

Stacks

NOVA SCOTIA SANATORIUM

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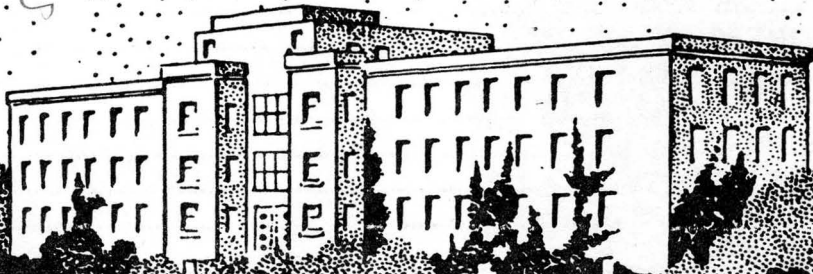
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HEALTH RAYS

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

DAILY: 10:15 — 11:45 A.M. Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
DAILY: 3:15 — 4:45 P.M. Sunday and Holidays: 3:00-4:30; 7:00-8:30 P.M.
DAILY: 7:30 — 8:30 P.M.

Absolutely NO VISITORS permitted during
QUIET REST PERIOD 1:00 P.M. - 3:00 P.M.

Patients are asked to notify friends and relatives to this effect.

Symbol Of A Crusade

The double-barred cross, which was adopted more than a half century ago as the international symbol of the crusade against tuberculosis, has actually been in use for many centuries.

Although it is often called the Cross of Lorraine, the double-barred cross of the tuberculosis movement is only closely related to it. The Lorraine Cross dates back to the Patriarchal of Jerusalem Cross, which was carried by the patriarchs of Jerusalem and Constantinople long before the heathen conquest of the Holy Land.

The Patriarchal Cross is distinguished by the addition of a traverse (or horizontal bar) to the upper limb of the Greek Cross. The second bar is half the length of, but the same width as, the main one.

Medieval crusaders familiarized Europe with the double-barred cross as it was seen in these ancient Greek Churches of Asia Minor and Turkey. Godfrey of Bouillon, Duke of Lower Lorraine, whose fame in medieval times rivalled that of King Arthur and Charlemagne, saw the cross in vogue when as a leader of the First Crusade, he captured Jerusalem in 1099. When, following his conquest, he took the title of Advocate of the Holy Sepulchre, he also took the Patriarchal Cross of Jerusalem into his banner.

After the Duke's death in the Holy Land, the double-barred cross became the symbol of the then rising House of Lorraine, who used it in their coat of arms and on their coins in memory of their famous ancestor. It has remained in France as the Lorraine Cross to this day, but it is distinguished from the Patriarchal Cross by having the lower bar nearer the base.

Throughout the years various people and orders have used the Cross of Lorraine as a symbol in the crusade against wrong. In the early fifteenth century Joan of Arc used the Cross of Lorraine in her banner when she fought to drive the English out of France. In 1487 the Cross was again used by a resistance movement in Lorraine who fought against occupation by Charles le Temeraire. Five centuries later General Charles deGaulle used the Cross as the emblem of the Free French in their resistance against the Germans.

The double-barred cross was adopted as the emblem of the world-wide fight against tuberculosis at the International

Conference on Tuberculosis in Berlin in 1902. The proposer of the emblem was Dr. Gilbert Sersiron (Paris) who said: "The red cross with a double horizontal line, a symbol of peace and brotherly understanding, will take our message to distant corners of the globe. Wear it as your emblem in your daily fight and your journey through the world will become a triumphal march, slowly repelling the invader which decimates our ranks, and wiping away the tears of suffering humanity."

Dr. Sersiron's proposal was adopted without hesitation, and everywhere after that double-barred crosses of all shapes and sizes sprang up as the symbol of the crusade against tuberculosis.

Finally, in 1912 a definite attempt was made to standardize the cross and a committee was appointed to give careful study to the history and artistic merits of numerous designs. In 1913, at the annual meeting of the National Tuberculosis Association, the committee reported in favor of the design which we know so well today. In later years the National Tuberculosis Association recorded with the United States Patent Office trademark registration of the double-barred cross. This was done to restrain unauthorized use by others as required by trademark law to preserve its integrity as the trademark of the National Tuberculosis Association and its affiliated organizations.

Itam

Happiness, bought with the price of another's sorrow, is never enduring.

* * * * *

Four card sharps got together on the train and a tense hard-fought contest ensued. Suddenly, the dealer tossed the cards down and said: "This game is crooked!"

"What makes you think so?" queried the card sharp on his left.

"I can tell," replied the dealer, "because that guy is not playing the same hand I dealt him."

* * * * *

The new secretary sat at her typewriter. A business friend remarked to her employer: "Your new secretary looks very efficient."

"That's her 'specialty.'"

"Efficiency?"

"No, looking efficient."

The Importance Of Maintaining Good Morale In TB Cure

J. D. Riley, M.D.

Determination, patience, and intelligence are necessary to successfully "take the cure" for tuberculosis. To remain in a hospital away from friends and relatives; to obey rules which were made in the best interest of all but which may at times seem unnecessary to the individual, takes a lot of character. Surely, it's a great testing time for you, the patient. How you react, how you behave in this atmosphere that is foreign to you shows what sort of person you are. Will you take a hostile attitude, will you be critical of the manner in which things are done, and will you behave in such a manner as to make hospital life intolerable for yourself and your fellow patients? Or will you be a friendly person, cooperating with the nurses and doctors, obeying rules, and being helpful in a way which boosts morale of the whole institution?

Morale is a word which, like the word electricity, is frequently mentioned but is not fully comprehended. When morale is low, things go wrong; nobody seems to take any interest in or care about you, you worry about trivial things, you are listless and easily diverted from your objective, and you have a "rotten day." When your morale is high you get on well with everyone, you speak an encouraging word or do a kindness to someone and note some progress; on the whole there is a feeling of satisfaction from your efforts and the determination to do even better tomorrow; you have a good day. Morale is a storage battery of nerve force, a surplus of confidence and purpose on deposit, a reserve fund of discipline and courage which makes your supply exceed the demands of the day. It imparts decision to action, firmness of will, and radiates vitality. It is the mainspring of success.

In both World War I and World War II, morale played a great part for the Allies. In defeat, the Allies' morale was stubborn and inflexible, but when the Germans and the Japs faced defeat, their morale crumbled and the end came quickly. When the doctor sees the morale of his patients ebbing away and discontentment, worry, peevishness, and fear gaining ground, he should be just as solicitous over his patient as were the Allied countries over the morale of their soldiers.

It is of the greatest importance that the patient be aware of the evil effects

of worry, peevishness, and the fault-finding habit. He is not playing the game fairly under such conditions and does not put himself in position to receive the best results from any form of treatment. A spirit of healthy-mindedness, optimism and courage is a great asset and one that should be assiduously cultivated. Health of body and mind act and react on each other. "A merry heart doeth good like a medicine."

