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# Health Rays



# HEALTH RAYS

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## *Sanatorium Visiting Hours*

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## Drug Treatment In Tuberculosis — Streptomycin To Rifampin

HELEN HOLDEN, M.D., C.R.C.P. (C)  
Medical Director, Nova Scotia Sanatorium

At the turn of the century, tuberculosis ranked first among the causes of death in Canada, the United States, and most of the world. The disease remained a global problem though marked strides took place in tuberculosis control as the century advanced. In the latter part of the 19th century it was established that tuberculosis is an infectious disease, and in 1882, the causative organism, the tubercle bacillus, was discovered by Robert Koch. It was proven that the germ is transmitted from one person to another by means of infected sputum droplets measuring 5 to 10 microns. In 1898, Theobald Smith discovered that there are two forms of tubercle bacillus — the human and the bovine types — the latter also causing disease in humans, and being transmitted by milk from infected cows. As the years went by, extensive tuberculin testing of cattle resulted in the virtual eradication of bovine tuberculosis in North America, the positive reactors being slaughtered. Also, the pasteurization of milk has been compulsory in populated areas for many years. As a result of these two measures, there is practically no danger of infection with bovine bacillus in this country. In the meantime, many sanatoria had been established for the treatment of patients with tuberculosis. The first such Canadian institution was erected in Ontario in 1897; i.e., the Muskoka Hospital for Consumptives. To Nova Scotia went the distinction of building the first provincially operated sanatorium, the Provincial Sanatorium as it was then known, having been established in Kentville in 1904.

Bed rest, combined with various collapse procedures, such as artificial pneumothorax, phrenic crush, and thoracoplasty, resulted in some progress, and there was a continual drop in the tuberculosis death rate. However, the situation still remained extremely serious until the advent of drug treatment in 1946, when streptomycin came into use in the treatment of tuberculosis. Prior to this, extensive research had taken place and effective drugs were found, but proved too toxic for human use. In other words, though these drugs proved effective against the tubercle bacillus outside the body, the side effects were so great that they were of no practical value for the treatment of human disease. There-

fore, the first real breakthrough occurred 25 years ago, and the first patient who received streptomycin at the Nova Scotia Sanatorium, though critically ill at the start of treatment with this drug, is alive and well today.

The discovery of streptomycin was followed by paramino-salicylic acid, known as PAS, and its various salts in 1949. In 1952, isoniazid, known as INH, emerged and proved to be the most effective of these three drugs in the treatment of tuberculosis. It was soon realized that antituberculosis drugs must be given in combination, or resistant strains of the tubercle bacillus soon develop. This is one of the main principles of treatment as it is given today. In other words, single drug, or monotherapy, is to be condemned in the treatment of active disease, as resistant bacilli soon take over, and there are no further benefits from the drug in question.

Streptomycin, PAS and INH are referred to as the "big three" in tuberculosis treatment. In most instances, treatment is commenced with a combination of all three drugs and these are continued at least until sensitivity tests have been completed. In this way, one can be reasonably sure that the patient is receiving at least two effective drugs. It is rare for drug resistance to present a problem at the time of initial treatment in this country. However, drug resistance may emerge in those patients who have suffered from a relapse, or who have not been faithful in taking their medication.

Following the discovery of isoniazid in 1952, other effective drugs entered the picture. These included cycloserine, ethionamide, pyrazinamide, viomycin, capreomycin and ethambutol, the last named being the most effective of these so-called "second-line" drugs. Indeed, ethambutol has almost assumed the role of a "first-line" drug. In any event, all these drugs offer alternative therapy, if resistance to the "first-line" drugs emerges. Again, suitable combinations must be administered to prevent resistance. Also, side effects are more common in the case of the "second-line" drugs.

At the present time, a new drug known as rifampin is undergoing clinical trials in Canada. The Nova Scotia Sanatorium has

(Continued on Page 2)

## DRUG TREATMENT—

(Continued from Page 1)

been taking part in these studies. It seems quite clear that rifampin ranks with isoniazid in its effectiveness against the tubercle bacillus.

Rifampin is a semi-synthetic derivative of Rifamycin-B, an antibiotic obtained from the fermentation broth of streptomyces mediterranei. The empirical formula is C<sub>45</sub>H<sub>58</sub>N<sub>4</sub>O<sub>12</sub>, and the chemical name is 3-(4-methylpiperazinyloxy)methyl Rifamycin SV. It is a red crystalline powder and is supplied in maroon and scarlet opaque capsules of two sizes - 150 and 300 mgs. It is administered by mouth in a dose of 450 or 600 mgms daily and must be taken one hour before breakfast to obtain adequate absorption. In addition to being effective against the tubercle bacillus, rifampin is also effective against certain other organisms including the gonococcus, the staphylococcus, the meningococcus, and mycobacteria of other types.

It is not a simple procedure to produce rifampin. As a matter of fact, the process is very complicated, and takes about thirty days. Many fermentations are required before the final extract is produced. The raw product is imported by two Canadian companies, one of whom obtains its supply from Italy, and the other from Switzerland. Then it is placed in the capsules for distribution.

Though still an investigational drug in Canada, the United States and Japan, rifampin has been widely used in Italy, France, Germany, and some other Countries for the past five years.

The first Canadian study entailed the use of rifampin in combination with ethambutol in cases who had become resistant to one or more of the other antituberculosis drugs, particularly isoniazid. The Nova Scotia Sanatorium took part in this project, which was country-wide, and was co-ordinated by Dr. C. W. L. Jeanes of the Canadian Tuberculosis and Respiratory Disease Association, and Dr. A. G. Jessamine of Ottawa. Though not yet reported in detail, the preliminary results have been most encouraging in this series of patients. Our own patients have done very well indeed.

Side effects are relatively rare, but may include gastrointestinal disturbances, dizziness, headache, drowsiness and rashes. The blood must be checked frequently owing particularly to the possibility of drops in the white cell and platelet counts. Liver function tests must be done routinely, as

well as urine examinations. The possibility of damage to the unborn foetus has been suggested by animal experiments in which rifampin was administered to pregnant mice, who then produced abnormal offspring. Therefore, rifampin is restricted to male patients, and to women who are past the child-bearing age group — except in emergency situations, so far as this country is concerned. Also, children have been eliminated from the Canadian studies up until the present time. However, the use of rifampin is widening in re-treatment cases and certain emergency situations. In addition, a second country-wide trial was instituted in January, 1971. This time, rifampin is being used as a combination drug in the treatment of newly detected cases of tuberculosis who fulfill special criteria. Like other antituberculosis drugs, resistance can develop very rapidly if rifampin is given alone. It must be given in combination with at least one other effective drug, as determined by bacteriological studies.

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## Is Your Sitter Positive

A very small child may "catch" active tuberculosis from as little as a single exposure to the TB germ because babies and toddlers are very susceptible to this disease.

This means that it is very important that every sitter should have a TB skin test and if it is positive, she should have x-ray and sputum examinations, (if these findings are negative, there's no danger even if the skin test is positive). No one should be allowed to care for small children unless she (or he) has been screened.

And this screening should include grandparents, especially if they have chronic cough. This may seem harsh, but some older people have chronic tuberculosis without realizing it, and pass on the germs unknowingly to the people they love best.

