said Sue importantly. "I'm a woman."

* * *

With the opening of the Trans Canada Highway in Newfoundland the number of service stations increased dramatically. While the attendants were not always mechanically knowledgeable, they often made up for it with their homespun philosophy. On one occasion a late model car pulled into the station and the driver complained that when cruising between 75 and 80 miles per hour the car engine seemed to develop a knocking sound. The attendant stopped and pondered for a minute and then gave his opinion: "There's nothing wrong with your engine, me son; it's simply the good Lard warnin' ya."

* * *

Q. If you put three ducks in a crate, what do you have?

A. A box of quackers.

Ins And Outs



NOVA SCOTIA SANATORIUM

ADMISSIONS

FEBRUARY 1 TO 28, 1974

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FEBRUARY 1 TO 28, 1974

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POINT EDWARD HOSPITAL

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—:O:—

Teammates

A couple in the New Orleans suburbs drive to town each day. He works for a downtown credit rating agency, and she teaches at an uptown public school. Usually he drives, and she alights at Royal and Canal, making a mad dash for the streetcar to convey her uptown. But sometimes she needs the car after school. Then, at the same corner, he kisses her good-by and steps out the left door while she slides under the steering wheel and is off.

One morning they were late. He pulled up for a red light at Royal and Canal, kissed her hurriedly, alighted and darted across the street. At the same instant she slid out the right door and pattered off in the opposite direction.

Late that afternoon she telephoned him to pick her up.

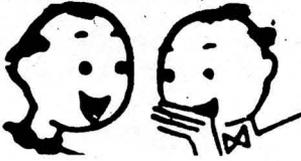
"You're kidding," he said. "You know you've got the car."

"I've got the car!" she exclaimed. "You've got it."

When it finally dawned on each of them that the other was leveling, the ghastly truth became apparent—which a call to the police pound quickly confirmed. "We've got it all right," said the sergeant. "It's accused of obstructing traffic." Sheepishly the husband went down to bail it out. —Howard Jacobs in New Orleans Times-Picayune

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Just Jesting



A wig manufacturer now claims to have the ultimate in life-like hair pieces . . . A blond wig with dark roots.

If women are so fond of clothes, why don't they wear more of them?

Nurse: 'What are you operating for?'

Doctor: 'Five hundred dollars.'

Nurse: 'No, I mean what does the patient have?'

Doctor: 'Five hundred dollars.'

Weather forecaster to radio announcer: 'Better break it to them gently. Just say, heavy local showers, followed by a hurricane.'

"Don't worry' is a good motto' So is 'Don't worry others.'

Duty makes us do things well, but love makes us do them beautifully.

Husband: "Where is all that grocery money that I gave you?"

Wife: "Stand sideways and look in the mirror."

FISH TALE

A local fishing skipper found himself in New York. Despite its eight million inhabitants he found himself to be the loneliest man in the world. Friendly greetings met with no response. While walking along a side street the odour of salt fish caught his attention. He found it was coming from a nearby fish store and entered. A friendly greeting to two clerks in the store again brought no response. Looking around he noticed a large salt fish nailed to the wall. Looking squarely at the familiar fish he addressed it as follows: "Well, skipper, it seems we'em both a long way from home."

Teacher: "Now who can tell me the difference between lightning and electricity?"

Pupil: "You don't have to pay for lightning."

BIT BY BIT

Doctor: "This is a very bad case, very sad indeed. I much regret to tell you that your wife's mind is gone — completely gone."

Husband: "I'm not surprised, doctor. She's been giving me a piece of it every day for fifteen years."

I am the captain of my soul;
I rule it with stern joy;
Yet I think I had more fun
When I was a cabin boy.

—Selected

The frustrating thing about the key to success is that we can never seem to find the lock that it fits.

Pep talk: a verbal shot in the arm to increase efficiency.

Harangue: when it's your arm.

When the big shots have sighted the contract

It seems something of a pity
That they leave the hard work to the small fry.

But refer to it as nitty gritty.

I heard about this monkey who escaped from the circus and several days later they found him in the reading room at the public library with two books in front of him — the Bible and Darwin's Origin Of The Species. He was trying to find out whether he was his brother's keeper or his keeper's brother.

TEMPER AND PRIDE

Your temper gets you into trouble and pride keeps you there.

I like the story about two fathers talking on the train. One asked, "family?"

The other man looked puzzled. "I can't tell you. We don't speak to each other."

"Do you have a generation gap in your

"Did you hear about the French guys who were drunk?"

"No, who were they?"

"The plastered of Paris."

Examine The Facts About Your Lungs

Most of the organs in your body are protected deep inside you but your lungs are not so sheltered. They are **almost directly in contact with the world - the air - outside**. Every time you inhale, the outside world comes inside, exposing your lungs to millions of invisible particles and some harmful gases. Whether you live in the city or the country, there are dirt, dust and plenty of pollutants in the air you breathe. Once pollutants get in your lungs, many stay there; there is no way to scrub them out. The only alternative is to keep them out in the first place, to clean up the air we breathe.