It is erroneous to believe that a patient can't get well unless he is satisfied. Whoever heard of a patient being satisfied in a hospital away from his loved ones? It is here that common sense plays a big part in taking the cure. The patient must realize the importance of his duty and that doing one's duty will bring the best results.

Serenity sums up the qualities of mind which the patient should aim at. And serenity is an art which can be attained and improved by practice. Its secret is the ability to control our attention. One can attain the ability to turn off the current of his thought as he would turn off the electric light. So when one's thought turns toward despondency, grief, or morbid fears, one should turn off his current and switch on the current of cheerfulness, courage, patience, and optimism. The lesson of the little Sunday School song "Count your blessing, Name them one by one" is a good way to accomplish this.

William James, the psychologist, has said that we should cultivate and practice a religion of healthy-mindedness, courage, patience, optimism, and reverence. We should certainly have some philosophy which will serve as a lighthouse to keep us out of "The Slough of Despond." Reading the essays of Emerson is an excellent tonic of mental hy-

(Continued on Page 5)

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Homeward Bound

Ralph A. Doherty

After spending 14 months at the N. S. Sanatorium I looked forward to the day when I once more could join the outside world. A few months back I knew my discharge date. It would be October 10, 1970, and knowing that date was drawing near, it made me have mixed feelings of what I was to expect when I was to leave to go home because a person can't help but make friends while he is at the San. I have been blessed with a great deal, and the smiles of the people I met played a big part in my daily life, and the thought of leaving them behind made me rather sad. I can't mention every one I met but there are some who will always stand out in my mind. First there is Dr. Quinlan, who was my doctor and a great chest surgeon, and he is the man who made my discharge possible because he removed my disease. I shall never forget Dr. Quinlan and I wish the distance between his home and mine was shorter so I could once in awhile see his smile and hear his glad hello. When Dr. Quinlan explains anything about your case to you he never leaves anything in doubt and you can't help feel the confidence you have for him. He has a great sense of humor and he surely makes a person relax and be at ease when they are talking to him.

To the nurses go special praise for their kindness and compassion. I have to say to the charge nurse that she is wonderful and the kind smiles she carries make everything seem alright, and the kind words you say makes a person's cares go away and nothing seems to matter except the present.

On the last Monday of September I started receiving tests getting ready for my discharge and the next week rolled around before I knew it. October 7 was the date I was to go to see Dr. Holden and I was looking forward to that pleasure because I never really had the chance to talk to her before. My appointment was for later in the day and I knew it was for my "blue book."

When I first went into Dr. Holden's office I had a lump in my throat not knowing what to expect but I found Dr. Holden one of the nicest women to talk to and she has the concern of each patient at heart. She has a very warm smile and a soft voice and she is very happy to see each patient go home.

Dr. Holden explained what to do and

what not to do and I made arrangements to come back to the San. for my next x-ray and on leaving her office I received a firm hand shake.

I know that Dr. Holden has a busy position because the date I was leaving there were four or five patients leaving too and she was to see all of us before we left and she has a great many other duties too.

After I received my blue book I was on "top of the world" but I tried to make my rounds and see as many people as I could to say good-bye because in my heart my stay at the N. S. Sanatorium was like being into another part of a different world and all of this was soon going to end for me. I know that I used to "carry on" a great deal with people that I knew but I am a type of person that will never grow old because I want to hang onto each moment that I live. I know that each of us take some thing out of life each day but I would like to put something back as I take it out.

Before I was to leave Kentville, friends of mine had a party to give me something to remember them by but I will always remember the Valley and the dear hearts and gentle people that I met. I might have been a little sad at the party but if I was, I am sorry because I wish I could take you all home with me.

On Saturday morning, October 10, 1970, I got everything together and another patient drove me home to Dartmouth and it was the first time I have been to my city since I left 14 months ago. There were new roads to travel and different views to see and a lot of my old friends have moved on.

The drive from Kentville to Dartmouth was an adventure and excitement thinking and trying to remember the different places ahead by the road.

(Continued on Page 5)

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MAYFLOWER MOTEL

Tribute To Mrs. Margaret Morse

Mrs. Violet M. Joudrey,
Patient, N. S. Sanatorium

Have you ever known someone a long time, liked them a lot, lived day in and day out with them, watching the daily trivialities pass by and then be so glad to see them go right away from you—bag and baggage? Well, that was the way it was up on 3rd West, November 5, 1970, when the “girls” of the floor, our PM Nurse Selfridge and visiting nurse Mrs. Clark gathered together in the T.V. Room to say Good-bye and God Bless to Mrs. Margaret Morse. Marg—or Maggie, to some of her friends, has unfortunately been at the San. for 19 long years and four months. She became known to many of the patients, had seen some leave and return again and then leave once more, and yet she has had to stay. How heart breaking and agonizing that must have been, and I for one pray that no one will ever have to go through that in the future with our modern methods of treatment.

Marg's hair may be white, but her wit is not dim. Her shoulders sometimes stooped from surgery, yet she had a smile for all and advice to give and most of all she had her faith and hope. God has now seen fit to hear her prayers so she may leave the many friends she has made here, and they in turn are glad to see her go, to be among her loved ones once more.

The T.V. room was the place and Marg the guest of honour. After a round of “For She's a Jolly Good Fellow,” Mrs. Vi Joudrey, who “cured” with Marg in 1953-4, presented her with a decorated Kleenex box, with a cent from each of the patients commemorating each year she had been here, plus one third of a cent Following this a poem written by Vi was read and Marg graciously responded—thinking this was all! However, a few moments later a larger box appeared on the scene and, opened by trembling and excited fingers, revealed a beautiful but very useful housecoat—light as a feather. Our guest modelled same and extended her “Thanks to all.” Gifts from other members of the staff were opened. The Night Supervisor then joined in the proceedings and a little SingSong followed. A delightful lunch prepared by Miss Eileen Quinlan and her Dietary Staff was then served and the remainder of the evening was spent in general talk and song. Thursday even-

ing, November 5th, 1970, was an evening to be remembered—Our Maggie was on her way HOME at last.

Friday morning our Marg's kin folk came and things were packed into the car. Although the real sun was hiding behind the clouds, where ever our “Maggie” went a “Sun” shone through and along with the good wishes of all in the San, she left — her face wreathed in smiles.

In honour of Mrs. Margaret Morse leaving the N. S. San.

The Happy Day

November 6th, 1970

Oh Happy Day the 6th of November
Our “Maggie” at last has been “sprung,”
From this home for us all with our aches
and pains
And those who've had RIBS and parted
with LUNG.

