

STACKS

NOVA SCOTIA SANATORIUM
VOL. 51 JULY, 1970 No. 7

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Health Rays



HEALTH RAYS

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Authorized as Second Class Mail, Post Office Department, Ottawa

Published monthly by the Nova Scotia Sanatorium, Kentville, N. S., in the interests of better health, and as a contribution to the anti-tuberculosis campaign.

SUBSCRIPTION RATES 25 cents per copy \$2.00 per year

*Please address all communications to: The Editor, Health Rays,
Nova Scotia Sanatorium, Kentville, Nova Scotia*

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

DAILY: 10:15 — 11:45 A.M.
DAILY: 3:15 — 4:45 P.M.
DAILY: 7:30 — 8:30 P.M.

POINT EDWARD HOSPITAL

Monday — Saturday: 3:30-4:30; 7:30-8:30 P.M.
Sunday and Holidays: 3:00-4:30; 7:00-8:30 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.

Fairy Tents

When I awoke this morning
As it was coming light,
Our lawn was gay with little tents
The fairies built last night.
Some people call them spider webs
But just you list to me—
They lost their rosy spectacles
And don't know what they see.
Some fairies out to frolic
All feared a summer shower
And so they pitched these little tents
Against that fateful hour.
Then when the moonbeams glistened
And the soft breezes played,
They quite forgot their worries
And, my, the noise they made.
They danced and ran and frolicked,
They laughed in fairy glee,
Till Mr. Sun came peeking
Above the hill to see.
Then quite forgetful of their tents
Each fairy hurried home.
No self-respecting fairy
Will in the daytime roam.

—Mary E. Rowe

Prevue

Baseball on the sideboard,
Blocks across the floor,
Sailboat in the bathtub,
Writing down the door.

Bottle-crowded ice-box,
Carriage-crowded stair,
Doll-clothes in the front yard,
Marbles everywhere . . .

Dreadful, this disordered
Life! Ah, me—
In twenty little flying years
How tidy I may be!

—Anne Page Johns

Don't Quit

When things go wrong as they sometimes
will,
When the road you're trudging seems all
up hill,
When the funds are low and the debts
are high,
And you want to smile, but you have to
sigh,
When care is pressing you down a bit,
Rest if you must, but don't you quit,
Life is queer with its twists and turns,
As everyone of us sometimes learns,
And many a failure turns about
When he might have won had he stuck
it out;
Don't give up though the pace seems
slow—
You may succeed with another blow.
Success is failure turned inside out—
The silver tint of the clouds of doubt,
And you never can tell just how close
you are,
It may be near when it seems so far;
So stick to the fight when you're hardest
hit—
It's when things seem worst that you
must not quit.

Author Unknown

The Lovely Child

Lilies are both pure and fair,
Growing midst the roses there—
Roses, too, both red and pink,
Are quite beautiful, I think.

But of all bright blossoms—best—
Purest—fairest—loveliest,—
Could there be a sweeter thing
Than a primrose, blossoming?

James Whitcomb Riley

PETER MOSHER NAMED ADMINISTRATOR



Peter Sidney Mosher, BSc, DHA, has been appointed Administrator of the Nova Scotia Sanatorium, effective July 1, 1970. This is a new position at the Sanatorium, the Medical Superintendent having looked after the administration of the Sanatorium, with the Business Manager being the equivalent of Administrative Assistant.

Since the death of Dr. J. Earle Hiltz on March 22, 1969, Dr. Helen M. Holden had been occupying the dual position of Medical Superintendent and Administrator. Dr. Holden is now Medical Director (March 1970 issue of Health Rays) and Mr. Mosher becomes Administrator.

Mr. Mosher was born in Yarmouth and is the son of Mr. and Mrs. John D. Mosher, of Kentville. It is of interest to note that his father has been Administrator of the Blanchard Fraser Memorial Hospital for many years.