—SoCaSan

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## Tuberculosis, The 'White Plague', Has Bothered Mankind For Centuries

(Loretta McLaughlin)

Tuberculosis has been around to be-devil man since ever man was. For centuries it came like a killer snow, the great **White Plague**.

Yet in our time, for the first time, TB's threat is changing. Today, TB would have to be colored gray. It's become a shadowy area of menace and control.

Some, including a few of the most eminent TB experts, say TB can be wiped out in this country in this generation.

Still, TB hangs on, though the number of new cases is down and both detection and treatment vastly improved. Pocketed here and there in the populace, particularly among the poor, small epidemics or scattered isolated cases continue to break out, painful reminders that the fight against TB really hasn't been won.

The biggest reason why success is so elusive is the ornery nature of the TB bug itself. The guilty organism, the tubercle bacillus *Mycobacterium tuberculosis*, is one of the toughest, most tenacious and treacherous members of the bacterial world.

Once in the human system, it can literally hide out, go underground. Then even years later, when a man's natural defenses are down, it may resurrect itself and strike anew.

The usual concept of disease—infection, illness, recovery, immunity—doesn't hold true in TB.

It's different. It's far more like a long-term battle between an invader and a host's defenses.

The "bug" doesn't hold all the high cards — TB bacilli have no self-motion, can't multiply outside the body (except under special lab conditions), and need oxygen to live.

Nonetheless, TB's a worthy contender. Its big ace is that once entrenched, TB can linger, in latent form, for a man's lifetime.

The pattern the disease follows typically is this:

The first exposure to TB germs elicits little body response. Breathed in like dust particles, the TB bacilli are digested by wandering white cells at the site of infection. Some may travel through the system and be walled in by other cells.

But the second exposure is far different. That first contact "sensitized" the person to TB. Now he is "allergic" to the

bug, and will be as long as a single living TB organism remains in his system.

### REACTION SYMPTOMS

The re-exposure triggers a reaction to the pre-present TB germs or their breakdown reaction—temporary fever, discomfort, a skin rash or mild pneumonia—are the signs by which primary tuberculosis is recognized.

Such re-infection TB is the most common form of the disease.

For unknown reasons, the active phase of TB starts as a small patch of tuberculosis pneumonia near the top, and more often than not, on the right side of the lungs. These tend to heal, by scarring, on their own, if the victim's health is good. A dangerous, possibly fatal, chain of events can begin. The initial "spot" of TB may heal imperfectly, and a soft center (tubercle) develops. Then a cavity is formed, and as its edges break down in an everwidening circle, scores of bacilli are freed pouring out into the delicate passageways of the lungs.

If untreated, the process repeats. These are the familiar "relapses." And the battle seesaws back and forth between the defensive healing efforts of the victim and the strength of the bacilli.

**With each scarring, lung tissue is lost and as time goes on, advances (spread) of the disease comes more quickly and recovery is comparably slower.**

The onset of TB is silent. By the time a patient has symptoms that take him to a physician, the classic flushed but hollow cheek, the nagging cough, his disease is relatively well established. And when a person is in poor health otherwise, TB can progress notably in a matter of weeks.

While the majority of TB cases are discovered in the doctor's office, nonetheless because TB is such a symptomless disease

(Continued on Page 5)

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## Welcome Visitor

Visitors mean a lot to a TB patient. True, he needs the help of well-trained doctors and nurses, but you, his family and friends, have a mighty important job, too. You can help him a lot. This article may show you how. It gives some hints about how to be a really welcome visitor.

Come often and stay a short time on each visit. How much the patient looks forward to your regular visits! But anything that tires the patient slows his recovery. You'll help most by staying only as long as the patient can stand without tiring. You must use your common sense about how long that should be—or let the doctor tell you. And not too many visitors at once, please. Come often, but leave before the patient gets weary!

Visit when you're well. You'll want to stay away if you have a cold or some other illness that the patient might catch. How about writing a letter when you can't visit?

Come during regular visiting hours. The TB patient gets well more quickly when he keeps a regular schedule of rest. It's best to find out ahead of time when he can have visitors.

Bring good news — but be honest. Tell him about the happy things that happen. At the same time, don't try to hide all troubles. The patient can quickly see if something is worrying you. He may imagine things worse than they really are. When problems should be talked over, do it simply and honestly. Lay them aside when you're finished and go on to something pleasant. And don't tell about all the other sick people you know, their troubles and operations. Or your own ailments, either. The patient has enough sickness with him all day and every day!

Be a good friend. You can help the patient feel that he's part of what's going on in the world around him. Talk about the things you talked about before he contracted TB — and the things you'll discuss when he gets well. Talk about your own little problems, too, the ones you can laugh at together. Ask his advice. Share your life with him.

Help the patient to be confident. A sick person can use a lot of encouragement. Never let the patient see you feeling sorry for him—oh, a little bit once in awhile, maybe. Enough to show that he's important to you. But it's better to admire his

courage, his desire to get well, his ambitions for the future.

Help the patient to stick with his treatment. One of the things that makes TB hard to take is that the patient can look fine and feel wonderfully strong—but be very sick. Only the X-rays and laboratory tests can tell what is going on inside. Patients need to be encouraged to continue their rest and treatment until their lungs have healed completely.

Don't worry about bringing gifts. The patient wants to see you, not a present. But sometimes you'll want to bring along a little something that the patient can enjoy after you've gone. It doesn't have to be much. Maybe something like letters, snapshots, or news clippings. Maybe something practical like stamps, post-cards, bed-socks, razor blades, cosmetics, or a favorite magazine. Please don't bring pills or vitamins unless you ask the doctor first. The patient may have some complicating condition that you don't know about. If you bring cigarettes, candy or food, you'll probably want to ask before-hand whether or not the patient can use this particular gift.

Don't take a chance on upsetting the patient. We've all seen people who don't know anything about his disease try to tell a patient what kind of treatment he should have. Nowadays, everyone knows a little about medicine—but you can't know what this particular patient needs. Leave that to the doctor!

(National T.B. Association )

--The TB Magazine

Seattle, Washington

—via The Stethoscope

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## Visitors To The Sanatorium

On April 28 three Sisters who are attending the Coady Institute, Saint Francis Xavier University, visited the Rehab Department and Laboratory. They were teachers and social workers from India, Malta, and Tanzania, and will be returning to their homelands in the near future. We were told that twenty-four nationalities were represented at the Institute. These three Sisters were part of a group who had travelled by chartered bus to visit the Kentville Research Station and the A.C.A. Co-op in New Minas. They were very much interested in the work that we are doing and we, in turn, found their visit most interesting.

## Strictly Personal

By Sydney J. Harris

### THOUGHTS AT LARGE

A lady in town tore the decal daisies off her stationwagon and replaced them with an American flag decal; she reports that with the daisies on her car she was stopped at least twice a week by police squads; with the flag, she hasn't been stopped once in two months.

\* \* \* \* \*

A certain amount of monotony is essential to life, and those who always try to flee monotony are really cutting themselves off from a life-giving force; it is the monotony of the sun's rising every morning that makes variety possible.

\* \* \* \* \*

The phrase "To hem and haw" is a little masterpiece of terse description that could not be better said in a fat paragraph.

\* \* \* \* \*

Those who still believe that any ultimate good can be achieved by force would do well to ponder Napoleon's conclusion in exile: "There are only two powers in the world — the sword and the spirit — and eventually the spirit must always be victorious."