We are glad to her loved ones, that Marg
can now go
Although we will miss her, THAT she
MUST know;
However a story that may never be told
WHAT DID she do in that room in the
Old?

The red light was there, the fire escape
near
Was there a visitor, who crept up the
stair?
Or just the night watchman, who rattled
his keys,
Did Marg ever say — “Oh be QUIET,
PLEASE”?

The nurses would come and go from
their dorm
I wonder what tales could be told from
that room.
Now the building is empty and dark
But our “Dr. Quinny” is just round the
park . . .

Nineteen years and four months have
gone by
Many the folk who have caught Marg's
eye.
She was always considerate and full of
advice
And those who have known her know
she is nice.

Marg, it's a pleasure to present you this gift

Nineteen and one third cents, — to give you a lift—

To Nictaux; not far off the beat

In fact, it's on the Middleton to Bridge-water Street.

The time has come when we must say "Good-bye,"

We pray you will leave with spirits high. May God bless and keep you and give you strength you require

For Today; for Tomorrow — and for whate'er you desire.

Violet M. Joudrey
3rd West

HOMeward BOUND—

(Continued from Page 3)

I noticed a lot of changes in Dartmouth, for example, the approach to the new Harbour bridge, and there were new streets and old ones missing.

I arrived home early in the afternoon and my children helped unload the car. After lunch I bid farewell to Arthur Brundage as he had to go to Amherst because he went out of his way to take me home.

On Tuesday of the next week I went around meeting my old friends and making arrangements when to go back to work but I found yet another surprise. My old job wasn't kept open for me. This sort of changed my plans because I did not plan to go back until a month's time but I had to get in touch with my former employer and ask for a job. So just after five days home from the San I was back to work. I would have liked a little longer time to get used to the outside world but I had to take the job when I could. I owe a great deal of thanks to Mr. Donald Brown and his teaching staff because without their help I wouldn't have my Jewellers degree which helped me obtain a position with one of the largest Maritime Jewellers, G. B. Murphy, Ltd., and they have a branch at Kentville. I hope I will have a chance to meet you all again, perhaps when you come to Halifax or Dartmouth, you will look me up and come into my place of work; and we will have a chance to talk over old times. I hope the people I will write to at the San will keep in touch because I like to meet new friends but most of all, I like to keep my old friends too.

Now that I am back in the old mad rush again it is hard for me to get ad-

THE IMPORTANCE OF—

(Continued from Page 2)

giene. When all else fails there's nothing that helps like reading one's Bible.

There is the tendency for many patients to "cross their bridges before they get to them," to suffer many things in their minds which they are never called upon actually to endure. This is a foolish expenditure of mental and moral energy.

By assuming an unhappy and unhealthy attitude, you're not only adding to your own misery, but you are also helping to make your fellow patients and loved ones miserable.

With modern drugs for the treatment of tuberculosis you will probably get well even if you act like a baby or a juvenile delinquent. You can be a "baby" even if you're no longer in the cradle. Many adults, young and old, male and female, are in reality just babies. They can't take it.

If you are sterling quality and sturdy stock, if you consider someone else's welfare as well as your own, if you know how to cooperate, how to behave cheerfully and gentlemanly under unpleasant circumstances, then your cure will be achieved in a shorter time. You will have won the respect and admiration of your friends and family. You will leave the hospital with no regrets because of your conduct. You will have acquitted yourself well.

—Sanabraska News
via San-O-Zark

Maintenance Foreman: "Leave me out of it, Mable. You two just go ahead and fight it out yourselves!"

justed to my new life because I had found the life at the San so different, as it seemed to be a world by itself. The busy season is yet before me and before we know it Christmas 1970 will be here to bring all the wonders. True, Christmas is for the young but I think I will never grow old.

In closing I want to wish you good health and may your future be bright and full of hope.

My thoughts will always be with you, both patients and staff.

May God bless you all.

Ralph Doherty

Question Box

By J. J. Quinlan, M.D.



It will be noted that this month the first four questions concern immunization. I wish to acknowledge gratefully the assistance provided by Dr. G. M. Smith, D.P.H., Director, Fundy Health Unit, who provided me with current information on the subject.

Q. Against which of the childhood diseases should a child be immunized? Does immunization gained through vaccination protect indefinitely without booster shots?

A. It is customary to give a young child the so-called quadruple vaccination which provides protection against whooping cough, tetanus, poliomyelitis, and diphtheria, and smallpox vaccine. To these may be added protective inoculations which have become available in recent years against measles (rubeola) and German measles (rubella).

Q. Are there valid reasons why a woman of child-bearing age should not be vaccinated against German measles?

A. Providing the individual can be sure that she is not already pregnant, there is no reason why she cannot be vaccinated against German measles.

Q. Should an adult male who has never had mumps be immunized?

A. While mumps is a more serious illness in the adult than it is in the child, it is doubtful that immunization can prevent or minimize an attack of the disease and, consequently, immunization would not appear to be advisable.

Q. What is the explanation for extreme sensitivity to a vaccine? Does this indicate that one might be very susceptible to the disease? Does the same apply to a severe reaction to a tuberculin test?

A. Extreme sensitivity to vaccinations is occasionally seen. This does not necessarily mean that the individual has an unusual susceptibility to the infection but it may indicate that at some time previously the disease may have been present, either in so mild a form as to be unrecognized or, in fact, misdiagnosed. This explanation does not apply to the tuberculin test which is not an immunizing injection but rather indicates wheth-

er or not living tubercle bacilli are present in the body.

Q. What is it that will cause one's vertebrae to become fused? Could proper exercises keep this from progressing?

A. Fusion or growing together of the vertebrae may occur following injury or deliberate operative fusion. It may be seen as an aftermath of various infective processes, in particular tuberculosis of the spine but, most commonly, it is seen in such conditions as osteoarthritis and rheumatoid arthritis. In the latter disease, the fusion may be very marked, with all the vertebrae involved, giving the condition of "poker spine" which is a variety of rheumatoid arthritis called ankylosing spondylitis or Marie-Strumpell's Disease. Exercise has no effect on the progression of fusion in these latter conditions. Following surgery and injury where fusion may be desirable, the back must be kept immobile for a considerable period or else the fusing together of the vertebrae may be compromised.

Q. Many people have back pain for years and treat it only with occasional medication to ease the pain. Is it difficult to diagnose the cause of the pain and find relief through treatment?

A. The causes of pain in the back are legion and frequently it is almost impossible to state with certainty the cause, even after exhaustive investigation. In many cases, the x-ray of the spine will be abnormal but, more often than not, the x-ray is of little help.

"It was God who took out my tonsils," the little boy told his mother after the operation. "When I was taken into the big white room there were two lady angels dressed in white. Then two men angels came in. Then God came in."

"How did you know it was God?" asked the mother.

