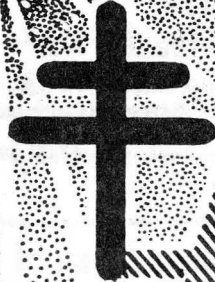


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Sanatorium Visiting Hours

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.

Autumn

There is a beautiful spirit breathing now
And, from a beaker full of richest dyes,
its mellow richness on the clustered
trees,

Pouring new glory on the autumn woods,
And dipping in warm light the pillared
clouds,

Morn on the mountain, like a summer
bird,

Lifts up her purple wing, and in the vales
The gentle wind, a sweet and passionate
wooper

Kisses the blushing leaf, and stirs up
life.

—Longfellow

Indian Summer GONE OR COMING?

When is Indian Summer? Have we had
it or is it yet to come. This blissful per-
iod of fall, says an encyclopedia, has no
definite dates to begin or end.

It usually follows the fall's first spell
of cold, wintry weather, the encyclopedia
continues. The air grows warmer, the
sun shines dimly and softly—but let's
read what Longfellow said about Indian
Summer.

"The rising sun blazes through the
misty air like conflagration," he wrote.
"A yellowish smoky haze fills the atmos-
phere, and a filmy mist looks like a sil-
ver lining on the sky. The wind is soft
and low.

"It wafts to us the odor of forest
leaves . . . Their gorgeous tints are gone,
as if the autumn rains had washed them
out. Orange, yellow and scarlet, all are
changed to one melancholy russet hue.

"The birds, too, have taken wing. Not
the whistle of a robin (is heard), not the
twitter of an eaves-dropping swallow.
Only the dismal cawing of a crow, as he
sits and curses that the harvest is over."

Longfellow drew his picture from New
England's Indian Summer. Ours is a hap-
pier time that lessens the sadness of fall-
ing leaves and imputes no profanity to a
crow's remarks on his dwindled prospects
of food.

There's more light in our Indian Sum-
mer sky, a warmer glow of the sun on
the drowsy earth. There's more hope,
too, for Indian Summer doesn't leave us
to a fight for survival with a winter
lasting till next April or May.

Indian Summer in the Ozarks is a
memorable time—whether it is coming
or going!

Sanatorium Outlook

Nature

How strange it seems the robins know
When winter time is near.
They fly away to a warmer clime,
Then come back in spring each year.

God has given them instinct to fly
When winter's snow and frost are gone
To about the same place every year.
In spring they then appear.

We had a robin on our lawn
With a white spot on her wing.
She built her nest near our home
About the same place every spring.

So many things in nature—
The birds, the trees and flowers
That give us much enjoyment
Through many summer hours.

Grace L. Reid, Kentville, N. S.

We'll Understand

Sometimes the days are dreary,
Many heart aches cause us pain
But if we turn to Jesus,
Our strength He will sustain.

We know He is beside us
A companion true and kind,
Who will if we but trust Him
Peace and comfort help us find.

No life is always happy,
Many days are dark and drear,
But with He as our companion
We can cast out many a fear.

Someday when life is over,
And we reach that better land,
No more worries will beset us
And 'tis then we'll understand.

Grace L. Reid
Kentville

"What do you get when you cross a
skunk with a computer? A stinkin' know
it all".

* * * * *

Did anyone ever tell you how wonderful
you are? Then where did you get the
idea?

* * * * *

Fly away with me. We'll use your broom-
stick!

Tuberculosis — What Is It?

A. B. Dickey, M.D.
State Tuberculosis Hospital
Madisonville, Kentucky

Simply defined, tuberculosis is an infectious or contagious disease, occurring in man and in many animals. At present, tuberculosis of the lungs is seen most often, but it can attack any organ or system of organs in the body. The stomach is perhaps the most nearly immune to attack of this condition. It is possible for the germ to involve bone, brain, the membranes covering the brain, the lymphatic system, the genito-urinary system, the skin, etc.

The origin of this disease is lost in the mists of antiquity, but it is entirely possible that the disease is as old as mankind itself. A neolithic skeleton estimated to date at about 5,000 B.C. which shows tuberculosis of the spine has been found. The dates of the Hindu Vedas are unknown but, it is stated that long before they were written, descriptions of consumption, which is a well known lay term for the disease, were passed on orally from generation to generation, and historians have stated that the disease existed on the plains of the Ganges in prehistoric times long before cities appeared. As far back as 2,000 B.C. evidence of the presence of tuberculosis has been found in Egypt. Before the time of Hippocrates little mention is made of the disease in Greek literature, but apparently Hippocrates could recognize the condition.

Tuberculosis, as such, is not mentioned in the Bible, but all are familiar with the crucifixion description when a Roman soldier pierced the side of the Christ and "blood and water gushed forth." Some authorities have conjectured that the "water" may possibly have been a pleurisy with effusion which is often due to tuberculosis of the pleura.

Throughout the centuries and throughout the Middle Ages tuberculosis was often referred to as the "white plague" and was often called "captain of the men of death." It was responsible for more deaths than any other single cause. As late as 1750 it is stated that the death rate in Vienna was as much as 500 per 100,000 population per year. It was only at about the turn of the century when treatment in sanatoriums with the rest cure was instituted that the death rate has been quite noticeable, almost to the point of being spectacular, since the in-

roduction of the modern anti-tuberculosis drugs. Although the death rate in Illinois is something around 6.2 per 100,000 people per year, tuberculosis still leads all other infectious disease in cause of death.

Tuberculosis is not confined to man alone and many other members of the animal kingdom can have a type of tuberculosis. The most familiar of these is the bovine type infection, or tuberculosis in cattle. This type of infection was particularly important to mankind, since the germ causing the disease in humans and the germ causing the disease in cattle could apparently be freely interchanged from one to the other. Bovine tuberculosis has been almost completely controlled, but I am sure you all know that this control was brought about by eradication of diseased animals rather than treatment. The management of tuberculosis in cattle depended on the discovery of the disease in the animal and the immediate quarantine and destruction of this animal. This attack on dairy herds which had cows with tuberculosis has resulted in the almost complete disappearance of the disease in these animals. Bovine tuberculosis was transferred to humans through contaminated milk and some thirty or forty years ago our hospital wards were full of cases of bone tuberculosis involving knees, hips and spine. It has been known for a long time that this particular germ had a predilection for bone in humans. Since our dairy herds have all been tuberculin tested, and the positive reactors killed, we have noticed remarkable decrease in tuberculosis of the bone. Bone tuberculosis is seen only occasionally in our tuberculosis hospitals.