\* \* \* \* \*

It is the everlasting paradox of femininity that woman is at her strongest when she uses her weakness to influence a man.

\* \* \* \* \*

Some day I would love to be chairman of a meeting and introduce the final speaker as "Last and also least".

\* \* \* \* \*

Most of us take it as a compliment when an old friend tells us our looks haven't changed much in 20 years; but I would construe it as an insult, for I want my face and bearing to show some signs of the struggle for self-mastery over the year.

\* \* \* \* \*

We tend to judge others by analogy with our own character, which is why the innocent person sees more innocence in the world than there really is, and why the crooked person sees far more crookedness in things.

\* \* \* \* \*

People with affectations are not vain, but suffer from a haunting sense of inferiority; an affectation is a confession that you do not consider your natural self to be good enough to be displayed in public.

\* \* \* \* \*

Incidentally, there is another fine Napoleon's-in-exile quotation, on the same sub-

ject, that hardly anyone knows: "The more I study the world, the more I am convinced of the inability of brute force to create anything durable."

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## TB, THE WHITE PLAGUE —

(Continued from Page 3)

in its early stages, the hunt goes much further. Mass screening is one direction the search takes, and identification of TB contacts is another, the one actually preferred today.

### SLUM AREAS

Since poverty always has been TB's helpmeet and partner, special attention areas

must be given to TB detection in slum

Some simple weapons—the tissue or handkerchief—to cover coughs and sneezes—are helpful in limiting the spread of air-borne TB bacilli. And more and more now, refined methods of air purification by ultraviolet light are being employed to cut down TB transmission.

**Three modern drugs have revolutionized TB treatment—isoniazid, streptomycin and PAS (paramino salicylic acid).**

The dream of TB workers is a new drug, one powerful enough to kill all bacilli, even the "persisters."

Meanwhile, the control of TB can't afford to become passive — to stand and wait. Discovery of all TB in the community and vigilant treatment must prevail.

—ITAM

—Via San-O-Zark

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## LOVE

Love is a small bright flower  
Hardy and constant beside the  
Path of Life. Adding meaning and power  
To those that find it growing there:  
Pass it by and you will fail  
To observe little else worthwhile  
All things big or small shall be of no avail,  
If you nourish not the flower of Love.

— Eugene L. Hamm, Yarmouth, N. S.

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## Question Box

By J. J. Quinlan, M.D.



**Q.** Can tuberculosis be prevented?

**A.** As tuberculosis is caused by invasion of the body by the tubercle bacillus, if there is never any contact with the germ the disease cannot develop. At the present stage of our control of tuberculosis it is quite possible for the great majority of people in this part of the world

to go through life without ever coming in contact with the tubercle bacillus and in these individuals, though not by design, tuberculosis is being prevented.

However, because tuberculosis is still very much with us and one never knows when there is going to be contact with a person with infectious tuberculosis it is not possible to state which individuals will be in the minority group that is going to be infected. It is for this reason that our tuberculosis control program is concerned with discovering particularly by tuberculin test surveys, those people who harbour tubercle bacilli in their bodies. The great proportion of those who have positive tuberculin tests will have no evidence of active tuberculosis, but many of them, particularly the recent converters, individuals who were previously negative to tuberculin tests, are in constant danger of developing progressive disease. In such people it is the practice nowadays to administer preventative drug treatment in the form of isoniazid and PAS for one year. This is a relatively new approach to the prevention of active tuberculosis and the results to date would indicate that it is a very effective one.

The other measure used in the prevention of tuberculosis is vaccination with Bacillus Calmette-Guerin or as it is commonly known, BCG. This is a vaccine made from bovine tubercle bacilli so treated that they are no longer virulent or capable of causing disease. Many studies throughout the years have demonstrated that this vaccine is of considerable value in the prevention of tuberculosis and is routinely used in Nova Scotia in the so-called high risk group; this is, people who either because of their profession, such as medical students, doctors, nurses, or familial contact

with open cases of tuberculosis are in much greater danger of developing tuberculosis than the general population.

**Q.** How does a tuberculosis lesion heal itself without the aid of rest or medicine?

**A.** Spontaneous healing of tuberculosis follows the same pattern as when the disease is treated by rest and drugs. In such cases the body defences are so strong that the tuberculous process completely resolves or else is replaced by scar tissue.

**Q.** Are anaesthetics particularly dangerous to a tuberculous patient?

**A.** The agents used in the modern practice of anaesthesia are entirely safe as far as aggravation of the tuberculous process in the lungs is concerned. The notion that inhalation anaesthesia was harmful to patients with tuberculosis is a carry-over from many years ago when in patients with active pulmonary tuberculosis agents as ether with open mask were used.

**Q.** Do you think exercise ever helps to heal tuberculosis of the lungs?

**A.** It is very difficult to visualize how exercise could help a tuberculous lesion in the lungs to heal. Exercise increases both the depth and rapidly of breathing which means that if an active focus of tuberculosis is present in one or both lungs it would undergo much more stress and strain than when the patient is resting. However, when the disease is coming under control by effective drug therapy and rest, graduated exercise is beneficial to the body as a whole.

**Q.** Are tuberculous glands in an adult person likely to lead to considerable trouble in the lungs? Does the infection of the glands take place in childhood or in later life?

**A.** This question was gone into fairly thoroughly in the column a few months ago. Tuberculous glands may or may not indicate that there is lung involvement by the disease. In many cases, however, the portal of entry of the tubercle bacillus would appear to be the throat and the lungs are never infected. Tuberculosis of the glands may take place at any age but is more common in childhood.

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The man who goes through life looking for something soft, would not need to continue his search if he could see under his hat.



## Editorial Comment

As it sometimes happens, our deadline for sending material to *The Register* has found us somewhat less than prepared. Dr. Holden has mailed us the lead article, "Drug Treatment in Tuberculosis—Streptomycin to Rifampin," and her note says that she was putting the finishing touches on it while travelling by train, in the vicinity of Washington. And by way of interest, there were "some four hundred people on the train heading for a demonstration." No, Dr. Holden and Dr. Quinlan were not taking part in a demonstration, but were peacefully attending meetings.

We did not get questions to Dr. Quinlan in time for this May issue but are reprinting some which were published in our May 1968 issue. Some of these questions have again been asked recently and we try to avoid duplication when such questions call for a lengthy and detailed answer, as in the first one.

\* \* \* \* \*

It is fitting and appropriate at this time to publish something in honor of mothers and Mothers' Day. This touching little tribute, "A Little Parable for Mother," was written by Temple Bailey. It is a fitting tribute to our Mother and to Mothers everywhere.

### LITTLE PARABLE FOR MOTHER

Temple Bailey

The young mother set her foot on the path of life. "Is the way long?" she asked. And her guide said; "Yes, and the way is hard. And you will be old before you reach the end of it. But the end will be better than the beginning." But the young mother was happy and she would not believe that anything could be better than these years. So she played with her children and gathered flowers for them along the way and bathed with them in the clear streams; and the sun shone on them and life was good, and the young mother cried, "Nothing will ever be lovelier than this."

Then night came, and storm, and the path was dark and the children shook with fear and cold, and the mother drew them close and covered them with her mantle and the children said, "O mother, we are not afraid, for you are near, and no harm can come," and the mother said, "This is better than the brightness of day, for I have taught my children courage."