"Well, one of the men angels looked down my throat and said, 'God, look at that child's tonsils.' Then God took a look and said, 'I'll take them out at once.'"

* * * *

Girl's father: "Young man, we turn the lights off around here at 10:30."

Boy: "That's O.K., Sir. We won't be reading."

Editorial Comment

We were recently privileged to attend the Canadian Public Health Association, Nova Scotia Branch, Annual Conference which was held at the Cornwallis Inn October 28 and 29. The theme was "Research Today—Results Tomorrow" and some excellent presentations were made. The following are some notes which I thought would be of interest to our readers:

Problems and Progress in World Health: Dr. B. D. B. Layton, Principal Medical Officer for International Health, Department of National Health and Welfare, Ottawa, spoke on the need for continuing vigilance to control outbreaks of disease which could be of serious international concern. He said that cholera continues to be a major threat and that outbreaks which had previously been limited to Far Eastern countries can now span whole continents in this day of very heavy air traffic. As another example he cited a dramatic increase in the incidence of malaria in Ceylon where this disease had been nearly wiped out a few years ago. It was suggested that the same thing could happen elsewhere now that insecticides are used more cautiously.

Medical Research Today: Dr. Alan J. MacLeod, Victoria General Hospital, spoke on research in kidney diseases saying that some 700,000 persons have kidney disease and that 5,000 die annually from this. Of these three-quarters of them are over 60 years of age and it is believed that 1,250 of them were treatable. Dr. MacLeod spoke of the progress in treatment at the Victoria General Hospital since 1965.

Dr. R. H. Anderson, Victoria General Hospital, spoke on research in heart disease. He said that cardiology since 1954 has changed almost beyond recognition. They can now deal with almost any congenital heart condition if the child lives beyond the first couple of years. Factors which have caused this congenital abnormality still require further research. He said that hypertensive heart disease is no longer as much of a problem. In the case of a complete heart block the mortality is less than 10 per cent with pacemakers. People are dying in the first hour after suffering the attack and the suggested solution was that regional hospitals should be fitted with cardiology units where help can be brought to the bedside.

Dr. D. W. Cudmore, Women's Clinic, Halifax, stated that every RH negative woman who has not previously given birth to a child can now be immunized and this would cut down on the infant mortality rate. He raised the question of how long before cerebral damage is done in the unborn child in cases where there is fetal distress.

Some aspects of dentistry of Public Health Concern: Dr. E. P. Angelopoulos, Head of Oral Pathology, Faculty of Dentistry, Dalhousie University, punctuated his discussion on Oral Cancer by showing color slides of malignant growths on the lip, the tongue, and other parts of the mouth. His message to dentists and dental technicians was that chronic inflammation caused by ill fitting dentures should be remedied without delay and that sores which do not heal within two or three weeks should receive proper attention.

Dr. B. P. Kearney, Chairman, Department of Pediatric and Community Dentistry, Dalhousie University, spoke on the Tatamagouche project. This was a project which the Dentistry students set up a clinic in the Tatamagouche school and provided dental service for the young people of the community.

Research for Healthy Environment: Mr. D. H. Waller, Assistant Director, Atlantic Industrial Research Institute of Halifax, spoke on water, as it influences man's health and his environment. He said that, especially in North America, the importance of safe guarding our water resources had been largely ignored until recent years. It has only recently been recognized that chemicals become more concentrated in chain reactions within wildlife, and authorities are expressing concern over the chemicals from industry, insecticides, and herbicides which are pouring into our water resources. Many water supplies are too infrequently analyzed and may be measured for organic content only. Waste water which has been filtered for suspended material and has lost its offensive odor is considered harmless although the chemical compounds in the residual water may be of greater long range danger than had previously been realized.

Mr. Paul Kuttner, Head of the Audio-logy Department, Hearing and Speech

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To Control TB The Chain Of Germ Transmission Must Be Broken

Ever since the demonstration of the tubercle bacillus as the cause of tuberculosis there has existed a strong and universal fear of the disease as being highly contagious. Among the public there developed a fear of visiting sanatoria where patients with the disease were being treated. People were known to cover their noses with handkerchiefs and turn their heads in the opposite direction as they traveled roads near the sanatoria. If a patient in a general hospital was discovered to have tuberculosis, pandemonium really broke loose. The patient was almost rushed out in the dead of the night as though the whole hospital were becoming contaminated and all who were housed therein were being infected with the "TB bug."

However, within the past twenty years the advent of effectively treating the disease with drugs and the consequent drop in the death rate with a more precise knowledge of the mechanism of the transmission of the disease, the pendulum has swung backwards. The public has become complacent about tuberculosis, thinking that it is no longer a public health problem. Some TB patients, not all it is true, have become lax in carrying out the doctors' and nurses' instructions as to precautions that must be taken to keep the air free of tubercle bacilli.

Since this is true a review of current practices and knowledge seems appropriate. It is recognized today that tuberculosis is not a **highly** contagious disease. It is still a fact, however, and this fact must be emphasized over and over that tuberculosis is a "catching disease" **Every case of tuberculosis comes from another case.**

Tubercle bacilli don't attack their victims with flashing lights, shrieking horns, or ringing bells. They do not have wings, so flying is out. They lack feet, so they cannot crawl, creep or jump from place to place. They get around in the gentlest way imaginable. They are transmitted from one person to another by air in the residues of minute droplets of moisture produced during coughing, sneezing, laughing, singing, etc. The large particles fall to the ground or floor near the expeller. The small droplets of moisture, however, rapidly evaporate leaving "droplet nuclei" which remain suspended in the air and are carried by air currents, as in cigarette smoke. When these bacilli-laden nuclei are breathed into the

lung tissue their journey is completed. They are implanted there, and if the person whose lungs host these germs is not a healthy individual another case of tuberculosis will develop.

This is a sad story. Much money, time, and effort have been and are being spent to prevent such an occurrence. It is more heartbreaking and frustrating because all that is needed for its prevention is the cooperation of the public.

How **can** this once dread disease be prevented? Of course, the first step is to find the person with active tuberculosis who might be spreading his germs, unknowingly endangering those with whom he has frequent close contact.

After the person who has tuberculosis is found and after he has been instructed in a few simple rules of hygiene **if** (this is a **big if**) he will follow instructions he will no longer endanger the health of his contacts.

Breaking the chain of transmission of the tuberculosis germs from person to person has two aspects, namely, first, prevention of contamination of the air and, second, elimination of contamination once it has occurred. Simple, inexpensive procedures can accomplish both of these objectives.

Prevention of contamination requires the preventing of the known cases of tuberculosis from excreting germs into the atmosphere. One of the effective tools for achieving this is drug therapy. The anti-tuberculosis drugs ordinarily reduce the cough and sputum of tuberculosis patients within a matter of days. Within a few weeks the excretion of tubercle bacilli is usually halted. Thus drug therapy is very effective in reducing the hazard of transmission of tuberculosis from the patient to the others. The occasional patient with drug resistant germs is a special problem for he may continue to raise sputum which contains the tuberculosis germs.