There is also an avian type of tuberculosis seen in poultry and other birds,

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but it carries no great significance as far as humans are concerned. However, it is known to me that one man gave all indication of having a pathological infection with the avian type tuberculosis, and in our hospital in Madisonville our laboratory recovered this organism twice from a lady who died of lung cancer. The identification of the bacillus in this case was verified by the Communicable Disease Center of the U. S. Public Health Service, Chamblee, Ga.

It is also known that a type of tuberculosis occurs in reptiles such as snakes, turtles, etc.

There is reason to believe that practically every species of animal on this planet can have a form of this disease.

Although tuberculosis is known to be a contagious or infectious disease, the contagion element is not at all like that seen in the childhood diseases. We all know that a single brief exposure to measles, for instance, in a susceptible individual, will usually result in the development of that disease. In tuberculosis, multiple small exposures to the germ are much more serious than a single large exposure. It is known that tuberculosis occurs more often in underprivileged people, living in crowded conditions or in slums, but it is no respecter of persons and anyone can develop the disease. The germ enters the body by inhalation or ingestion.

Mycobacterium tuberculosis is extremely difficult to kill outside of the body and it is quite a hardy organism. It can withstand dry heat at 100 degrees C for one hour. It is resistant to cold. The comparatively high powers of resistance of the tuberculosis mycobacterium are due in large measure to the properties of a waxy cell membrane which surrounds it. Five per cent carbolic acid kills the bacillus in a few minutes when the germ is in pure culture form, but if carbolic acid is used for sputum disinfection where the bacilli are protected by mucus and other materials in the sputum, complete disinfection requires five to six hours. Direct sunlight can kill the bacillus in a few hours. A healthy individual cannot defend himself against exposure to tuberculosis, but the victim can protect his fellow man if he will always cover his mouth and nose properly when he sneezes or coughs, and if he expectorates in a suitable container which can be burned.

In recent years, additional problems have been added to the diagnosis, treat-

ment and management of tuberculosis. A group of at least four types of bacilli which are quite similar to the tubercle bacillus have been identified and some of these can cause infection in man, and this infection usually will not respond to our anti-tuberculosis drugs now in use.

Also, within recent years, a battery of fungus infections of the lungs, which can exactly mimic the signs and symptoms of tuberculosis have been brought to light. In Western Kentucky the two most important of these fungus infectious are histoplasmosis and blastomycosis. As far as we know these do not constitute a public health menace and are not contagious. Histoplasmosis is contracted by exposure to dry dust found in old barns, silage, old attics, old cellars and caves. The organism causing this disease grows quite readily in soil rich in bird or poultry droppings. It is felt that the birds themselves do not carry the disease, but that the high nitrogen content of the soil gives these fungus organisms an excellent place to live for a very long period of time. You will recall that the Egyptians said that there was a curse on anyone who opened King Tut's tomb, and you may know that several members of the archaeological party which opened the tomb died in times past with an unknown condition. It has been suggested that this condition was histoplasmosis. Although in some areas of Western Kentucky the infection with histoplasmosis may run as high as 90 per cent it should be emphasized that this condition usually subsides spontaneously without treatment, and it is only in perhaps one tenth of one per cent of cases that it is serious and requires treatment. This small group represents a very dangerous infection indeed.

New problems continually arise in the management of tuberculosis. We now see a good many individuals in whom the anti-tuberculosis drugs have brought the disease under control but who have been left with lungs so badly scarred

(Continued on Page 13)

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MAYFLOWER MOTEL

Address To Graduating Nursing Assistants

HON. GORDON TIDMAN, M.L.A.
Minister of Public Welfare

Mr. Chairman, Ladies and Gentlemen,
and Graduates:

Firstly, it is a great pleasure for me to be here with you this evening, and I would like to extend my appreciation to your Medical Director, Dr. Holden, for inviting me.

Everyone, I am sure, has heard of Certified Nursing Assistants, but when I did a little research into your vocation, I learned a great deal that I had not known before. Firstly, it is significant that the Certified Nursing Assistants' Program is a relatively new one. During and following World War II, there was a great shortage of nurses in our hospitals, and persons were hired as Nurses' Aides to fill this gap. These persons were trained in the hospitals on the job. As populations have grown, the demand for medical staff has increased tremendously. It seems to me that if we are to keep pace with the increased demand caused by increased population and demands for more and better services in the medical field, the para-medical field must grow in the future. The Certified Nursing Assistant will play a most important and necessary role in this field. As the demand for medical staff became greater, it has become increasingly recognized that technically trained Nursing Assistants can perform tasks formerly performed by Registered Nurses and allow Registered Nurses the time and opportunity to function in areas for which they were specifically trained. The same process has taken place with respect to the physician and nurse in that nurses are doing and will continue to do what properly can be done by them to allow the physician to occupy his full time with duties for which he is specifically trained.

In 1954 the Nursing Assistants Act was passed providing the Legislative authority to formally establish this vocation, and three years later, in 1957, the Board of Registration of Nursing Assistants was established to provide certification. Those persons who had been Nurses Aides previous to the establishment of the Board were given a period of three years to be admitted as Certified Nursing Assistants by fulfilling the requirements of the Board and furnishing references. Thus 1961 marked the first year that the Board of Registration held examinations for

Certified Nursing Assistant graduates from schools such as this. Today we have approximately 3,300 Certified Nursing Assistants in the Province of Nova Scotia and this number is constantly increasing.

All this confirms that your role as a part of a health team is becoming an increasingly important one. Certified Nursing Assistants have made great progress over the last ten years in terms of curriculum and standards of performance. As medical knowledge and technology increases, Certified Nursing Assistants are branching out into more specific areas of medicine such as psychiatric training and operating room technicians. The demand for trained Certified Nursing Assistants is great, particularly in the rural areas of our province, and I would hope that most of you graduating here this evening will be remaining in the Province of Nova Scotia, contributing your skills and knowledge for the benefit of fellow Nova Scotians.