And the morning came, and there was a hill ahead and the children climbed

and grew weary, and the mother was weary, but at all times she said to the children, "A little patience and we are there." So the children climbed and when they reached the top, they said, "We could not have done it without you, Mother." And the mother, when she lay down that night, looked up at the stars and said, "This is a better day than the last, for my children have learned fortitude in the face of hardness. Yesterday I gave them courage, today I gave them strength."

And the next day came strange clouds which darkened the earth—clouds of war and hate and evil — and the children groped and stumbled and the mother said, "Look up. Lift your eyes to the light." And the children looked and saw above the clouds an Everlasting Glory, and it guided them and brought them beyond the darkness. And that night the mother said, "This is the best day of all, for I have shown my children God."

And the days went on, and the weeks and the months and the years, and the mother grew old, and she was little and bent. But the children were tall and strong and walked with courage. And when the way was rough they lifted her, for she was as light as a feather, and at last they came to a hill, and beyond the hill they could see a shining road and golden gates flung wide.

And the mother said, "I have reached the end of my journey, And now I know that the end is better than the beginning, for my children can walk alone, and their children after them."

And the children said, "You will always walk with us, Mother, even when you have gone through the gates."

And they stood and watched her as she went on alone, and the gates closed after her. And they said, "We cannot see her, but she is with us still. A mother like ours is more than a memory. She is a Living Presence."

---

Of all the things you wear, your expression is the most important.

\* \* \* \* \*

When I look for the best in my brother, I not only am more likely to find it but, by my confidence, I help to create it.

—William C. Martin

## What's In A Wig

What do Portugal, South Korea, Indonesia, Yugoslavia and Poland have in common? Good hair, that's what. In case you're not sure what good hair is — it's unbleached, uncoloured, untinted, non-straightened, non-permanented and generally non-tortured, in the ways of North America.

All these countries annually export pounds and pounds of the finest hair in the land to North American wigmakers. First-class blonde Scandinavian hair, generally reputed to be the finest available, sells for \$150 a pound. Wigs account for an \$8 million business in Canada.

Hair is graded according to quality and length before it is sold to the wig makers in one pound bundles, starting at \$25 a pound for the poorest quality. A Montreal wig manufacturer, Versailles Hair Products Inc., has developed a technique of bleaching the raw hair and then colouring it in a wide variety of popular shades, ranging from a delicate silvery blonde to a rich coppery auburn. C-I-L supplies the necessary bleach chemicals — hydrogen peroxide, sodium bisulphite, alum, alcohol and acids.

After dyeing, the hair is sewn onto a nylon thread, then applied in a circular pattern to a net cap made of stiffened silk and cotton. The process is partly done by machine, partly by hand.

The finished wig resembles an English thatched roof before styling, but once skilled hairdressers go to work on the hair, it quickly takes on shape.

The cost of a wig is not cheap, but any woman with stringy hair who has had the day saved by one of these beautifully combed creations, will attest that they're worth every penny.

C.I.L. Oval

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What people say behind your back is your standing in the community.

—Edgar Warson Howe

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## Pain In Tuberculosis: Disease Of Bones and Joints

by Dr. Clyde A. Watkins, Superintendent  
Mississippi State Sanatorium

Tuberculosis of bones and joints is not so common as it was a few years ago but is not unusual today. While tuberculosis of the lungs develops after breathing germs into the lungs tuberculosis of other parts of the body may often result from germs which enter by way of food or drink. Milk from tuberculous cows has been a common source, especially in times past. The disease may involve any of the bones and joints in the body but most common sites are the bones of the spinal column, called vertebrae, and the larger joints such as the hip and the knee. Many patients with this type of tuberculosis have disease in the lungs also but these are not always involved. It usually affects children or young adults and rarely develops beyond middle life.

In disease of the bone of the spine severe pain does not occur until the bone is largely destroyed. When this happens the vertebrae collapses causing pressure on the nerves that leave the spinal column between the vertebrae. Since the nerves supply other areas the pain may be felt elsewhere than in the back where the real cause lies. The pain is fairly constant and is made worse by moving about.

In tuberculosis of the joints the inflammation and pain are made worse by movement, so use of the joint is painful. Fluid may form causing swelling, tenderness and severe pain even at rest.

Treatment includes measures to limit motion of the joints, such as plaster cast or brace. If present, removal of the fluid from the joint gives much relief of pain. If the disease is recognized before much destruction of bone or joint structure occurs, rest of the involved parts, along with the drugs used in treating all forms of tuberculosis, may effect a cure in a few months but in many cases surgical treatment is also necessary.

— The Sanatorium Pulse

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

Many years ago one of the Presidents of the United States was taking a trip on a Mississippi River steamboat. Being a friendly man, he walked freely among the passengers and members of the crew, and finally found himself standing beside the boat's pilot. "How long have you been piloting boats on the river?" asked the President. "Nigh onto forty years," said the pilot. "Then", said the President, "I suppose you know exactly where all the rocks are in this part of the river." "No, sir," was the pilot's reply, "I don't know where the rocks are, but I know where they ain't". The pilot knew where the safe channel was and kept his boat there. He didn't take any chances by getting among the rocks. (From book: 101 Snappy Sermonettes)

\* \* \* \*

Chronic cough and shortness of breath are often the "doctor dilemma." These two symptoms have many causes. They may express many different underlying changes in the lungs, many alternations in the cardio-pulmonary relationships and many bizarre afflictions of mind or body. Trouble in the lungs may belong to the lungs or come from trouble with the heart. Conversely, the heart can fail from trouble with the lungs. These two vital organs — the heart and the lungs — are so intimately dependent upon each other that it is almost axiomatic to say that what is good or bad for one is equally good or bad for the other.

## It's A Wise Teacher . . .

There's one foresighted grade school teacher, according to Ike London, who sends the following note to parents at the start of each school year: "If you promise not to believe everything your child says happens at school, I'll promise not to believe everything he says happens at home."

Forethought

A Hollywood producer received a story entitled "The Optimist." He called his staff together and said: "Gentlemen, this title must be changed to something simpler. We're intelligent, and know what an optimist is, but how many of those morons who'll see the picture will know he's an eye doctor."

The woman was attempting to exchange a pair of stockings at The Beach Shop. Apparently they were too short.

"What's the matter, Madam?" asked the exchange clerk, "Don't these stockings come up to your expectations?"

"Up to my expectations," exclaimed the shopper. "They don't even come up to my knees."

\* \* \* \*

"How is your wife?" the man asked a friend he hadn't seen for years.

"She's in heaven," replied the friend.

"Oh, I'm sorry." Then he realized that was not the thing to say, so he added, "I mean, I'm glad." And that was even worse. He finally came up with, "Well, I'm surprised."

\* \* \* \*

Boss: "Did you write 'Fragile — This Side Up' on the carton before shipping it out?"

Clerk: "Yes, sir. And to make sure that everyone saw it, I marked it on all four sides."

\* \* \* \*

## ANOTHER FISH STORY

A fisherman spied a snake which had just caught a frog. Desiring the frog for bait, he tried unsuccessfully by prodding and other means to make the snake release its prey; finally, he pulled out a flask and poured a little liquor in the snake's mouth. The snake dropped the frog and slithered away.

Some time later, the fisherman felt a tug at his trousers, and found the snake, looking up expectantly—another frog in his mouth.