The patient who coughs, for whatever reason, must when coughing or sneezing cover his mouth and nose with the paper tissue which has been given him for this purpose. He is instructed to then drop the tissue into a paper bag which will later be collected and burned. Any sputum which is raised must be spit into a paper cup. This, also, will be collected and burned. Covering coughs and sneezes and the burning of sputum control infection at its source. It keeps the air in

the patient's room from becoming contaminated. It protects friends and employees, but it also protects the patients themselves. If they continue to breathe into their lungs air laden with TB germs these germs may set up infection in a new area of their lungs.

The higher the concentration of germs in the room the greater is the danger of breathing them into the lungs. Proper ventilation of the room is important. Letting fresh air come into the room will lower considerably the danger of infection.

Studies have shown that the air of tuberculosis patients' rooms can be rapidly made noninfectious by the use of ultra violet light. However, this may not be practical for "wholesale" use but sunlight is a great help. A sunlit, airy room is not only more cheerful but also more healthful.

In summary, the battle against tuberculosis can be won. The first line of defense is finding those who have been infected with TB germs. The second line rests entirely upon the shoulders of those known to have positive sputum. First, they must take their medicine exactly as prescribed so sputum will be converted to negative as quickly as possible. Second, they must cover coughs and sneezes, and burn sputum. Third, they must keep their rooms well ventilated.

—SoCaSan Piper, July 1968

With so many foods being put up in packaged form, we must do much buying on faith — faith in our food and drug laws and faith in our manufacturers and their observance of those laws.

Yet, it sometimes happens that all is not as it should be, and this only comes to light when we open the package—usually when we are preparing a meal. The contents may appear discoloured or spoiled. Insects or other unclean matter may show up in packaged foods. Foods may not be as represented on the label. There may be reason to suspect that fresh fruits or vegetables have been contaminated by insect spray or in some other manner.

The Food and Drug Directorate of the Department of National Health and Welfare urges you to report any such irregularities to the Food and Drug office nearest you or to the Consumer Division, Food and Drug Directorate, Department of National Health and Welfare, Tunney's Pasture, Ottawa 3, Ontario.

The Billy Whelan Show

On Saturday afternoon, October 24, a most enjoyable show was presented in the Sanatorium Recreation Hall by Billy Whelan who was featured both as master of ceremonies and performer. Mr. Whelan is well known to those familiar with folk and western music, having been heard through the media of radio and public appearances for a number of years. Appearing with Mr. Whelan were the following entertainers: Andrew Donaldson from Dartmouth, who played both the violin and guitar; Larry Gaudet of Halifax, guitar; George Helpard, guitar, and son Barry, drums both of Dartmouth; and Sisters Ann and Melonie Robar, vocalists of Chester Basin.

George Helpard had appeared at the Sanatorium previously with Mr. Whelan, but for the others it was their first visit. Altogether they made a very good-natured group of entertainers and obligingly rendered a number of requests from the audience.

The program was much enjoyed by the patients and staff who were present in the Recreation Hall and also by the other patients who listened to it over Radio Station SAN.

In Appreciation

Mrs. Marie Evangeline Surette, Belleville South, Yarmouth County, has written the following to Anne Marie Belliveau:

"Please thank everyone for me, for the wonderful care I received while a patient. I do not think there is another hospital or home where one has the care that one has at the Sanatorium. Everyone was so nice to me, even though at times I know I was cranky."

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BROOKFIELD CREAMERY

J. M. DUGUID, JEWELLERS



Chaplain's Corner

TO BE OR NOT TO BE

Rev. Gerald Saulnier
R. C. Chaplain,
N. S. Sanatorium

For every Christian there comes a time when the question—"to be or not to be"—must be answered. Evidently you can't really be expected to answer it as a baby at baptism; someone else speaks for you. During the years since baptism, how often have you had to make a major decision? Your family has usually made it for you. Now, as you are older, this question demands your own personal response. Maybe you have already made your decision. But for those who have not yet really committed their lives to Christ, no longer can you hide behind the excuse of childhood, or plead ignorance of responsibility. The question is this: "Do I wish to remain a Christian?"

The answer to this question is not easy. Whatever the answer, it will commit you to a way of life. The answer will not solve all your problems; it will be the first step on a long journey. A "no" will be a choice of going it alone. A "yes" commits you to a community of believers who hold certain values and rules. Neither answer is simple; neither answer provides a shortcut. Both answers involve risks and sacrifices, suffering and doubts. But only a "yes" can fill you with hope.

Such an important question deserves a great deal of consideration because either answer is intended to be a lifetime commitment. For this reason your response must be the product of much thought and meditation. No one puts his seal of approval on a new car until he has examined it closely and tested it. Before you decide what your answer to the big question should be, you should try Christianity. I say, "try" Christianity because so many people call themselves Christian but their behavior is far from the will of Christ. G. K. Chesterton once said that Christianity never solved all our world's problems because it had never been put into practice by those who call themselves Christian.

Christianity is a way of life. If you wish to be a Christian, you must imitate Christ in every aspect of your life. This is not an easy task. When you, as a Christian, are confronted with a problem, you must ask yourself: What would Christ do in this case? Christianity is based on these qualities from the life of Christ: justice, love, integrity, and sacri-

fice. Christians incorporate these qualities into their everyday lives. Christians have the example of Christ to follow, but those who say "no" feel they can make it alone. Justice, love, integrity and sacrifice are active in almost every phase of life. If there is no place in our "now" culture for these values which we call Christian, then our answer to the question should be a clear "no". But if these values can unite a community in a positive constructive force for good and the fulfillment of God's great command, then the answer from each of you must be an enthusiastic "yes."

Christianity is not a textbook way of life. In order to benefit from the Christian heritage, we must be able to apply Christian principles to our own life. There is a big difference between Christianity and simply being a good cultured person. If a person drifts along without trying to discover what Christ has taught about being human, then he'll never really be giving Christianity a chance. Be honest with yourself; you cannot say "yes" if your heart is not in it. The road of Christ is rough, but many who have started are still forging ahead. No one else can make the decision for you. No longer are you cradled in the arms of your parents or godparents. The responsibility for working toward the solutions of problems rests with you. If you are not part of the solution, then you are part of the problem. Whatever your decision, you will be a stronger person for having made a choice. You will not be a Christian who assumes a sort of automatic salvation simply because you were born and reared in the church. Don't go half-way. Decide and commit yourself to Christ fully or you never will really live.

"I simply can't stand my husband's nasty disposition," wept the young wife. "Why, he's made me so jittery that I'm losing weight."