I would like to spend a few moments on what I feel are the qualities necessary to make a good Certified Nursing Assistant. As you may suspect, these are qualities not unlike those required for success in any field of endeavour. Firstly, of course, one must have a sound background of knowledge and training in order to perform efficiently. You have now completed a twelve-month course of study and practical experience which, will possibly equip you for the duties which lie ahead. However, education is an ongoing process which should never stop with classroom experience and formal training. Medical technology is expanding at a tremendous rate, and throughout your career you will constantly be required to learn new procedures and techniques in order to keep pace and to remain competent and relevant in your field. All too often it is easy to get into a rut and to narrow our vision of the world around us, as pointed out in the story about the teacher who said she had sixteen years' experience. The Supervisor corrected her and said: "You don't have sixteen years' experience. You have one year's experience repeated sixteen times." If you are to be of real value to the people with whom and for whom you are working, you cannot stop learning after graduation.

What I have been saying about education can be applied to any professional or technical group in society today. As Nursing Assistants you will be dealing with human beings, and your prime objective should be the well-being of those you are serving, namely the patients, and patients are people like you and I. In this respect, the field of Social Work and the field of Nursing to the sick are similar, and the qualities that are required of a social worker are necessary for you as good C.N.A.'s.

One of the first and foremost requirements for a C.N.A. should be courtesy and respect for people. Courtesy does not consist merely of such superficial outward forms as saying "thank you" and "excuse me." True courtesy and respect is not something you turn on for some people you like or people who have a certain status, education or position, and something you turn off for those people you don't happen to like or someone you might feel inferior to you. True courtesy and respect are a state of mind and an attitude towards other people which forms the keystone of our relationships with others. Courtesy requires self discipline and a real feeling for other people. The opposite of courtesy and respect would be insensitivity and a lack of awareness of how people feel, and there is no surer way to hinder the progress of a patient than to exhibit these qualities.

A second quality required by C.N.A.'s is dedication. Any career which provides a service to people requires a large measure of personal dedication and conviction. Much of the time you will be dealing with people who are not at their best. The sick are often discouraged and may seem at times to be thoughtless and ungrateful. This, of course, makes your task more difficult, only dedication and conviction will carry you through when the going gets tough. Too many people today take the attitude, for one reason or another, that they are not going to involve themselves fully in anything. The result of this attitude is many people who are dissatisfied and discontented with their lives, and they don't know the reason why. However, anyone dedicated to a purpose can not help but give fully of his self, talents and abilities, not grudgingly but with enthusiasm. You can not be half dedicated and aspire to the highest level of service. The satisfaction you receive will be your greatest reward.

I feel that a third quality required by

C.N.A.'s is a knowledge of self and an acceptance of other people as they are. Often most of the difficulty we experience in relationships with others stem from our inability to master one or both of these factors. To know yourself is vital because your behaviour will directly effect the lives of those with whom you work and serve. We can not understand too much about our behaviour and only by understanding ourselves can we control and use ourselves to serve others.

By the same token you must be prepared to accept others as they are. Often we are tempted to pass judgement on others and try to tell them how to act and behave. We may even feel that we can change the behaviour of others by sermonizing to them. This simply will not work. We would be much better off to accept people with their limitations and to build on their strengths rather than their weaknesses.

Finally I would hope that C.N.A.'s would have the quality of humility. In your work you will be involved in a health team, and each member of the team has a specific set of skills and proficiencies. It is a temptation for all of us to believe that we know more than we actually do, and when we are confronted with a problem larger than ourselves, we are tempted to assume a role larger than is rightfully ours. As in any area of endeavour whether it be law, engineering, medicine or any other field we must stay, in our area of efficiency and when confronted with a problem outside the scope of our competence let us refer the problem to someone who is competent. It is a true mark of maturity when we can openly admit that we don't know. Any other course of action will not only be detrimental to ourselves but also to those persons whom we are serving. A person who is vain, conceited or pompous will never be able to form the type of relationship with others which is so necessary in your work.

I realize that in a few days you will begin writing the examinations of the Board of Registration. May I wish you every success. The opportunity for service to people was never greater than it is today, and I am sure that you will be prepared and willing to meet these opportunities and accept the challenge.

You ought to go to Hollywood. The walk would do you good.

Question Box

By J. J. Quinlan, M.D.



Q. What is bronchiectasis?

A. Literally bronchiectasis is widening of the bronchial tubes. This dilation is brought about by a combination of infection and obstruction of the bronchi resulting in destruction of the lining and the muscular component of the bronchial wall. The condition is not

nearly as prevalent as it used to be. It was a very common end result in the child with bronchopneumonia which was so prevalent after such diseases as whooping cough. With the great reduction in recent years of the ordinary diseases of childhood due to immunization these bronchopneumonias with their resultant bronchiectasis are much less frequently encountered. Tuberculosis is a disease which produces infection, obstruction and partial destruction of the bronchial tubes and consequently bronchiectasis is very frequently seen in patients with pulmonary tuberculosis, and when present to any appreciable extent it usually represents an indication for removal of the effected lung tissue.

Q. If a lung is removed, does the other lung expand to partially fill the space?

A. Following pneumonectomy the large residual space at first becomes filled with blood and air. As time goes by the air is absorbed, the blood becomes heavy serious fluid which eventually clots and finally becomes scar tissue. In the meantime, the diaphragm on the side of operation becomes elevated and the heart with its neighbouring structures shifts to the pneumonectomy side. The remaining lung becomes larger, not by actual growth of tissue but rather by over distention of the air sacs. If the remaining lung was normal to begin with this over distention appears to have little or no serious effect on its function.

Q. What causes spontaneous collapse of the lung?

A. Spontaneous collapse of the lung, meaning collapse unassociated with injury or operation, is due to rupture of a cavity or cyst allowing the escape of air into the pleural cavity. The air forces the two layers of the pleura apart and

the lung collapses. Spontaneous pneumothorax is most common in young adults. Usually there is no previous history of illness, the collapse occurring completely without warning. In these individuals a form of emphysema develops, usually localized to one portion of the lung where a small cyst or bleb forms just under the pleura. It is the rupture of this bleb that causes the lung to collapse. These blebs may be single or multiple and may rupture only once or repeatedly. As a result the patient may have just one pneumothorax or several. It is our feeling that should a pneumothorax occur more than once the chest should be explored, the cyst or cysts removed and the pleura lining the chest wall also striped off. This latter maneuver is done to assure that when the lung expands against the chest wall it will become adherent, in which case even should the cysts reform, the lung can never again collapse.