\* \* \* \*

## IT IS WORTH REMEMBERING

That you cannot whitewash yourself by blackening others.

That success comes in cans—failure in can't.

That a day of worry is more exhausting than a week of work.

That cheerfulness is what greases the axles of the world.

That luck needs a P in front of it to make it look worthwhile.

—The Mountain Presbyterian

\* \* \* \*

And as a parting thought—remember that there are few of us who can hope to make the world better, but we can all refrain from making it bitter!



## Chaplain's Corner

### HABIT

By Rev. Roy P. Morris

It seems to be an involuntary principle of our natures that we acquire a tendency to repeat what we do often. We call this habit, which in turn might be described as acts which have become hardened. As the years pass, we become more and more creatures of habit. We do and say many things without even thinking about them. However, that does not mean that we are not responsible for them, for at least early in life we can control what we do.

The growth of acts into habits may be illustrated in many ways. Every day we use rubber in some form, ranging from rubber bands to the mattresses on our beds and the tires of automobiles. If these products are made of natural rubber, they started as sap from a tree. This very useful tree grows wild in many parts of the world, and also cultivated as a crop. It is called the para rubber tree. After these trees reach the required size, a slit is made in the bark, from which flows a milky like substance runs down the tree and is collected and poured into shallow troughs or vessels, where it soon hardens into thin sheets called latex. It is in reality crude rubber, and is shipped to a factory where it is combined with many other ingredients to form the rubber of industry. This rubber has a multitude of uses, and it is hard to see how we could get along without it. In fact, when the natural latex was cut off during the war, a synthetic product was invented and called rubber, which for many purposes was as good or even better than the natural product.

A single act is as the sap from the para rubber tree. When it is added to many other acts, it becomes a habit. Neither a single drop of the sap from a rubber tree nor a single act of our lives has very much power in itself, but when added to others of their kind they become very powerful.

Habits make up character. Sometimes our better natures may protest against certain acts and we may resolve not to repeat them. But temptation comes, and the time comes when it is easier to submit to it than to fight against it. The first act does not make a habit, but if repeated it leads in that direction. A single drink of intoxicating liquor does not make an alcoholic, but it helps, but if repeated it has the pow-

er to enslave and destroy. Dwight L. Moody once called a boy to the platform beside him, and then wrapped a single thread several times around his body. Then he told him to break loose, and he did it very easily. He then repeated the wrapping until the boy was powerless to escape. That's what a bad habit does in time. It makes its victim a prisoner.

We drift into bad habits easily, and they become hard to break. While being shown through Chinatown, a visitor spoke to a little dried up old man lying curled up on a bench smoking opium. He spoke to him, and asked "John, do you like it?" The reply was "I have got to like it, as I have been using it for forty years." He was a slave to his habit, and had already lived under its control far longer than the most of such victims.

A person may begin early in life to neglect God and refuse to attend church. Once or twice or three times he may sneer at and ignore invitations to give himself to God, and each time he refuses it becomes easier, and finally he ceases to care. He is a prisoner of a habit which will ultimately destroy his soul.

It is a serious thing to become the victim of a bad habit, but so long as we recognize the seriousness of it, there is hope. The great danger is that we persist in doing evil and neglecting God until we are satisfied in our evil ways. The law of the harvest is that we reap more than we sow. Sow an act, and you reap a character; sow a character and you reap a destiny.

— Selected

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## Just For Today

**JUST FOR TODAY** I will try to live through this day only, and not tackle my whole life problem at once. I can do something for twelve hours that would appall me if I felt that I had to keep it up for a lifetime.

**JUST FOR TODAY** I will be happy. This assumes to be true what Abraham Lincoln said, that "Most folks are about as happy as they make up their minds to be."

**JUST FOR TODAY** I will adjust myself to what is, and not try to adjust everything to my own desires. I will take my luck as it comes and fit myself to it.

**JUST FOR TODAY** I will try to strengthen my mind. I will study. I will learn

something useful. I will not be a mental loafer. I will read something that requires effort, thought and concentration.

JUST FOR TODAY I will exercise my soul in three ways: I will do somebody a good turn, and not get found out — if anybody knows of it, it will not count; I will do at least two things I don't want to do — just for exercise; I will not show anyone that my feelings are hurt — they may be hurt, but today I will not show it.

JUST FOR TODAY I will be agreeable. I will look as well as I can, dress becomingly, talk low, act courteously, criticize not a bit, find fault with nothing, and not try to improve or regulate anybody but myself.

JUST FOR TODAY I will have a program, I may not follow it to the letter, but I shall have it. I will save myself from two pests: hurry and indecision.

JUST FOR TODAY I will have a quiet time all by myself, and relax. During this half hour, sometime, I will try and get a better perspective of my life.

JUST FOR TODAY I will be unafraid. Especially I will not be afraid to enjoy what is beautiful, and to believe that as I give to the world, so will the world give to me.

— Selected

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## The Search

I sought Him where my Logic led.  
 "This friend is always sure and right,  
 His lantern is sufficient light—  
 I need no Star," I said.

I sought Him in the city square.  
 Logic and I went up and down  
 The market place of many a town,  
 And He was never there.

I tracked Him to the Mind's far rim.  
 The valiant Intellect went forth  
 To east and west and south and north,  
 And found no trace of Him!

We walked the world from sun to sun,  
 Logic and I, with little faith  
 But never came to Nazareth,  
 Or found the Holy One.

I sought in vain, And finally  
 Back to the Heart's small house I crept,  
 And fell upon my knees and wept,  
 And lo—He came to me!

—Sarah Henderson Hay



## RELIGIOUS SERVICES AT THE NOVA SCOTIA SANATORIUM

### PROTESTANT

Worship Service (Chapel)  
 Sunday: 10:00 a.m.

Vesper Service (Station San)  
 Monday through Saturday: 6:25 p.m.  
 Sunday: 5:45 p.m.

This Is My Story (Station San)  
 Tuesday: 7:00 p.m.

Communion is served quarterly in the East and West Infirmaries.

### ROMAN CATHOLIC

The Sacrifice of The Mass (Chapel)  
 Sunday: 7:00 a.m.

The Rosary (Station San)  
 Monday through Saturday: 6:45 p.m.  
 Sunday: 6:15 p.m.

The Hour of the Crucified (Station San)  
 Sunday: 6:30 p.m.

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The London Life Insurance Co. has issued a pamphlet for university students facing the ordeal of job-interviewing. It contains some sage advice about HAIR. "Decide for yourself. Right now. Before your first interview. If you know you are willing to trade your hair for the job you want, why play games? Shave and trim and do it now. On the other hand, if whatever length or style you're wearing is truly important to you, keep it. Wear it in, not as some kind of cheap-shot defiance, but as much a part of your style as your voice. Because if you walk in looking like a cross between the Bride of Frankenstein and an out-of-work guru and you do it because you're angry or playing a part, the interviewer will spot you for a phony in one minute flat."

---

You don't have to go to any expense to advertise your own faults. Other folks will do that for you free of charge, and do it gladly.

## OLD TIMERS

First, some notes from Anne-Marie:

While attending the secretarial seminar in the Civil Service Building in Halifax earlier this week, I saw Maise Howard who works in the Nova Scotia Travel Bureau. Maise was here in 1940 and has been well since. I also saw Isabel MacLellan who works for the Department of Public Welfare. Isabel was a staff member at the San. in the 1940's.