"Then why don't you leave him" asked her friend.

"Oh, I'm going to," replied the bride. "I'm just waiting until he gets me down to 120 pounds."

* * * *

Father to waitress: "Wrap up the rest of the steak for the dog."

Small son: "Oh goody, we're going to get a dog."

Just These Things

Just a golden sunrise, just a word of cheer;
 Just a summer shower, just a rainbow clear;
 Just a crimson sunset, just a purple hill,
 Just a shaft of moonlight when the world is still;
 Just a little fragrant breeze, just an azure sky;
 Just the murmur of the sea, just a baby's cry;
 Just a nodding flower, just a bird's sweet lay,
 Just someone to greet us at the close of day;
 Just a haunting melody, a half-forgotten song;
 Just the glad, warm sunshine through the whole day long;
 Just the doing of our bit ever willingly;
 Just the chance of helping those across the sea;
 Just a friendly handclasp, just a word of love;
 Just the simple knowledge that God is there above;
 Just an act of kindness, just a sunny smile;
 These are just the things that make our life worthwhile.

Author Unknown
 (Submitted by Ralph Doherty)

Teacher: "What's an adult?"
 Small boy: "That's a person that has stopped growing except in the middle."
 * * * * *
 Wifey: "Mort, wake up? There's a burglar going through your pockets!"

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ESSO SERVICE STATION



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.

The members of the congregation wished to give their departing minister a gift as a token of their esteem and they decided upon giving him a horse. Feeling that something special was in order they trained the animal to respond only to what they felt would be appropriate phrases. For example, at the words "The Lord be Praised," the horse would proceed forward at a gallop. At the word "Amen" he would come to a full stop.

On the day of the presentation many of the church members were present as the minister accepted the gift and climbed into the saddle. "The Lord be Praised," exclaimed the minister—this being one of his phrases when deeply moved—and no sooner were the words uttered than the horse galloped away. No words would stop or even slow the animal and exhausting all commands he resorted to prayer. Upon hearing the word "Amen" the horse stopped, just in time, on the brink of a loathsome looking pool of mud. Thankful for his deliverance, the good man said fervently, "The Lord be Praised"!

OLD TIMERS

When Jean and Sidney Roberts, Kentville, were on vacation they visited Angus Rankin of South West Mabou who was a patient here in 1956. Angus sent his regards to all at the San. Jean Roberts is a nurse in the Annex and also visited one of her former young patients, Scott Holstad, in River John, Pictou Co. Scott was a patient in the Annex last year and is now four years old.

The Roberts also visited Mrs. Edna Rogers in Heatherton, Antigonish County. Edna was here in 1956 and is quite busy looking after her family of five. It should be mentioned that both Jean and Sidney Roberts are ex-patients.

Mrs. Mary Elizabeth Dixon, discharged one year ago and living on Herring Cove Road, Halifax, was seen by your writer recently when shopping at Towers. Mrs. Dixon asked to be remembered to all of her friends.

Also seen recently was Louis Thibault when he was here for a check-up. He is feeling well but is not teaching this term but expects to return next year to his previous position at the Clare District High School.

Albert Melanson sent us a clipping from the **Vanguard** showing Loran Crowell being honoured by the Travelers Insurance Company in recognition of 25 years' service as a representative in the Yarmouth area. Mr. Crowell was a patient at the San in 1931-41 and 1955-56.

Someone else was recently honoured—and this will be of interest to a good many of our readers. Mrs. Margaret Morse was discharged from the Sanatorium early in November, and was guest of honour at a little party which was held for her on the eve of her departure. Marg had been a patient here since—I do dare say it—1951 which is something of a record. With her go all of our very best wishes for good luck and good health.

In some homes the only switch used to control the children is the one on the TV set.

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HEALTH RAYS GOLDEN JUBILEE FUND

As mentioned from time to time, this Fund has been established to commemorate **Health Rays'** 50th birthday in 1969 and to endow it so that it may continue to serve its readers during the years ahead. Donations have continued to come from patients, ex-patients, staff members, previous staff members and from other friends of the Sanatorium.

Our ambition, as set forth by the late **Dr. J. E. Hiltz**, "is to establish an Endowment Fund of \$5,000 to \$20,000 so that the annual interest will offset our spiralling publication costs."

An official receipt will be sent to all contributors and it should be noted that all contributions are income tax deductible. Those giving donations of \$100 or more are designated as "Century" patrons, and those will be mentioned further at a later date.

The response to our appeal has been most gratifying, for there are so many agencies competing for the donors' contributions. The present month of October is the first month in which there have been no contributors. May we again bring this Fund to your attention?

The standing of this Fund as of October 31, 1970:

Previously acknowledged	\$3,262.73
Recent contributors:	
Century Patrons:	
Nil	
Patrons	
Miscellaneous proceeds	15.00
Grand Total	\$3,277.73

EDITORIAL COMMENT—

(Continued on Page 7)

Clinic, Halifax, spoke of the effects of noise on humans. Noise above 80 decibels is said to be above the acceptable safety standards if it is over a prolonged period. Many topics were discussed such as the possible harmful effects of the highly amplified rock and roll bands, the increasing volume of noise from vehicular traffic in the larger cities, and the effects of prolonged exposure to the noise from power mowers, chain saws, skimobiles, speed boats, etc., which appear to be so much a part of everyday life. In industry, the possibility of claiming

(Continued on Page 13)

EDITORIAL COMMENT—

(Continued from Page 12)

compensation on account of impaired hearing has caused management to be more conscious of noise pollution. Less obvious effects such as increased nervous tension, and the effect on the cardiovascular system, may be of equal importance. It was mentioned that in advertising, the effectiveness of noise is utilized by increasing the volume or changing the pitch in order to jolt the listening audience out of its "turned-off state."

Dr. E. S. Deevey, Department of Biology, Dalhousie University, spoke on the general effects of pollution of man's environment. His message was that "There is no ultimate disposal—all matter must be rechanneled." His was a rather technical paper dealing with the importance of scent in the animal and vegetable world, and the way in which chemical pollution can alter the balance of nature. Professor Deevey went on to say, "All pollutants are resources and pollutants must be brought back into resources. Since we know that a wide variety of materials are not removed by conventional water and waste treatment process, we must learn to identify these materials if we are to control them." He further said, "I have to remind anyone who believes in ultimate disposal, that getting it down to sea or any place where we can say it has finally gone, there is no rug under which waste can be shoved."

Food News: Dr. J. A. Campbell, Assistant Director—General Foods, Food and Drug Directorate, Ottawa, said that his department has been concerned over the possibility of artificial milk coming on the Canadian market. He said that it was necessary to have regulations which would require it to be nutritionally equal to milk. It was stated that if there were no price controls imposed the product would be very much cheaper than natural milk.