Spontaneous pneumothorax is seen more rarely in other conditions. It can be due to the rupture of a tuberculous cavity or nontuberculous lung abscess. This form of collapse is a much more serious occurrence because not only does air enter the pleural cavity but there is also massive contamination with the pus from a tuberculous cavity or lung abscess as the case may be. The condition is referred to as a spontaneous pyopneumothorax or collapse of the lung due to the presence of air and pus in the pleural cavity.

Q. What causes fluid in the chest after surgery?

A. Operations carried out inside the chest are almost invariably followed by the accumulation of varying amounts of blood. This is particularly true following operations on the lung. In spite of the most careful hemostasis (stopping of bleeding) there is always some postoperative oozing usually from the chest wall incision. It is for this reason that the pleural cavity is routinely drained following lung resection and other intrathoracic operations as it is most essential to prevent the accumulation of this blood in the pleural space to avoid interference with the expansion and return to function of the remaining lung tissue.

Q. Are patients with tuberculosis more

(Continued on Page 16, Col. 2)

Editorial Comment

On September 30 we were pleased to have the opportunity of hearing Mr. Fred G. Barrett, Regional Representative of the Adult Education Division, who met with a number of interested persons in Miller Hall. The topic of his discussion was the General Educational Development (GED) Testing Program, which has now been in operation in this province for one year. This is still the only province to use this testing program which gives the successful candidate the equivalent of Grade 9, 10, 11 or 12, depending upon the score achieved on the battery of five tests. The tests really cover four subjects: two are based upon English, and the others on science, social studies, and mathematics.

Mr. Barrett was asked a number of questions concerning the program, and these are a few of the answers that are recalled: If one fails a part of the test, he has an opportunity to rewrite that part that he failed. Application is made to the Regional Representative, Adult Education Division, in the area in which he lives, and there is a fee of two dollars which is to accompany the completed application form. Those who apply now will not likely be able to write until after the first of January because of the number of applicants. The place of writing is decided upon with a view to the convenience of the greatest number of applicants. Each of the five tests will take about two hours, although there is generally not a strict time limit imposed.

There was some discussion as to the practical value in obtaining this Equivalency Certificate, and it was the opinion of many that personal satisfaction provides a strong incentive. In the United States, where these tests have been widely used since the late 1940's, they appear to be well accepted. In the U. S. Armed Forces they play an important role in the educational program, and the satisfactory completion of these tests can lead to the upgrading of one's trade classification and to promotion.

Your writer was at one time involved in administering large numbers of the High School Level and College Level GED Tests to members of the U. S. Armed Forces. At that time we had reference books which showed which of the institutions of higher learning would accept the result of these tests. Most, if not all, of the State Universities accepted the

tests as meeting their entrance qualifications. Some of the other universities required the applicant to write entrance examinations as a matter of policy.

In Nova Scotia we understand that the Equivalency Certificate is accepted by the vocational schools — and this is believed to have been the primary purpose in introducing the GED Testing Program to the province. It is believed that the test results are also accepted by the N. S. Teachers College. It was believed, by those present at the meeting, that the tests were not acceptable to the Certified Nursing Assistants Examining Board, but that they were accepted by the Registered Nurses Examining Board (if these are the correct terms). As yet there is only incomplete knowledge as to how widely the test results will be accepted.

Some one asked if there would be a trend toward students dropping out of school in order to "get Grade 12 the easy way." Mr. Barrett explained that if, for example, a Grade 9 student left school, he would not be eligible to write the tests until his classmates had graduated. One must be 19 years of age and must have been out of school for one year in order to qualify.

At the Sanatorium a number of staff members have written, or have applied for, the GED Tests. It is hoped that, as time passes, there will be more staff, and patients as well, who will take advantage of this opportunity. As Mr. Barrett has said, we are told that there are no specific studies suggested before writing these tests. In writing them, however, one gains something of a renewed interest in learning, and may well be motivated to continue the learning process.

* * * *

We would like to take this opportunity to thank the Walter Callow Veterans and Invalids Welfare League for sending their wheelchair coaches to the Sanatorium and taking our patients for drives. On the day of the drives, September 24, two coaches arrived and both were used for the morning trip, which was to Harbourville. It was an ideal day and our only regret was that we were not able to spend the day there. However, duty (and dinner) called, and we returned to the San shortly past noon. In the afternoon there were not enough passengers left for two loads, so hostess Mrs. May

(Continued on Page 11)



Class of 70B, Nursing Assistants, Nova Scotia Sanatorium. Left to Right: Back row—Marcella Publicover, Brenda MacLean, Sally Ann Corkum, Nancy Morton, Linda Cann, Shirley Francis, Rosemary Parker, Judith Harrison. Middle row—Miss Gardner, R.N., B.Sc.N., Susan Bent, Deborah Herbert, Maria Viva, Barbara Bell, Rena Gallant, Sharon Bishop, Mrs. Doris L. Glavine, R.N., B.Sc.N., Mrs. Boyle, R.N. Front row—Miss E. Jean Dobson, R.N., B.Sc.N., Director of Nursing, Valerie Beeler, Susan Woodworth, Joyce Hall, Jeanette Moreau, Dorothy Frison. —Bailey Photo

Nursing Assistants Graduate

Graduating exercises for the Class of '70B, School for Nursing Assistants, Nova Scotia Sanatorium, was held September 8 in Miller Hall, with Miss E. Jean Dobson, R.N., B.Sc.N., chairman.

The Processional was played on the organ by Dr. J. J. Quinlan and the Invocation was given by Rev. Dale MacTavish, Sanatorium Chaplain.

A quartet composed of four members of the graduating class, the Misses Linda Cann, Sally Corkum, Shirley Francis and Deborah Herbert sang "You'll Never Walk Alone."

Diplomas and pins were presented by Dr. Helen M. Holden, Medical Director, and Mrs. Doris L. Glavine, R.N., B.Sc.N., nursing instructor. The students were presented by Mrs. Catherine I. Boyle, R.N., Director of Nursing Education.

Addressing the closing exercises was Hon. Gordon Tidman, M.L.A., Minister of Welfare.

Peter Mosher, Administrator, also spoke briefly to bring the ceremonies to a close.

Registered Nursing staff acted as ushers and served lunch, prepared by dietary staff, under direction of Miss E. Quinlan's staff.

A reception followed in the dormitory.