Mr. Mosher attended school in Kentville, graduating from Kings County Academy in 1955. He graduated from Acadia University with a Bachelor of Science degree and has a diploma in Hospital Administration from the Toronto School of Hygiene.

Mr. Mosher worked with the Bank of Montreal for several years, and later served

as Administrative Resident at the Toronto East General and Orthopaedic Hospital. Returning to Nova Scotia he was Administrative Counsellor with the Nova Scotia Hospital Commission.

Since March 1967 Mr. Mosher has been Assistant Administrator of the Children's Hospital, Halifax. In Halifax he has been active on a number of committees: Vice President for N. S. - Atlantic Provinces Hospital Association; Director, Nova Scotia Hospital Association; Chairman, NSHA/NSHIC Study Committee on Representative Rates; Member, NSHA Study Committee on Budgets; Secretary, Joint Radiological Standards Committee (NSHIC, NSHA, Medical Society of Nova Scotia, and Secretary for Radiologists); Member, Joint Study Committee on Labor Relations (NSHA, NSHIC Civil Service Commission).

Upon leaving Halifax, Mr. Mosher resigned from the following committees, effective June 30, 1970: Chairman, Ad Hoc Committee of Teaching Hospitals and Dean of Medicine; Chairman, Halifax Regional Group, NSHA; Secretary, Atlantic Regional Standards Committee; Director, Gyro Club of Halifax.

Mr. Mosher is an active member of the Ken Wo Golf Club.

Mr. Mosher is married to the former Honor Schofield of Kentville and with their two children, Susan 8, and Jimmie 3, they occupy the former Dr. Hiltz residence. One of their nearest neighbours (Dr. Holden) remarks it is so nice to see the children playing in the area!

We welcome Mr. Mosher and family to the Sanatorium and we wish Mr. Mosher every success in his new position.

Our next door neighbor's kids are at the perfect age — too old to cry at night and too young to ask for the car.

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Your Friends: Are They Afraid of Tuberculosis ?

Are you afraid of tuberculosis? Are you afraid to touch anything previously handled by a person who has had the disease? Are you afraid to work with, for, or employ a person who has had tuberculosis?

For generations, the general public has been morbidly afraid of tuberculosis. This attitude was logical in the 17th and 18th centuries when, because of unhygienic conditions, transmission of the disease was frequent and rapid. Since then, however, fairly effective methods of prevention have been established.

Nevertheless, the public has clung to the belief of 200 years ago that to see, talk to, or touch a person with tuberculosis is to catch the disease.

The average patient has had tuberculosis for at least a year to eighteen months before the diagnosis is made. During that time, the patient has lived a normal relationship with society, frequently with a positive sputum.

As soon as a diagnosis of tuberculosis is made, the patient is trained by a doctor and nurses in proper methods of preventing spread of the disease, and he ceases to be the menace he was previously. Paradoxically, however, as soon as his disease is diagnosed, the patient is often ostracized by the general public and even his family. In other words, months after the horse is stolen, the barn door is locked.

Every patient who has been treated at a sanatorium has been trained in the use of paper napkins, sputum cups, and other methods of prevention and in personal hygiene generally. If the patient continues to use the knowledge gained, he is obviously not a menace to anyone. When he is fortunate enough to cure his tuberculosis, he is no longer infectious, and certainly should be given his rightful place in society again.

It is a tragic state of affairs when a person who has spent anywhere from a few months to several years regaining his health is ostracized by the general public because people do not understand that the former patient is no longer a source of danger to the community. To correct this condition, it is essential that everyone have a proper understanding of the avenues of infection and spread of tuberculosis, and the methods of prevention used in controlling the disease.

The tubercular person should cover his mouth with a paper napkin when cough-

ing or sneezing. Children should be kept away from the patient. If these precautions are adhered to, the chances of infection are remote.

In every community there are people who have had a chronic cough for many years and are certain it could not be from tuberculosis because "it would have killed me long ago." They sit in the theatre or church with you and cough frequently. They eat at your table, using your china and silverware. They may be you!