Dr. L. W. Regier, Fisheries Research Board of Canada, Halifax, spoke on the manufacture of fish protein concentrate in Nova Scotia. Recently approved by

the Food and Drug Directorate this fish meal will be manufactured at a plant now under construction at Canso. The protein could be added to other manufactured products for Canadian markets but its presence would have to be shown on the label. It is believed that there is a good market potential when the plant begins production.

Mental Retardation: The chairman was Dr. R. B. Goldbloom, Director, Atlantic Research Centre for Mental Retardation and the panelists were Robert Butler, Executive Director, Canadian Association for the Mentally Retarded, and Dr. J. P. Welch, Medical Geneticist, Atlantic Research Centre. It was said that prevention of mental retardation can begin in the prenatal stage where testing can now prove beyond doubt the presence of a defective baby. Termination of pregnancy is still the subject of much controversy but we were told that in New York the decision rests with the expectant mother and her physician.

We were told that it is now possible to screen newborn children for some 20 different conditions through a drop of blood sent to the Atlantic Research Centre. The cost of such a program is the same as that of maintaining two mentally retarded children for two years.

We were told that computerized information shows that one's socio-economic status has a bearing on tallness or shortness of children.

We were told that one per cent of all newly born babies have some abnormality. On the lighter side, we were told that a definition for normal might be "Never completely investigated!"

In summary, one of the more hopeful reports was that, despite our environmental pollution, the percentage of oxygen in the air has not decreased in the period of time that records have been maintained. I believe it was Dr. Deevey who reported that the sea has a seemingly limitless supply of oxygen which will ensure man's future needs, so that the oxygen content in our atmosphere will not likely diminish appreciably.

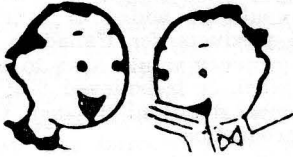
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Hiltz Dry Goods Ltd.

"I tell you I won't take this room," protested the old woman to the bellboy. "I'm not going to pay good money for a room like this. It's too small and it hasn't got a window. Just because I'm from the country . . ."

"Get in, lady, get in," sighed the bellboy. "This is the elevator."

Just Jesting



After 10 years with the company, the faithful employee, who was never late for work, arrived in the office bruised and bloodied with clothes torn.

"How come you're late?" asked the boss.

"I was crossing Main Street when a bus ran over me and dragged me 40 feet," replied the employee.

Asked the boss: "And that took an hour and a half?"

* * * *

There is a line on the ocean where you lose a day when you cross it. There's a line on most highways where you can do even better.

* * * *

A young wife came home wearing a pair of fashionable textured stockings. "What do you think?" she asked her husband.

"Leave it alone," he said, "if it doesn't go away in a few days we'll call a doctor."

* * * *

Mr. Roberts, dreamily, during waltz with the Matron: "Oh, Miss Montgomery, I could go on like this forever."

The Matron: "Oh, no, Mr. Roberts, you are bound to improve."

* * * *

Father (wheeling howling baby) "Easy now, Danny, keep calm. Steady there Danny boy."

Stranger: "My but you're patient with that little child. What's the matter with little Danny?"

Father: "I'm Danny."

* * * *

The teenage son slumped dejectedly in a chair, his face anguished. Mother asked Father what was causing the gloom.

"He wants to go to the drug store down on the corner," replied Father, "and the car won't start."

A car dealer was having trouble collecting installments and wrote to the customer: "What would your neighbors think if I repossessed the car?" Two weeks later he got this reply: "I spoke to the neighbors and they think it would be a lousy trick."

* * * *

If you can read the handwriting on the wall, it was not written by the average adult.

* * * *

From the English composition of a sixth-grader: "My father's life was hard as he had to get up early in the morning and shave. Then he would drive to the market with a load of vegetables. A girl used to ask him for several pounds of string beans which later proved to be my mother."

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the Entire Family

A passenger in a plane sat relaxed at a window observing the spectacle of the heavens. Suddenly a parachutist appeared and drifted by.

"Going to join me?" cried the parachutist.

"No, I'm very happy where I am."

"Suit yourself," yelled the parachutist, "but I'm the pilot."

* * * *

Mrs. Smith: "Whenever I'm down in the dumps, I get a new hat."

Mrs. Jones: "Oh, so that's where you get them."

* * * *

It was his first hour of guard duty and the young recruit was a bit nervous. His orders were to admit only those cars which had a special windshield sticker. As luck would have it, one of the first cars he halted at the gate was a chauffeur-driven staff car with a high-ranking officer in the back seat and no sticker on the windshield.

"Drive right in," the officer instructed his driver.

"I'm sorry, sir," the recruit said meekly, "but, since your car has no sticker, I can't let you pass."

"Drive right on in," the officer instructed the driver.

"Begging your pardon, sir," the recruit said quietly, "but I'm new at this. Who do I shoot, you or the driver?"

Ins And Outs



NOVA SCOTIA SANATORIUM

Admission:

September 16 to October 15, 1970

WILLIAM ELMER BENNETT, R.R. 2, Havre Boucher, Antigonish Co.; MRS. CHRISTINE TANNER, Maitland, Hants Co.; MRS. ELIZABETH PAULINE MacDONALD, Eureka, Pictou Co.; DAVID DANIEL LOVE, Clementsvale, R.R. 1, Annapolis Co.; MRS. ELVA JEAN DEMONE, Springfield, R.R. 3, Annapolis Co.; DANIEL DUNCAN MacFARLANE, R.R. 3, New Glasgow, Pictou Co.; MRS. ELLA JANE MOORE, 86 Main Ave., Fairview, Halifax Co.; WALDO GARRISON HAZEL, Scotch Village, Hants Co.; ROBERT ALLISON SHAW, Centre Burlington, Hants Co.; MRS. LAURETTA MAE GEDDES, 11 Flamingo Drive, Rockingham, Halifax Co.; SHELDON SCOTT MILLER, Acaciaville, R.R. 2, Digby Co.; MRS. ELEANOR JOUDREY, 121 Faulkland St., Pictou; HENRY RODNEY ROACH, (General Delivery) Arcadia, Yarmouth Co.; EDYTHE JEAN HARNISH, Bridgetown County Home for Disabled, Bridgetown; MARY BELL MacDONALD, 78 Brooklyn St., Antigonish Co.; MRS. MARGUERITE HELEN COMEAU, Box 25, Mavillette, Digby Co.; CHISHOLM MURDOCK LITTLE, 6364 Seaforth St., Halifax; HAROLD CHESLEY SCOTT, Schofield Rd., Aldershot, Kings Co.; MRS. MARY ELIZABETH SACOBIE, Micmac, Shubenacadie; FATHER JOHN JAMES LANIGAN, 6541 Coburg Road, Halifax; FREEMAN BICKFORD DENTON, Annapolis County Home for Disabled, Bridgetown; RALPH BENT ATWATER, Waternish, Guysborough Co.; FRANCIS XAVIER MacCORMACK, Site 34, Box 1, R.R. 1, Tantallon, Halifax Co.; JUDITH ANNE BENNETT, Hampton, Annapolis Co.; HENRY NOBLE AYER, 30 Spring St., Amherst; EDITH LETITIA AMBERMAN, Paradise, Annapolis Co.; PATRICK BERNARD McEVOY, Nova Scotia Sanatorium, Kentville.