In my spare time, I visited Dora Romard and her sister Germaine Boudreau. Dora and Germaine were here in 1948. Dora works for an interior decorator, and Germaine is busy with her family (she has two daughters).

I also went to see Edie MacSween who porched with me in 1949. Edie works at the switchboard at the Children's Hospital and paints as a hobby.

Jos MacPherson of Glace Bay who was here in 1949-50, dropped in at the San while visiting his brother in Kentville. Jos said that he has been well since leaving here and has lived a completely normal life, playing hockey, etc.

I had a letter from Mrs. Evangeline Surette of Belleville South, Yarmouth County, who left here last year. She goes out for the occasional car drive and hopes to come and visit her friends at the San later on with Bobby Melanson, when the weather gets warmer. She wished to be remembered to the patients and staff.

Next, a note from Stan Robichaud. Stan and Arsena drove to Antigonish on the snowy Saturday of April 17 to pick up their daughter, Nancy, who had been visiting John and Natalie Durant's daughter, Debbie. While there they had dinner with Mrs. Durant's father, Allister MacFarlane, who lives about 60 miles away. Allister left the San in 1957 but keeps in touch through **Health Rays**, and wishes to be remembered to all friends and acquaintances who are still here. He would be interested in seeing a Reunion of Old Timers.

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## 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 survive.

The standing of this Fund as of April 26, 1971:

Previously acknowledged:	\$3,457.75
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Lauchlin D. MacKinnon	
Miscellaneous	
Total	8.80

Grand Total \$3,465.65

## Patients' Party

On the evening of Wednesday, April 7, there was a party in the Patients' Dining Room, sponsored by the Hiawatha Lodge, Independent Order of Odd Fellows. This took the form of a Bingo Party and there was a very good attendance - especially since it was so close to the time when many were going home on Easter passes. The hosts provided prizes of nylons and boxes of chocolates, as well as very tasty refreshments.

Our thanks to the members of the I.O.O.F. and to the members of the Dietary Staff who were on hand to assist.

## Have Courage

Courage when the road is rocky,  
 Courage when the skies are gray!  
 Courage when you've been defeated,  
 Courage when hope's fled away!  
 Courage when your faith is shaken,  
 Courage when strength's failed you, too —  
 May God grant you daily courage  
 That will always see you through—

— John Gilbert

The wisdom of the wise is an uncommon degree of common sense.

—Dean Inge

## Ins And Outs



### ADMISSIONS:

#### NOVA SCOTIA SANATORIUM

MARCH 15 TO APRIL 16, 1971

OTTO LAURIE BEZANSON, Auburn, Kings Co.; JAMES WILLIAM MacGREGOR, Thorburn, Pictou Co.; DOROTHY VIVIAN BEZANSON, Auburn, Kings Co.; MARTIN ANGUS MacLELLAN, Sunset Home, Pugwash, Cumberland Co.; MINNIE BOUTILIER, Northwest Cove, Lunenburg Co.; DONALD JOSEPH MacMILLAN, 156 Glenwood Drive, Truro; WILLIAM ALEXANDER HINES, 185 Edmonds Grounds, Armdale, Halifax Co.; ALEXANDER MacSWAIN, 321 College Road, Bible Hill, Truro; BELMOIE DEVEAU, Little Brook, Digby Co.; GEORGE HENRY FLETCHER, 2501 Creighton St., Halifax; JOHN DONALD MacEACHERN, Craignish, R.R. 1, Port Hastings, Inverness Co.; LAUGHLIN DAN MacKINNON, Strathlorne, Box 347, Inverness Co.; PHYLLIS MARGARET WEATHERBEE, 29 South Albion St., Amherst; THORNTON LAUDER HERGETT, Upper Dyke, R.R. 2, Centreville; HARLAN BORDEN BENT, Williamson, R.R. 1, Lawrencetown, Annapolis Co.; DOROTHY MARIE FURLONG, Indian Harbour Lake, R.R. 2, Sherbrooke, Guysborough, Co.; RALPH BEST ATWATER, R.R. 2, Centreville, Kings Co.; PERCY ELLIOT MacDONALD, 99 Hawthorne St., Antigonish; HARRY R. BROWNE, Upper Port LaTour, Shelburne Co.; FRANK LAUDER TIBBETTS, 64 Chapel St., Springhill, Cumberland Co.; KENNETH CARMEL WEST, 5539 Merkel Place, Halifax; FIDELE BOURQUE, 61 High St., Pictou; WILFRED ALEXANDER MacNEIL, Johnstown, R.R. 1, St. Peters, Richmond Co.; COLIN FRANK ATWELL, 434 Main St., Wolfville; BESSIE BELL KELLY, Grand View Manor Nursing Home, Berwick; ALDEN LEE LAVERS, Box 42, Auburn, Kings Co.; VERDUN KITCHENER GERARD, 15 Esson Road, Dartmouth; PHILIP THOMAS, Abercrombie, R.R. 3, New Glasgow; JOSEPH FREDERICK TURBITT, Aldersville, R.R. 4, New Ross;

JOHN EDWARD DYKENS, Lower Wolfville, Kings Co.; JOHN GORDON RYAN, Port Hawkesbury, Inverness Co.; IRVING WILLIAM MOSHER, Margaretsville, Annapolis Co.; EDWARD REGINALD CRUIKSHANK, Sheet Harbour, Halifax Co.; CHARLES HUNTLEY OULTON, Ardness, Pictou Co.; WILLIAM SOULSBY, 7 Laurel Lane, Rockingham, Halifax Co.; JAMES PERNELL MacCUMBER, Bramber, R.R. 1, Walton, Hants Co.; MICHAEL ISAAC SACK, Micmac, Shubenacadie, Hants Co.

### DISCHARGES:

MARCH 15 TO APRIL 16, 1971

HENRY RODNEY ROACH, Arcadia, Yarmouth Co.; MINNIE FLORENCE COOK, East River, Lunenburg Co.; EDGAR HARDING MILLETT (Expired), 40 Crescent Ave., Kentville; WILLIAM DANIEL LYNCH (Expired), Torbrook Mines, Annapolis Co.; LESLIE STEWART ASBELL, Oxford, Cumberland Co.; MAY VICTORIA CLEVELAND, 175 Montague St., Lunenburg; RALPH WILLIAM HILL, Williamston, Annapolis Co.; ALEXANDER MacSWAIN, 321 College Road, Truro; DEAN WINSTON TIDD, Smith's Cove, Digby Co.; MARIE ESTELLE MUISE, Amirault's Hill, Yarmouth Co.; JOHN DONALD, MacEACHERN, Craignish, Inverness Co.; JASPER PROSPER, Afton, Antigonish Co.; OTTO LAURIE BEZANSON, Auburn, Kings Co.; ALICE GERTRUDE NOBLE, Box 161, Canso, Guysborough Co.; JUDITH GAIL MacKENZIE, Box 161, Canso, Guysborough Co.; RUBY EVANGELINE CHARLTON, 5 Windsor St., R.R. 5, Kingston; CONSTANCE MARY YOUNG, Blue Rocks, Lunenburg Co.; GEORGE EDWARD MacCALLUM, 21 Johnson Ave., Bible Hill, Colchester Co.; JOAN MARIE MacKAY, 1120 Wellington St., Halifax; CLARENCE WILLIAM MARSH, 4 Clovis Ave., Spryfield, Halifax; DOROTHY VERONICA ANDERSON, 5 Nova Drive, Truro; EDWARD JAMES CLARK (Expired), Box 1003, Dartmouth; VERA WINNIFRED EISNOR (Expired), Waterville, Kings

(Continued on Page 14)

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PETERS' LUNCH



## NURSING NEWS

### BIRTH ANNOUNCEMENT:

Congratulations to Jim and Mary Steele, parents of James Albert, weight 6 lb. 5 oz., born March 25th at Freeport, Digby Co., N. S.