Is it not logical to suppose that you would be better off to have a person working with or for you who has had tuberculosis and who has learned how to protect others, than to have a deadly though innocent, chronic infecting you and your children?

Many people, when they learn they have tuberculosis believe that if the facts become known they will be shunned by everyone, even their closest relatives. Consequently, they keep their condition a secret as long as possible.

During the ensuing months, the disease often progresses to an incurable stage and numerous innocent persons are infected. If these same people were more tolerant and understanding regarding tuberculosis, they would be spared infections in such instances. Likewise, the patient would seek immediate treatment, be cured and restored to a useful life in the community instead of remaining a hidden menace until his disease becomes so severe he is forced to seek hospitalization. Usually, in such cases, the disease is too far advanced to be cured.

The public should realize that cooperation and assistance is necessary in aiding the authorities in diagnosing the cases of tuberculosis and getting them trained properly. And, when the patient is well it is society's responsibility to help him find suitable employment so that he may remain well, happy and productive.

Via: Missouri San-O-Zark

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MAYFLOWER MOTEL

Cover Your Coughs And Sneezes

Roy was practicing with his twenty-two and the target was a small silk handkerchief hanging by two corners from the clothesline. The air was still and the flimsy silk hung motionless until Roy fired, then it would jump and wave out from the line of fire.

"But you see I can't put a hole in it," Roy was saying to the watchers. "You just can't do it unless you tie down those two other corners to something because the force of the wind set up in front of the bullet blows the handkerchief before it—and the bullets go right by."

The way this fellow was using his tissue reminded me a lot of Roy and his hobby. He would catch his target by one corner, dangle it loosely before his mouth and fire away.

But you know what happened already. The force of the wind from the cough each time instantly blew the tissue aside—and the bullets went right on by.

It didn't take any explaining to see the results of this kind of target practice. These "bullets," dangerous as any that ever came from a rifle, were landing, not on the target, but all over his bed, his clothing, and himself. And millions more were filling the air for his roommates to inhale. It is clear that to him the tissue is a pose, a careless, thoughtless conformity to rules only for the sake of effect.

There's the fellow in Tom's room. "He carries a sheaf made up of a bunch of tissues around in his pocket," Tom was telling me, "and when he needs one just yanks out the whole shebang, coughs against it and then shoves 'er right back into his pocket."

Of course when you do it that way one lone tissue (the one on the outside) works all day long. What's happening to the "sheaffer's" pocket is that it is being made into a storehouse for germs; a storehouse that is supplying new stocks of infection to him each time he uses his unconventional method.

And then there's the "double-sheaffer" much like the "sheaffer" except he carries a sheaf for upwear, if you want to put it that way, and on going to bed, places a like one in his pyjama pocket! It works just like the one mentioned above and with the same effects. You can bet on that.

Those who wad the tissue into a ball and roll it around in the patty-cake bakers man style, that fellow who always coughs twice before reaching, as if the task of having to

remember were such a distressing mental process, the one who insists a simple clearing of the throat doesn't require a tissue; all these with the poser, the sheaffer, the tolerator conduct themselves in such a way that it must invariably lead the more thoughtful to at least these three conclusions:

1. They don't know how to use a tissue.
2. They have just become careless.
3. They just don't care.

Well, it's rather foolish to believe any patient could be around a sanatorium more than a few hours without learning precisely the what and why of a tissue. However, since it is perhaps the most important thing to be learned it will not suffer from being repeated.

When one coughs or sneezes, tiny invisible droplets of moisture are expelled into the air. In a person with active tuberculosis these moisture droplets are filled with tubercle bacilli. But they can easily be prevented from entering the air by simply placing a tissue firmly over the hand, cupping it slightly to form a small pocket before coughing. Then the hand can be closed right over the pocket preventing the moisture from getting out. A simple operation and it's just as easy to do it correctly.