Discharges:

September 16 to October 15, 1970

JOHN MURDOCK MacNEIL, Iona, Cape Breton; MRS. LOUISEA (Aulden) POTTIE, 31 Circle Drive, Spryfield, Halifax Co.; IAN AUGUSTUS MacDONALD, Arisaig, R.R. 3, Antigonish Co.; Cmdr. BREDIN DELAP, (Expired), Upper Dyke, Kings Co.; DELPHIS PERCY FREDERICKS, Bridgetown, Annapolis Co.; FATHER JOHN JAMES LANIGAN, 6541 Coburg Rd., Halifax; WILFRED LeBLANC, Kings County Hospital, Waterville; STAVROULA TECTONIDES, 18 Melville Ave., Armdale, Halifax Co.; EUGENE ALPHONSE SURETTE, Surette Island, Yarmouth Co.; RALPH ARNOLD DOHERTY, Apt. 7, 55 Brule St., Dartmouth; ELIZABETH JEAN SAULNIER, St Alphonse, Digby Co.; BELOMIE DEVEAU, Little Brook, Digby Co.; CLAYTON HERMAN MURPHY, Sheffield Mills, Kings Co., (Country Home Nursing Home).

POINT EDWARD HOSPITAL

Admission:

September 16 to October 15, 1970

MISS ANGELA MAE BOWERING, 6 MacKeen St., Glace Bay; MISS MARY BRIDGET BERNARD, Castle Bay; JAMES ELMER ERVIN, 5 Allen St., Glace Bay; LOUIS FRANCIS LeJEAN, 47 Midgley Drive, Westmount; MRS. MARY ELLEN MacLEAN, Eskasoni; MRS. MARY ANN PAUL, 28 Gallagher St., Sydney; MISS RHODA MARIE GILLIS, S. W. Margaree; MICHAEL ANGUS CAMPBELL, Castle Bay; RODERICK MacDOUGALL, Glace Bay; MRS. LOUISE ISAAC, Barra Head; WILFRED

(Continued on Page 16)

He: "I see by the paper that on one of those South Pacific islands a good wife can be bought for what amounts to three dollars."

She: "Why, that's terrible!"

He: "I don't know. A good wife might be worth it."

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PETERS' LUNCH



NURSING TIDBITS

AWAY

Miss E. J. Dobson, R.N., B.Sc.N., and Miss Vilda Skerry, R.N., were in Halifax to attend R.N.A.N.S. meeting September 30 to October 2, 1970.

NEW STAFF WELCOMED

Miss Judith Harrison, Miss Linda Cann, Miss Nancy Morton.

LEAVING:

Mrs. Carolyn Mitchell, C.N.A., to live in New Brunswick. Mrs. A. Selfridge, C.N.A.

ATTENDED FIRE PREVENTION MEETING AT B.F.M.

Miss E. J. Dobson, R.N.; Mrs. E. Woodman, R.N.; Mrs. M. Allaby, R.N.; Mrs. A. Hansen, R.N.; Mrs. M. Spinney, R.N.

VISITORS:

Mr. Ralph E. J. Ricketts, T.R.D.A.N.S., and Miss Marel, Nursing Consultant and Health Educator C.T.R.D.A., Ottawa, spent a day with us recently.

Mr. Fred Barrett met with the staff one day in late September to discuss G.E.D. Testing.

BANQUET:

Many of our Registered Nurses attended the annual birthday dinner of the V.B.R.N.A.N.S., at the Podo Room, Greenwood, on October 21st.

INS AND OUTS—

(Continued from Page 15)

ALEXANDER MacNEIL, Johnstown;
JOHN ARCHIBALD, MacNEIL, 56 Midgley Drive, Westmount.

Discharges:

September 16 to October 15, 1970

MRS. MARY ELLEN MacLEAN, Eskasoni, C. B.; MR. BERNARD MELVIN BAKER, 13 Connor St., New Waterford; EDWARD AUGUSTUS PENNEY, 31 Edgewood Drive, Sydney; MISS MARY BRIDGET BERNARD, Castle Bay, C. B.; MISS KATE MONGOMERY, C. B. Hospital, Sydney River; JAMES ELMER ERVIN, 5 Allen St., Glace Bay; VICTOR JOHN GOOGOO, Nyanza.

Notes And News

At the annual meeting of the Nova Scotia Thoracic Society, which was held in Miller Hall on October 27, the following paper was presented: "Large dose Corticosteroid Therapy in the Management of Tuberculous Mediastinal Hilar Lymphadenitis"—prepared by Dr. Aksel Laretei and Dr. J. J. Quinlan, Nova Scotia Sanatorium.

Mrs. A. Winnifred Protheroe, R.N., recently Supervisor of Rehabilitation at Point Edward Hospital, has transferred to the Sanatorium where she will be a Nursing Instructor. She has taken up residence in Kentville and has purchased the home previously occupied by Hazel and Joe LeFave.

Mrs. Elizabeth Reid, R.N., has been appointed Supervisor of Rehabilitation at Point Edward Hospital and spent two days at our Sanatorium Rehab. Department, October 26 and 27, to familiarize herself with our program.

In a Chicago subway station, a panhandler asked a citizen for a small donation. The citizen felt in his pockets and then said: "Sorry, but I'm short of cash myself. But that man down at the end of the platform is a well-known Bishop. Everyone says he has a kind heart and plenty of money. Try him."

The medicant limped down to the end of the platform and was seen talking with the prelate. Presently he returned with a smile on his face and a lighter step.

"Looks like you made a nice touch," said the citizen with a smile. "Just how much did he give you."

The panhandler's face flushed. "He didn't give me anything," he said. "He just talked me out of a dollar for a church-building fund."

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Nova Scotia Sanatorium

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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.
P. GEORGE, M.D., C.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.	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 Hutcheson

ROMAN CATHOLIC

Parish Priest — Msgr. W. J. Gallivan

PRESBYTERIAN

Rev. E. H. Bean

SALVATION ARMY

Mr. William Brewer

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



The Canteen . . .

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AND BENEFIT**

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- **Gift suggestions, Novelties, Cups and Saucers**
- **Clocks, Watches, and Costume Jewellery**
- **A wide variety of grocery items**
- **Ladies' and Men's wear — Nylons**