The graduates: Valerie Nancy Beeler, Coldbrook; Barbara Marie Bell, Dartmouth; Susan Dianne Bent, Joyce Margaret Hall, Granville Ferry; Sharon Marie Bishop, Montreal; Linda June Cann, Greenwood; Sally Ann Corkum, Pleasantville; Shirley Janette Francis, Lequille; Dorothy Constance Frison, Reserve Mines; Rena Anne Gallant, Summerside; Judith Louise Harrison, Nictaux; Mrs. Deborah Lynn Herbert, Avonport; Brenda Joan MacLean, Sydney Mines; Jeanette Marie Moreau, Mill Village; Nancy Louise Morton, Waterville; Rosemary Carson Parker, Centreville; Marcella Diane Publicover, LaHave; Maria Goretti Viva, Florence; Susan Anna Woodworth, New Germany.

Two teen-age girls were discussing their problems. Said one, "I'm not going to keep my diary any more."

"Why not?" her friend asked.

She replied, "Well, a girl's always got to be on the lookout for peeping Moms."

* * * * *

If a man brings his wife home something for no reason — THEN THERE'S A REASON.

After Discharge

Discharge is a day long-awaited by most patients. When it finally arrives, it is accepted with extremely variable responses. Whatever the response of the moment, however, the questions that are uppermost in the patient's mind are: "Am I going to remain well?" and "What must I do to remain well?"

Tuberculosis is a chronic, relapsing disease and it is also an illness where the patient decides much of his own future. This by following or rejecting medical advice. To keep well is not difficult. It requires only a few simple rules. It must be accepted that routine visits to a physician will be necessary for a relatively prolonged period, and that these visits will include x-rays, sputum examinations and other studies if it is felt necessary. At times activity will be decided and these should be discussed openly with your physician. It is generally accepted practice that chemotherapy should extend for probably two years from date of beginning, and this is imperative to avoid difficulties. Drugs are not killing to the bacilli themselves, but rather allow the body mechanism to effectively control the disease.

Perhaps an easy guide to follow-up care is the simple expression, "live sensibly." This is something that we are able to tell others but that we as individuals so rarely wish to do. Yet, whenever a perplexing question crosses our mind as to what activity we should perform, the simple answer to the question, "Is this sensible living?" will allow us to make the decision. This is not easy, as many factors often enter and try to prevent us from being honest with ourselves. Following those basic principles, the after-hospital treatment of tuberculosis is not difficult and, indeed, the majority will avoid future difficulties.

—Via The TB Magazine

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BROOKFIELD CREAMERY

J. M. DUGUID, JEWELLERS



Chaplain's Corner

RALPH A. DOHERTY

Patient, N. S. Sanatorium

Romans, Chapter 5, verses 3 to 5,
teaches us:

We can be full of joy here and now even in our trials and troubles. Taken in the right spirit these very things will give us patient endurance; this in turn will develop a mature character.

How many times in life when something goes wrong do we start to feel sorry for ourselves?

Have you ever visited a children's hospital and seen a child with bright eyes sparkle as he or she played, and perhaps the child would be a cripple; whatever they did they always were seen doing their cheerful best.

This youngster, with far more reason than I to feel unhappy and discouraged as day followed day, made the words of our text live: "Patient endurance, mature character, full of joy." From a small "teacher" you can learn a lesson of greater value than any you can learn in a class room.

When we look around us we find that each time there is someone worse off than we are.

There is an expression, often heard, "I had no shoes and complained until I met a man who had no feet."

I had ten bad set backs in life and each one made me a different person; that is, it changed me and I learned something each time.

It was while I was in the orphanage that I began to know God and prayer. We used to have sing songs around the piano on Sunday and the meaning of prayer meant a great deal to me.

My father passed away when he was only 35 years old, from tuberculosis, and in later years I had the fear when I got to the same age there would be danger for me.

When I was in the San before I was still quite young but I would turn to God and pray a great deal. Instead of being down-hearted I became very joyful and I loved the people around me. When I was ready to go home in only a few hours I was put back to bed and the next year I had a kidney removed I was told by an intern that I had a 25% chance of coming through. Little did I realize that he wasn't sure of what he was talking about but I prayed a great deal. One of the first things I asked the

Doctor when I came out of the operation was "How did it go" and he told me it was very successful and I thanked God.

I have found that a person has to have faith. When we are in the outside world we get into the old mad rush and we pass by some of the most wonderful things and take them for granted. We see winter change into spring and spring into summer. We hear a bird call its mate, or sing a tune, or fly by and land on our window still. When a person is on the side line all this has a different meaning and we can't help but feel that God plays a big part in our lives.

Early this year there was danger of me losing my family again but one Sunday morning I was in church and Rev. Dale MacTavish had a wonderful sermon which renewed my faith and strength. Rev. MacTavish told us that God said that these things might happen to us but if they did, He would give us strength to face them. I would like to quote a poem that Rev. MacTavish quoted in his sermon:

"God hath not promised skies always blue,
Flower-strewn pathways all our lives through,
God hath not promised sun without rain
Joy without sorrow, peace without pain,
But God hath promised strength for the day
Rest for the labour, light on the way
Grace for the trial, help from above,
Unfailing sympathy, undying love."

When I left the service that Sunday morning I had new strength and hope and I prayed a great deal to God and, in the weeks that followed, things started to look brighter until at last they were normal at my home.

There is great power in prayer and perhaps we should pray more often, not only when we want something, but to give thanks to God for our past day.

Then when March rolled around the Doctors advised me to have surgery. I somehow knew that I wouldn't leave here without the need of surgery so it came to me as no surprise, but I was rather concerned about my condition, as now I was past my father's age when he passed away.

In the meantime I developed confidence through Dr. Quinlan and courage through my friends and I had a great deal of faith in God and once more I

took it to the Lord in prayer. Now the rest is past history and when I look back on my setbacks in life I feel as if I have been tested to help me develop a mature character, with "patient endurance." For example, when we make something with our hands we have to test it for strength. Just like something we mould out of steel, we have to temper it for endurance so it will be strong.

Now I feel I am a better person for my experiences and I will be leaving the San much richer for my tests.

One thing I can say when my "big day" arrives is I am glad that I had the chance to meet all you wonderful people and I hope your future holds good health and happiness.

"May God bless you all."

EDITORIAL COMMENT—

(Continued from Page 7)

and driver Mr. Hardy returned to Halifax, leaving hostess Mrs. Beairsto and Driver Mr. Meade to take the remaining 15 to Cape Blomidon for what was said to have been an equally pleasant afternoon. It was very apparent that the patients enjoyed both trips, especially the ones who are less frequently able to get out for drives. We thank also the hostesses and drivers and, of course, Miss Quinlan and members of the Dietary staff for preparing the tasty lunches.