A little thought might help those who fall into the second class. They might consider for a moment the invaluable use of tissue, just what it means to their health as well as to the health of their roommates.

There is a period in the lives of all people when they are pretty much taken up with doing whatever seems to satisfy just them. But if any degree of happiness or success is to be obtained the period must come when they will quite without persuasion consider not themselves, but rather everyone as a whole operating together for a common good. Such periods do come and with immense satisfaction to those who experience them.

Let us hope this fundamental generality might be boiled down where it will at least include the proper and thoughtful use of the all-important tissue.

And the third class? Well, we hope we have none of these in our sanatorium nor among our readers.

—Mountain Air.
Via So Ca San Piper.

Clinical Pastoral Education

Once again we welcome to the Sanatorium the members of the summer course in Clinical Pastoral Education who began classes on May 19th and will be with us until June 26th. This is the eighteenth summer that this course has been held at the Sanatorium and is under the direction of Dr. (Rev.) Charles Taylor, Professor of Pastoral Theology, Acadia Divinity College. Professor Taylor has under his direction the similar courses at the Victoria General Hospital and The Nova Scotia Hospital. The classes at the Sanatorium are under the supervision of Rev. Dale MacTavish, Co-ordinating Protestant Chaplain at the Sanatorium and Kings County Hospital. The students in their second year of this course are dividing their time between the Sanatorium and the Kings County Hospital.

Students attending this six weeks intensive course are:

Martin Lane, Catalina, Newfoundland; Paul Bishop, Newtown, Newfoundland; Steven Cho, Taipei, Taiwan, R.O.C.; Charles Babb, Harbour Grace, Newfoundland; John D. Covey, Wolfville; Bryan Dickie, Kentville; Mary Lee Wilson, New Minas; Rev. Stewart Russell, Liverpool; Rev. Douglas Perry, Avonport; Lic. Gary K. Manthorne, Greenfield, Queens County.

* * * * *

For the first time a second summer course in Clinical Pastoral Education is now in session at the Sanatorium. This is again under the supervision of Rev. Dale MacTavish, and the dates of the course are June 29 to August 7.

Students attending this six weeks are: Stephen Cho, Taiwan, who is a student Chaplain at the Sanatorium this summer; Rev. Frank Pye, United Church Clergyman at Happy Valley, Labrador; Captain Kenneth Benner, Protestant Chaplain at CFB Cornwallis, and Miss Susan Smith, Windsor.

The Nordic: "Eye vant to take dis back from de library."

Librarian: "This 'Ben Hur'?"

The Nordic: "Yah, dat ban she."

Patients' Picnic

Tuesday, June 3rd was a hot, sticky day, more typical of the very warm ones we are used to having here in mid summer. However, it was a great day for a drive and picnic and fortunately the Clinical Pastoral Education students and staff had planned just such an outing.

Cars lined up in front of the East Infirmary after quiet rest period and about sixty in all left for the hours' drive to Margaretsville. The country-side was lush and we were fortunate to pass several apple orchards laden with blossoms. What a glorious sight they were!

When we arrived at Margaretsville the air was several degrees cooler and sweaters felt good. While preparations were being made for the meal the rest of us were free to take a walk on the beach or just relax and enjoy the salt air.

Supper was well worth waiting for and after a complete meal of barbecued chicken, rolls, bananas and potato chips, we were ready for the ride home.

Members of the Rehabilitation Department who provided cars were: Eleanor Chase, Don Brown, Curtis Gaul and Stan Robichaud. Rev. W. A. Trueman also attended and helped with transportation.

The day was lovely, the scenery marvellous, and the food delicious. It all added up to a most successful picnic. All of us who attended thank the ministers for a very delightful outing and the Dietary Department for a delicious supper.

Trying to teach his parrot to talk, the bird owner said "Good Morning" to it upon arising each day for several months. The parrot refused to cooperate, and said absolutely nothing.