### AWAY:

Miss E. J. Dobson attended the executive meeting of R.N.A.N.S. in Halifax, April 15th.

### WELCOME TO OUR STAFF:

Mrs. Beverly Arenburg, C.N.A.; Mrs. Ethel MacKinnon, Ward Clerk; Mrs. Estella Wood, R.N.

### LEAVING:

Mrs. Mabel D'Eon, C.N.A.; Mrs. H. Taylor, Ward Clerk.

### TO HALIFAX:

Miss G. Wilson, Mrs. A. MacDougal, Miss V. Skerry and Mrs. K. Dakin attended a one day symposium on "Guidelines for Better Patient Care" on April 23 at the Izaak Walton Killam Hospital for Children.

### BABY SHOWER:

Dr. H. Holden hosted a baby shower for Mrs. Doris Glavine of the Teaching Department staff on April 19. Doris was pleasantly surprised with the shower of gifts for her expected baby.

### FIRE DEMONSTRATION:

The Sanatorium was well represented at a demonstration of fire equipment, carries, films of fire in a hospital, and tour of the Kentville Fire Station. The program was informative and we wish to thank the B.F.M. Fire Chief for inviting us. Coffee and doughnuts were enjoyed at the close of the meeting.

## INS AND OUTS —

(Continued from Page 13)

Co.; MARGUERITE HELEN COMEAU, Mavillette, Digby Co.; LINDA MARLENE MURPHY, 345 Prince St., Truro, Colchester Co.; LAUGHLIN DAN MacKINNON, Strathlorne, Box 347, Inverness; ANNE THERESA DUBE, 2094 Elm St., Halifax; RAYMOND JOSEPH VENEDAM, 48 Victoria St., Antigonish; MARTHA PENELOPE ARCHIBALD, 118 South Albion St., Amherst; JAMES WILLIAM MacGREGOR, Thorburn, Pictou

Co.; EARL BERNARD MacCALLUM, 99 Hawthorne St., Antigonish; JOSEPH HENRY ST. PETERS, Joggins, Cumberland Co.; LEONARD PARTIQUIN, 836 Summer St., New Glasgow, Pictou Co.; GEORGE HENRY FLETCHER, 2501 Creighton St., Halifax; DAISY MAH, 33 Arbora Drive, Antigonish; THORNTON LAUDER HERGETT (Expired), R.R. 2, Centreville; VERDUN KITCHENER GERARD (Expired), 15 Esson Road, Dartmouth; WILLIAM THEODORE WELSH, 5184 Morris St., Halifax; RANDALL VINCENT CROSSON, 132 Arthur St., Truro; COLIN ODLIAH ZINCK, Riverport, Lunenburg Co.; WILLIAM HOWARD WARD, 249 Chester Ave., Kentville; PHARES WARREN JUDGE, R.R. 2, New Germany, Lunenburg Co.

## POINT EDWARD HOSPITAL

### ADMISSIONS:

MARCH 16 TO APRIL 16, 1971

DONALD JOHN MacKINNON, Donkie, Cape Breton; DANIEL LAWRENCE MacDONALD, R.R. 2, Judique, Inverness Co.; MARGARET CECELIA MELNICK, 280 6th St., New Aberdeen, C. B.; HENRY ALBERT ASHE, Birch Grove, C. B.; MELVIN GRANT MacLEOD, 126 Winona St., Glace Bay; BABY DWAYNE PATRICK PECK, Nyanza, Victoria Co.; MARY CREMO, Whyoccomagh, Inverness Co.; UMBERTO VIVA, 8 Atlantic St., Sydney Mines; FLORENCE MARIE MacNEIL, 36 Ocean Ave., Dominion, C. B.; LINUS ARCHIBALD FORTUNE, 286 Plummer Ave., New Waterford; THERESA MAE ODO, 8 West Ave., New Waterford; MARGARET ANN MacINTOSH, Middle River, Victoria Co.; WILBERT BERNARD HALL, Port Morien, C. B.; MARY GEORGINA PENNY, 28 Quarry Road, Glace Bay; BERNARD WALSH, 40 Young Ave., North Sydney; MISS MARILYN MARIE RYAN, Port Hawkesbury, Inverness Co.; MILDRED FRANCES WALSH, 40 Young Ave., North Sydney; ANNE MILDRED MacNEIL, 27 Highland St., Glace Bay; WILLIAM EDWARD JURY, 31-13th St., New Waterford; THOMAS JAMES VEATER, 34 Commercial St., Glace Bay; WILFRED BEAUMONT WAGNER, Louisbourg, C. B.; HARRY ALEXANDER GERROW, 86 Queen St., North Sydney; BENJAMIN SYLLIBOY, Whyoccomagh, Inverness Co.; DANIEL ALEXANDER MacDONALD, 20 MacIntyre's Lane, Bridgeport.

(Continued on Page 15)



## Point Edward Hospital Chit-Chat

(1) Several of our nurses attended an Institute "Breath of Reassurance," in Halifax — February 24-25-26.

Those attending were Mrs. Marguerite Caldwell, R.N.; Mrs. Flora MacDonald, R.N.; Mrs. Edna MacDougall, R.N.

A report on the Institute was given at one of our staff In-Service classes.

(2) An enjoyable staff party was held at the Nurses Residence on February 19, 1971. Those attended thought it was one of the best ever.

The music for the evening was provided by Brian Mercer and his group.

Miss Lewis (Dietitian) and her staff served fried chicken and rice—this proved to be a big favourite with everyone.

(3) A skating party organized by Billy MacMullin from the Stores Department, was held at Centennial Rink on March 10, 1971.

This party was quite a success. Besides staff members, many ex-staff members and friends attended. Everyone enjoyed renewing old acquaintances.

After skating, spaghetti and meat balls were enjoyed at the Nurses Residence, followed by a sing-song with Miss Ida MacVicar (ex-staff member) as accompanist.

(4) The Suburban Westside Kinsmen sponsored an auction Forty-Five game on March 15, 1971, for our patients. Prizes and lunch were provided by the Kinsmen. The patients look forward to the monthly games put on by this group.

(5) Our number of Television sets was increased lately by the donation of two sets—one by Ashby Legion, Sydney, N.S.; one by the Suburban Westside Kinettes, Westmount, N. S.

Our grateful thanks to both of these organizations.

(6) Mrs. Edna MacDougall, R.N., represented the Point Edward Hospital Nursing Staff at the Civil Service Asso-

ciation negotiating committee meeting held in Halifax on March 3, 1971.

(7) Mrs. Edna Sharpe and Mrs. E. Reid spent a few pleasant hours at lunch with Mrs. Mabel Burchell, our former Dietitian. Mrs. Burchell looks and feels well—she wishes to be remembered to all her friends at Point Edward Hospital.