* * *

Many of our readers who are former staff members may be interested in hearing that the Nurses Residence was closed at the end of August. Some of the residents found accommodations off the Sanatorium grounds, while others moved to the Dormatory. This made quite a change in the Sanatorium life, as does any severing of a link with the past.

* * *

We welcome the following new staff members: Miss Sandra Sleep, Inhalation Therapist; Mrs. Phyllis Giddens, Laboratory Technician; Miss Barbara Cottréau, Medical Records Librarian.

Sleeping Beauty once said to Prince Charming: "Are you sure you only kissed me?"

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THE REGISTER, BERWICK**



**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.

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. Your donation will help **Health Rays** to survive.

The standing of this fund as of September 28, 1970:

Previously acknowledged	\$3,158.51
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Doug Rossong	
Miscellaneous (Including Interest)	
Total	104.22

Grand Total	\$3,262.73
--------------------	-------------------

OLD TIMERS

Some notes from Anne Marie:

Doug Rossong, Halifax, patient here in 1940, dropped in for a visit when he drove a patient down to Kentville last week. Doug drives a taxi in Halifax.

Helen Joseph, here in 1948, dropped in for a visit on her way to Digby with her husband who was attending the Maritime Professional Engineers' Conference at the Pines Hotel. Helen looked her usual fine self and still works at Woolco in North Sydney. She and her husband are the proud grandparents of a baby girl.

I read in the "Petit Courrier" that Aurore Jeddry who was here in 1967, formerly of Saulnierville, was married to Gerald Comeau in the chapel of the University of Moncton on September 1. They will be living in Moncton where her husband is attending the university.

Lillian Romkey who was retired as Placement Officer for the Department of Public Health in Halifax and now resides in West Dublin, Lunenburg County, was in for a check-up this week. She will be entering McGill University in Montreal in the fall to study theology. Lillian was a patient here in 1952.

The former Frances Elliott, now Mrs. Sweet, was visiting at the San. in August. She and her family (she has two boys) were camping at Sherwood Forest Park in Coldbrook. Frances was here in 1949.

Another ex-patient camping at Sherwood Forest Park was Vangie Way of Stellarton. Vangie was here in 1966. (She came to visit Florence Belben).

Betty (Logan) McCausland and her husband, Gordon, were visiting friends in the Valley in August. They live in Lincoln, Mass., U.S.A. and were vacationing through the province.

Pat MacDonald, Sydney Mines, here in 1939, now lives in Ontario, where he is employed as an electrician. He was only 19 when he was here but now is married and has a son aged 19 and a daughter aged 18. He was here on a visit.

Mrs. Harvey MacLeod, the former Ramona Corkum, here in 1953, dropped in to visit at the San while on vacation through the province. She lives in Louisburg and has two boys, aged 12 and 9.

Doug Langille a patient in the thirtys and later worked as Canteen Clerk and Barber, paid a visit to the San in September, and while here called upon Pat MacEvoy. Doug married Nellie Salsman,

a staff member at that time. They have two grown children, the first girl is in training at the Halifax Infirmary. He tells of seeing old timers such as Frank Adams and Delbert Saulnier and reports all well and making good in their own fields.

He still gets the **Health Rays** and enjoys the good magazine. He looked very healthy and sticks to the Barber business.

Bob Ross, Culloden, here in 1944, was visiting Carl Wagner in the stores. He told Carl that he is getting ready for the lobster season. Bob worked with Carl in the Canteen in the '40's.

When Peggy MacEachern was convalescing in Hopewell in September, she had a phone call from a former porch-mate, Beth MacLeod of West River Station, Pictou County. Beth, Peggy and Marguerite Parker were porch-mates in the Annex in 1945. Marguerite was down to Aylesford Lake for her annual vacation in August and looked her usual lovely self.

Grief can take care of itself; but to get the full value of joy you must have somebody to divide it with.

—Mark Twain

* * * * *

And now among the fading embers,
These in the main are my regrets:
When I am right no one remembers,
When I am wrong no one forgets.

* * * * *

Use friendship as a drawing account
if you wish, but don't forget the deposits.

* * * * *

One nice thing about the midget sports cars—if you flood the carburetor, you can just put the auto over your shoulder and burp it.

Popular prices are not as popular as they used to be.

* * * * *

I'll tell you something about the kids —
no sooner are they off the POT than they're
on it again.

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DON CHASE LTD.

TUBERCULOSIS—WHAT IS—

(Continued from Page 3)

that they are pulmonary cripples for the rest of their lives.

A factor of increasing concern to us in the field of tuberculosis is the development of resistance to the chief anti-tuberculosis drugs by the germ, so that these drugs are no longer effective. Unfortunately, if such drug resistance develops in the bacilli in an individual, and he transmits the disease to another, the drug resistance is carried over to the second host and might possibly represent an actual mutation of the bacillus.

It is somewhat frightening to me to know that almost all patients with tuberculosis have lost their fear of the disease and adequate treatment is not followed. Almost daily in our hospital reports come down from the wards that such and such a patient has refused to take his medicine properly. And even when the physician has a private conference with such a patient, it is not infrequently difficult to persuade him to continue with his medicine as prescribed.

It should be emphasized that although the death rate from tuberculosis has decreased quite substantially within recent years, the number of individuals having the disease remains about the same.

Alcoholics and drifters have a high incidence of tuberculosis and they also seem to have a high resistance to the disease and may go on for a considerable period of time before they are unable to proceed further. Few states have a completely satisfactory method of managing such cases.

For a great many years, those of us working in the field of tuberculosis have felt that ignorance and indifference are two of the most important factors to be overcome in eradicating this disease, and ignorance and indifference still remain near the top of our list of factors of primary concern.

—Hi Neighbor
via San-O-Zark

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Autumn

They talk of the days that are rare in June;

They sing of the beauties of spring;

They tell of the gleaming in white winter's snow;

They write of what each season brings.

But give me a day in Autumn rare

When Indian summer is here—

The days are so hot and the nights so cool

And the air is so radiantly clear.

The winter is cold and dead and bleak,
Its beauty is icy cold;

'Tis a time of slumber and drawing in,
Like a life that is grown old.