One morning, the man, out of sorts, walked right by the bird without his usual greeting.

The parrot eyed him coldly and said: "Well! What's the matter with you this morning?"

* * * * *

In teaching students efficiency, the teacher asked Sally to name a great timesaver.

Sally's reply: "Love at first sight."

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Question Box

By J. J. Quinlan, M.D.



Q. Please discuss Cat - scratch Fever. How prevalent is it? Does the condition clear itself up, or should it be treated?

A. Cat-scratch fever, or more properly, cat-scratch disease, is a condition in which the regional lymph glands, be they in the neck, the armpit or the groin, became swollen following a

cat scratch. The condition is probably due to a viral infection. Its main importance lies in the fact that there is a considerable resemblance to tuberculosis of the lymph glands, and it may be necessary to remove one of the glands surgically to determine the exact diagnosis. One should suspect it particularly in a child from a household where there is a cat and in whom the tuberculin test is negative. Cat-scratch disease in itself is of no particular significance and disappears without any specific treatment.

Q. What is Farmer's Lung? Is it a fungus-type infection or the result of a continued exposure to an allergen?

A. The condition known as Farmer's Lung is a type of pneumonia which susceptible individuals develop on contact with mouldy hay or grain. It is one of the so-called sensitivity diseases. The precipitating factor develops as a result of interaction of a mould or fungus, in hay or grain, which has been stored. The hay is particularly apt to become mouldy if it has been stored before being completely dry. Consequently the disease is more common in the fall and winter months following a bad haying season. Its importance lies in the fact that most farmers when they develop the condition feel they have a touch of the flu and actually when they go to bed, thus removing themselves from contact, the symptoms usually disappear. However, with each succeeding attack, the lung is being damaged and if the condition is not recognized and further contact with the mouldy hay prevented, extensive lung damage occurs and eventually respiratory failure will develop.

Q. When sputum specimens are said to be contaminated, just what does this mean?

A. Not infrequently the laboratory will report that a culture is contaminated. By this is meant that the medium prepared for the culture of tubercle bacilli has been invaded by other organisms, usually fungi, which grow rapidly and profusely so that any tubercle bacilli that may be present are crowded out. The culture report, therefore, is inconclusive as far as the tubercle bacilli are concerned.

Q. Occasionally a person being discharged is said to be of no danger to adult associates, but should not be living in a home in which there are small children. Could you discuss this, please— is it because there is a risk that the person may still be positive, although this has not been demonstrated through the results of tests, or is it because the person's disease may reactivate?

A. Frequently, individuals are discharged from the Sanatorium with x-ray evidence of considerable chronic disease but in whom it has not been possible to isolate tubercle bacilli from the sputum for some time. This is particularly common in the case of the older individual. In such cases the tuberculosis probably is inactive but there is always the chance that every now and then the germ of tuberculosis may be present in the sputum. Small children are particularly susceptible to infection with tuberculosis and even intermittent contact with the tuberculosis germ may be in them enough to produce the disease. It is for this reason and not so much because of possible reactivation that we feel happier if there are no very young people in the household to which the patient being discharged is going.

Q. By what process could the taking of iron compounds cause blood in the stool?

A. The taking of iron compounds does not cause blood in the stool. However, the stool will frequently assume a very dark colour in individuals taking these preparations. This colour is also produced by blood in the stool. If there is any doubt, a chemical test of the stool will make the differentiation.

Q. Is examination of the blood sugar level more reliable than the testing of urine specimens in determining the amount of medication required for controlling diabetes?

(Continued on Page 13, Col. 2)

Editorial Comment

Advertisements that associate smoking with athletic prowess and social acceptability, and the example set by adults who smoke, is largely responsible for the large numbers of young people practicing the habit, says Dr. H. B. Colford, director of communicable diseases, director of tuberculosis control, and a member of the advisory board of the Nova Scotia Tuberculosis Association.