The human lung has not changed for thousands of years, but the air we breathe has changed drastically. The result is a crisis of human survival. "Our lungs were not built for and cannot withstand the things that are being sucked into them every day" says Dr. Gareth Green of the American Thoracic Society. According to Dr. Green, a healthy lung — one not assulted by cigarette smoke and air pollution, can within two hours kill 90 percent of the germs and bacteria that attack the lungs, but the lungs of a heavy smoker require 24 times longer to destroy the invaders in the air. Genetic studies on generations of families in highly polluted countries indicate that

man is not building stronger lungs to cope with smoking and air pollution. Instead, the human lung is being eroded. "We will have to build a new type of immunology — perhaps a shot for the lung so that it can hold up under what is happening to it", said Dr. Green.

Most lung diseases — except for a small percentage that develop from inherited factors — are triggered by the germs and irritants you breathe in. TB and cold viruses are hazards you can inhale, and each drag on a cigarette contains harmful gases and particles. In one puff of smoke, there are 500 different kinds of solid particles and 250 different types of gases. Smoking, in fact, is the major cause of chronic lung diseases. General air pollution also contributes. Studies now show that pollution in Tokyo and Yokohama is, by itself, producing a form of crippling asthma.

The Newfoundland Tuberculosis and Respiratory Disease Association is working to give everyone's lungs a better break — including yours. And they're making an intense effort to convince anyone who still smokes to stop polluting his or her lungs as well as the air nearby. It's a matter of life and breath. — The Northern Light, Newfoundland Tb. and R. D. Association.

The Crow

Hobo, or black-cloaked villian of the
skies,
Marauder of young nests, and, to our
scorn,
A thief of anything. Your beady eyes
Can spot a farmer's field, all new in corn,
Telling the gang with your own bongo-
drum
Of caw, caw, and communicable caws,
Till from the suburbs of your sky they
come
In straight but flapping flight to fill their
craws.
Feathered or wary, feathered fool or
clown:
Odd comic of the fields: consider that
Queer wobble in a furrow, up, and down,
That perky perching on a scarecrow's
hat.
But we won't call you either friend or
foe,
We neither love nor hate you, — dam-
med old crow!

—William R. Watson,

One Day In March

One day — it is still before the end of
March, and soon after that first indication
of a promise was perceived: the cawing
of the crow — we notice a strange, new
quality in the feel of the air. Quite possi-
bly it has been there before: but we did
not notice it while winter was still too
stern a reality. The calendar had been
telling us all along that spring was com-
ing; and so had the sun been telling us,
as he appeared higher and higher in the
sky, and as he rose and set farther and
farther north, till at last he rose and set
due east and west. But we did not be-
lieve or gave no thought. Like an "evil
and adulterous generation" we waited
and sought after a sign. But the sign is
given at last, and our eyes and senses are
unsealed.

by Frederick Philip Grove
—From the Turn of the Year,

Nova Scotia Sanatorium

H. M. HOLDEN, M.D., F.R.C.P. (C), F.C.C.P.	Medical Director
J. T. BETIK	Administrator
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
E. W. CROSSON, M.D.	Physician
D. M. MacRAE, M.D., F.R.C.S. (C) F.C.C.P.	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.) F.R.C.S. (C)	Consult. Ortho. Surg.
DOUGLAS W. ARCHIBALD, M.D., F.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
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

D. S. ROBB, M.D.	Medical Superintendent
T. K. KRZYSKI, M.D., Ch.B.	Assistant Medical Superintendent
D. B. ARCHIBALD, M.D.	Consultant Urologist
R. G. CHOKSHI, M.D.	Consultant Bronchoscopist
E. C. McDONAGH, 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
MISS KATHERINE MacKENZIE, R.N.	Director of Nursing
MRS. JOAN CHIASSON,	Dietitian

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

Rector — Archdeacon Dr. L. W. Mosher
San. Chaplain—Rev. William Martell

PENTECOSTAL

Minister—Rev. T. Kenna

BAPTIST

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

ROMAN CATHOLIC

Parish Priest — Rev. J. A. Comeau
Asst. Priest — Rev. C. D'Eon

CHRISTIAN REFORMED

Minister—

SALVATION ARMY

Capt. Sidney Brace

UNITED CHURCH

Minister—Dr. K. G. Sullivan
San. Chaplain — Dr. J. Douglas Archibald

The above clergy are constant visitors at The Sanatorium. Patients wishing a special visit from their clergyman should request it through the nurse-in-charge.

POINT EDWARD HOSPITAL

ANGLICAN

Rev. Weldon Smith

UNITED CHURCH

Rev. Allan MacIntosh

ROMAN CATHOLIC

Parish Priest—Father Angus MacLeod

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Capt. Alex Swan