The spring holds a promise of things to come,

Each bud brings a life anew;

Her changeable moods go from hot to wet—

Her promises kept too few.

The summer is like a half-grown child—

The time of betwixt and between—

It is hot and it's dry, it weedy and wet,
'Tis confusion and growth of a teen.

But autumn is all the fulfillment complete,

Of promises made by the spring;

You can reap of the growth of the summer's heat

The harvests the seasons bring.

Oh, give me a rare autumn day

With the sun and the sky so blue,

And the greenish brown of the maple tree

And the last red rose kissed with dew.

—Edna Horvath

A man excitedly reported to the police that he had been struck outside his house in the dark by an unknown assailant. A young policeman was sent to investigate. He soon returned and announced that he had solved the case.

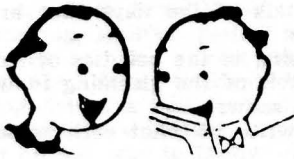
"Fine work!" said his superior. "How did you do it,"

"I stepped on the same rake," he said, pointing to a lump on his head.

* * * *

The average man has five senses: touch, taste, sight, smell and hearing. The successful man has two more: horse and common.

Just Jesting



A farmer who sent for a book on how to grow tomatoes wrote the publisher: "The man who writ the ad shoulda writ the book."

* * * *

"I understand you're a TV producer," said the matron. "What shows are you to blame for?"

* * * *

"What do you think should be made our national flower?"

"Elementary, my dear boy—the concrete clover-leaf."

* * * *

"Now before I take this job," the applicant for an opening in the steno pool said, "tell me, are the hours long?"

"No," the supervisor replied wearily, "only 60 minutes each."

* * * *

Bargain: Something you cannot use at a price you cannot resist.

* * * *

Flattery: The art of telling a person exactly what he thinks of himself.

Philosopher: One who instead of crying over spilt milk consoles himself with the thought that it was over four-fifths water.

* * * *

Narrow-minded people are like narrow-necked bottles: the less they have in them, the more noise they make pouring it out.

* * * *

An old legend says that when the Lord created the world, He made men and all the animals to live forty years. The horse forty years, the dog forty years and the monkey forty years.

But man was dissatisfied. He complained that this is not enough time for a man to live. So the horse volunteered ten years of his life to go to the man's life. Then the dog said, "I'll give him ten years of mine, too." Finally, the monkey said, "I'll be a good sport. He can have ten years of mine also."

So, that's the way it is. Man lives his regular forty years—and the next ten he works like a horse—and the next ten he leads a dog's life—and the next ten he just monkeys around.

"You ought to brace up and show your wife who is running things at your house," a big bossy man said to his hen-pecked friend.

"It isn't necessary," replied his friend, "she knows."

* * * *

Golf liars have one advantage over the fishing kind. They don't have to show anything to prove it.

* * * *

Classified ad in a newspaper: "For sale. Complete set of encyclopedias. Never used. Wife knows everything."

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Darwin's Mistake

Three monkeys sat in a coconut tree
Discussing things as they're said to be.
Said one to the others, "Now listen you two,
There's a certain rumor that can't be true,
That Man descended from our noble race.

That very idea is a disgrace !!!
No monkey ever deserted his wife,
Starved her babies or ruined her life.

And you've never known a mother monk
To leave her babies with others to bunk,
Or pass them on from one to another
'Til they scarcely know who is their mother;
And another thing you'll never see —

A monk build a fence around a coconut tree
And let the coconuts go to waste,
Forbidding all other monks to taste.

If I'd put a fence around this tree,
Starvation would force you to steal from me
Here's another thing a monk won't do,
Go out at night and get on a stew,
And use a gun or club or knife,
To take some other monkey's life.

Yes, Man descended, the ORNERY CUSS —
BUT, BROTHER, HE DIDN'T DESCEND
FROM US!"

Botany teacher: "When do the leaves begin to turn?"

Student: "The night before examinations."

Ins And Outs**NOVA SCOTIA SANATORIUM****Admissions:****August 16 to September 15, 1970**

CLYDE SARGENT BOWLES, 25 Academy St., Amherst; EARLE FRANCIS GRACE, Middle Sackville, R.R. 2, Halifax Co.; DELPHIE PERCY FREDERICKS, Bcx 164, Bridgetown, Annapolis Co.; MRS. FAYE ELIZABETH LEACH, 10 Regency Park, Apt. 211, Dartmouth; DONALD DENNIS MacKEIGAN, Halifax County Hospital, Cole Harbour; FATHER JOHN JAMES LANIGAN, Archbishop's Residence, 6541 Coburg Road, Halifax; MICHAEL ISAAC SACK, Micmac, Shubenacadie, Hants Co.; MRS. MARTHA PENELOPE ARCHIBALD, 118 So. Albion St., Amherst.

Discharges:**August 16 to September 15, 1970**

MRS. ANNIE REID, 2578 Maynard St., Halifax, (Basinview Home, Halifax); ATHLTON WRIGHT DAVISON, (Expired), Forrest Hill, Kings Co.; LINDA MARIE MacDONALD, Arisaig, Antigonish Co.; CLAYTON MURRAY ARMOUR, Oxford, Cumberland Co.; MRS. VIOLET R. CROFT, Danesville, R.R. 1, Italy Cross, Lunenburg Co.; ROBERT LINDSAY MORTON, East Stewiacke, R.R. 3, Stewiacke; DOUGLAS GEORGE DOHERTY, 32 Major St., Dartmouth; MRS. TSUI YU HUM, 2316 Gottingen St., Halifax; WILLIAM AUSTIN BEZANSON, R.R. 1, New Ross, Lunenburg Co.; DELBERT ESSON SLAUENWHITE, Italy Cross (R.R. 1, Lunenburg Co.); PETER SAMUEL CROCKER, 56 Lahey Road, Dartmouth; JOHN ANDREW GOOGOO, Whycocomagh, Inverness Co.; ANNIE SOPHIA VOGLER, Quoddy (R.R. 1, Port Dufferin), Halifax Co.; MRS. MARIE EVANGELINE SURETTE, Belleville South, Yarmouth Co.; AUBREY GIDEON CORKUM, Pleasantville, Lunenburg Co.; WILLIAM OSBORNE CROOKS, Lake Echo, P.O. Box 35, Halifax Co.; ARTHUR MILLETT ABBOTT, 758 Prince St., Sydney.