(8) Mrs. Ada O'Callaghan (X-ray Technician and her husband, have returned from a two weeks vacation to Washington, D. C. While there they were guests at a Congressional dinner.

(9) Our sincere sympathy is extended to Mrs. Lorraine Lewis (Medical Records) and Miss Katie B. MacKay (O.R. Staff) on their recent losses—Lorraine by the tragic death of her husband, and Katie Belle by the death of her father.

(10) Our hospital was also saddened by the sudden death of Mrs. Ella Royal, a member of our domestic staff. Our sincere sympathy is extended to the members of Ella's family. Of a happy and cheerful disposition, she will be missed by both staff and patients.

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## INS AND OUTS —

(Continued from Page 14)

### DISCHARGES:

MARCH 16 TO APRIL 16, 1971

MISS HILDRED VERONICA MacGILLIVARY, 338 Main St., Bridgeport, C.B.; ALLISTER MORRISON MacLEOD, 260 King St., New Waterford; WILFRED ALEXANDER MacNEIL, Johnston, Cape Breton; UMBERTO VIVA, 8 Atlantic St., Sydney Mines, C. B.; JOHN GORDON RYAN, Port Hawkesbury, Inverness Co.; MISS MARY GILLIS, South West, Margaree, Inverness Co.; MISS SARAH JANE MacISAAC, 184A Plummer Ave., New Waterford; BABY DWAYNE PATRICK PECK, Nyanza, Victoria Co.; HENRY ASHE (Expired), Birch Grove, C. B.; LLOYD KING, Lorway St., Louisbourg, C. B.; DUNCAN McCASKILL, West Bay Road, Inverness Co.; FREDERICK BENJAMIN WARREN, 69 Douglas Ave., Glace Bay.

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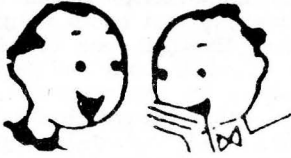


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### TALK ABOUT THE SCOTTISH!

Proprietor of mountain hotel (to newly arrived guest): "This is your room, sir. If you want a fine view over the mountains, put a franc in the slot and the shutters open for five minutes."

## Just Jesting



The fussy housewife was purchasing a rabbit in the meat market. She was suspicious lest one that had died of natural causes should be sold to her. At the same time she was afraid that some of the family might swallow the grains of shot, if the rabbit had perished by the gun and she did not like to think of it being trapped, either. Finally the clerk lost patience. Picking up a rabbit that she had not yet handled, he said:

"Here, Ma'am take this one. It was frightened to death."

\* \* \* \* \*

A naval recruit had just finished his training and was on his first trip to sea in a hospital ship. A day later he was heard to shout frantically:

"Man overboard! Man overboard!"

The ship's engines were stopped and a feverish search was made for the man overboard.

The recruit approached the Captain timidly, saluted and said:

"I regret to report, sir, that I made a mistake when I shouted 'Man overboard.'"

"Blast these rookies," mumbled the Captain, as he ordered 'Full Steam Ahead,'

"I should have reported that it was a nurse who fell overboard, sir," continued the aspiring and perspiring recruit.

\* \* \* \* \*

Engaged in the tedious job of hanging pictures in their new home, the couple was ready to tackle the section of the living room wall alongside the stairway. The wife, who was holding the hammer and tacks, suggested that her husband "stagger" the pictures up the stairway wall in order to achieve an unusual effect.

When a phone call interrupted the job, their six-year-old son answered . . . "Right now," he explained, "my father is staggering up the stairs and mother is helping him".

\* \* \* \* \*

"Pa," said little Peter, "what becomes of a football player when his eyesight begins to fail?"

"They make a referee out of him," growled his dad.

A precocious little eight-year-old girl was taken to the movies one Saturday afternoon by her bachelor uncle. As they came out, he was stopped by an attractive redhead, who asked him for a match, then kept talking so steadily that politeness kept him from breaking away. The little girl who had been watching the proceedings suddenly grabbed him by the hand, "Daddy," she exclaimed, "Mommy is expecting us home right now, this minute." It worked.

\* \* \* \* \*

The lesson was on natural history and the new teacher had chosen the interesting subject of the cat.

"Now children," she said, "tell me what sort of clothes pussy wears."

No reply.

"Come, come!" said she, determined to extract the right answer. "Does she wear feathers?"

A pained expression crossed the face of a little boy in the front row.

"Please, ma'am," he asked, pityingly, "ain't your never seen a cat?"

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Joe: "Parlez-vous Francais?"

Ernest: "Pardon,"

Joe: "Parlez-vous Francais?"

Ernest: "I—er—I don't quite get you."

Joe: "Do you speak French?"

Ernest: "Oh yes, fluently."

\* \* \* \* \*

"I want to be procrastinated at the next corner," said the Negro passenger.

"You want to be what?" demanded the conductor.

"Don't lose your temper. I had to look in de dictionary myself befo' I found out dat 'procrastinate' means 'put off.'"

\* \* \* \* \*

It happened in the Cascade mountains. "What," demanded the amateur hunter, a college professor, of his guide, "what is the name of the species I just shot?"

"Well, sir," returned the guide, suavely, "I've just been investigating and he says his name is Smith."

\* \* \* \* \*

When men speak ill of thee, so live that nobody will believe them.

—Plato

# Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C), F.C.C.P. ....	Medical Director
PETER S. MOSHER, B.Sc., D.H.A. ....	Administrator
J. J. QUINLAN, M.D., C.R.C.S. (C) F.C.C.P. ....	Surgeon
F. J. MISENER, M.D., F.C.C.P. ....	Radiologist
A. LARETEI, M.D. ....	Physician
MARIA ROSTOCKA, M.D. ....	Physician
G. A. KLOSS, M.D., F.C.C.P. ....	Physician
E. W. CROSSON, M.D. ....	Physician
V. D. SCHAFFNER, M.D., C.R.C.S. (C), F.A.C.S. ....	Consultant Surgeon
D. M. MacRAE, M.D., C.R.C.P., (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. ....	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. ....	Physician
W. MacISAAC, M.D. ....	Consultant Bronchoscopist
D. B. ARCHIBALD, M.D.....	Consultant Urologist
MISS KATHERINE MacKENZIE, R.N. ....	Director of Nursing
MISS JOYCE LEWIS .....	Dietitian
MRS. ELIZABETH REID, R.N. ....	Supervisor of Rehabilitation

## Church Affiliation

### NOVA SCOTIA SANATORIUM

#### Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

#### PENTECOSTAL

Minister—Rev. Robert Cross

#### ANGLICAN

Rector—Archdeacon L. W. Mosher  
San. Chaplain—Rev. W. A. Trueman

#### ROMAN CATHOLIC

Parish Priest—Rt. Rev. J. N. Theriault  
San. Chaplain—Rev. G. E. Saulnier

#### BAPTIST

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

#### SALVATION ARMY

Capt. Charles Broughton

#### CHRISTIAN REFORMED

Minister—Rev H. Vander Plaats

#### UNITED CHURCH

Minister—Dr. K. G. Sullivan  
San. Chaplain—Dr. 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. Robert Jones

#### ROMAN CATHOLIC

Parish Priest — Msgr. W. J. Gallivan

#### PRESBYTERIAN

Rev. E. H. Bean

#### SALVATION ARMY

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



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