POINT EDWARD HOSPITAL**Admissions:****August 16 to September 15, 1970**

EDWARD AUGUSTUS PENNEY, 31 Edgewood Drive, Sydney; VICTOR JOHN GOOGOO, Nyanza, Victoria Co.; HENRY ALBERT ASHE, Birch Grove, Cape Breton Co.; JAMES JACKSON, 73-4th St., Glace Bay; ROSE MARIE BURGESS, R.R. 1, Louisbourg; JOHN RUSSELL BUFFETT, Neil's Harbour, Victoria Co.; WALTER ANTOSNE BONA, West L'Ardoise, Richmond Co.; MRS. EDNA FREDIA CURRIE, 77 Duggan Ave., New Waterford; JAMES GERALD MacLEOD, Ingonish Centre, Victoria Co.; SARAH JANE MacISAAC, 184A Plummer Ave., New Waterford; ANTHONY MacKENZIE, R.R. 1, Sydney Forks, Cape Breton Co.; BERNARD MELVIN BAKER, 13 Connor St., New Waterford.

Discharges:**August 16 to September 15, 1970**

MRS. ELIZABETH BERTHIER, West L'Ardoise, Richmond Co.; THOMAS GEORGE POULETTE, Eskasoni, C. B.; MRS. LOUISE ISAAC, Barra Head, Richmond Co.; EDWARD AUGUSTUS PENNEY, 31 Edgewood Drive, Sydney; HENRY ALBERT ASHE, Birch Grove, C. B.; MRS. ROSE MARIE BURGESS, R.R. 1, Louisbourg, C. B.; MRS. EVA MacKINNON, 68 Emerald St., New Waterford; JAMES MacNEIL, MacIsaac St., Inverness; JAMES GERALD MacLEOD, Ingonish Centre, Victoria Co.; MSTR. JEAN PATRICK ROACH, Petit Etang, Inverness Co.; DUNCAN McCASKILL, West Bay Road, Inverness Co.; MURDOCK RONALD ROSS, Margaree Valley, Inverness Co.; JOHN RUSSELL BUFFETT, Neil's Harbour, Victoria Co.

The decrepit old car rattled and chugged at the tollgate and came to a stop with a mechanical gasp.

The attendant, after counting the passengers, requested the appropriate fee—"Two dollars for the car."

"Sold!" cried the happy driver.

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PETERS' LUNCH**



NURSING TIDBITS

PROM—The 1970B nursing assistants held their graduation dance in the Reception Room of the Dormitory on Friday evening, September 4th, 1970.

The class choose a profusion of colors depicting the Fall season as the setting for the occasion. Lively dance music supplied by the "Highlights" of Greenwood.

After the introduction of the graduates and their escorts by the master of ceremonies, invited guests joined in for an evening of dancing.

During intermission the graduates served guests with, as always, a beautifully prepared lunch by Miss Quinlan's dietary staff.

Guests were Mr. and Mrs. Peter Moshner, Dr. and Mrs. J. J. Quinlan, Miss E. J. Dobson and Dr. Paul Kinsman, Mr. and Mrs. Leo Glavine.

NEW STAFF MEMBERS (casual) — include Miss Theresa Cleyle, R.N., B.Sc.N., on leave from W.H.O. Libia, and is working with us for a few months.

PROFESSIONAL STAFF WELCOMED:

Mrs. Katherine Archibald, R.N., Mrs. Germaine Rockwell, R.N.

AUXILIARY STAFF WELCOMED:

Miss Sharon Bishop, N.A., Mrs. Wanda Myers, C.N.A., Mrs. Jane Cogswell, C.N.A., Mrs. Mabel D'Eon, C.N.A.

NEW ARRIVALS:

On September 21st the Nova Scotia Sanatorium saw its largest class of 40 student nursing assistants arriving to register for the one year course. Welcome!

WEDDING BELLS:

Congratulations to Mr. and Mrs. David Griffin, (nee Sandra Anthony, R.N.) on their marriage early in September.

ON COURSE:

Mrs. Kathleen Dakin, R.N., attended a workshop on Extension Course in Unit Administration, August 31st - September 5th, 1970.

MEETING ATTENDED:

O. R. Study group meeting at the Blanchard Fraser Memorial Hospital, Friday, September 25th, was attended by Miss Eleanor MacQuarrie, R.N., Miss Margaret Potter, R.N., Miss Mary Spinney, R.N., Mrs. Gladys McKean, R.N., and Mrs. Kathleen Dakin, R.N.

LEAVING STAFF:

Mrs. Phyllis Prest, R.N., Mrs. Patricia Williams (nee Llewellyn), C.N.A., and Miss Rosemary Bouzan, C.N.A.

Speedy Recovery — from surgery is extended to Mrs. Sarah Zirkel, R.N., Dr. Ernest Crosson and Mrs. Evelyn Veinot, N. Aide.

Returning from sick leave with improved health: Mrs. Irene Wallace, N. Aide.

QUESTION BOX—

(Continued from Page 6)

susceptible than others to diabetes?

A. On the contrary many surveys have shown that diabetes is less common in tuberculosis patients than in the general population. On the other hand, uncontrolled diabetes is very apt to cause re-activation of latent tuberculosis. When the two diseases co-exist it is extremely important that the diabetes be maintained under rigid control to ensure optimal response of the patient to the treatment he is receiving for his tuberculosis.

A man entered a Texas saloon with a piece of paper in his hand. He explained, "It's a list of all the men I can whip."

"Is my name on there?" demanded a broad-shouldered rancher menacingly.

"Yes."

"Well, you can't whip me!"

"Are you sure about that?"

"I right sure am," he replied as he rolled up his sleeve.

"Very well," replied the other. "I'll take your name off the list."

Experience: What enables you to recognize a mistake when you make it again.

* * * *

Opportunity: It is like an egg—once it is dropped, its composure disintegrates.

Students are driven crazy by teachers who conceal their lecture notes, thus preventing their captive audience from knowing how much longer they will have to keep quiet.

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Nova Scotia Sanatorium

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Point Edward Hospital

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 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 Plaatz

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 . . .

IS OPERATED FOR YOUR CONVENIENCE
AND BENEFIT

So Remember . . .

- A good stock of all occasion cards and stationery
- Gift suggestions, Novelties, Cups and Saucers
- Clocks, Watches, and Costume Jewellery
- A wide variety of grocery items
- Ladies' and Men's wear — Nylons

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