"It's a pity that advertising of cigarettes is allowed to go on," he told a news conference in Halifax.

The conference was called to launch a province-wide anti-smoking campaign being sponsored by the provincial public health department and the N. S. Tuberculosis and Respiratory Diseases Association.

Pamphlets and posters are being distributed to provincial areas outlining the health hazards of smoking; Red Cross youth members will assist in presenting displays; and doctors and dentists will be urged to advise their patients not to smoke.

Dr. D. G. McCurdy, administrator of consultation services for the provincial health department, said at the conference that if the public could be shown a clear picture of the relationship between smoking and such diseases as lung cancer, chronic bronchitis, emphysema and coronary heart disease, many people would not smoke. "In this day and age when so many people are concerned with pollution of our environment, it seems inconceivable that more attention is not paid to the adverse effects of cigarette smoking, which is a severe form of pollution. No investment in health will produce a higher dividend than a small expenditure of determination to stop smoking, or not to start," he said.

—reported by Peter Meerburg, The Chronicle-Herald, June 6, 1970.

* * * * *

It is a strange but well known fact that many of those who have the most reasons for giving up smoking are the ones who will not heed the warnings. We know that at the Sanatorium, as well as at other centres where respiratory conditions are being treated, there are many whose pulmonary function would be greatly improved—who would certainly feel better, and would undoubtedly live longer, more productive lives, if they would give up smoking. It might be help-

ful to make up two lists: Reasons for smoking; Reasons for not smoking. Most people will agree that the reasons for smoking are few, in comparison with the reasons for not smoking. Most heavy smokers will admit that they do not even enjoy smoking except, possibly the second or third cigaret of the day, and the pleasure diminishes as the quantity increases. Most would agree that they could find many other uses for the dollar or so per day that they are spending on smokes. Most would deny that they did not have the will power to stop if they wished.

And how does the busy physician feel when he has used his time and skill to bring a patient through an acute attack—only to find that he returns to smoking as soon as he has sufficient breath? His feelings are probably somewhat like those of the farmer who, bruised, singed, and choking from the smoke, leads his horse from the burning barn—only to have it bolt inside again and be lost. Or is that too strong a comparison? Anyway, those who give up smoking during "Kick the Habit" month, or soon thereafter, should find that they have plenty of company, for the idea is a good one and should catch on.

HEALTH RAYS 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 contributions. Your donation will help **Health Rays** to survive.

The standing of this fund as of June 30, 1970.

Previously acknowledged:	\$3,120.26
Recent contributors:	
Century Patrons:	
Nil	
Stanley Brown	
Total	10.00
Grand Total	\$3,130.26



Shown in the lower photo are four of the children during the stop for ice cream at the Scotian Gold. L to R. Crystal Sweeney, Paula Osmond, and Gerald MacDonald, all age three; and Barry Hunt, age two.



Children's Picnic

The top photo on Page 8 shows the children and members of the Annex nursing staff gathered around the table at Sherwood Forest Camping Park.

On June 10, 1970, the children in the Annex were treated to a picnic at "Sherwood Forest" camping park. They were accompanied on this little excursion by the Annex nursing staff and Dr. A. Laretei.

While there the children had an opportunity to roam around and look at the park facilities including the ponies which were of great interest to the little ones. The swings, teeter-totters and several games were at their disposal and provided a considerable amount of entertainment for one and all.

A lovely picnic supper, provided by the Sanatorium Dietary Department was eagerly devoured. Following this every one joined in a lively peanut scramble before tumbling into the cars to head back. The return trip was brightened by a stop at the Scotian Gold canteen where Dr. Laretei treated everyone to an ice cream cone and a peek at the baby ducks.

A little tired, and wearing a little extra ice cream, grass and good clean dirt, the happy group then returned to the Annex carrying with them memories of a most enjoyable afternoon.

Sanatorium Bowling

The above photo, by Dr. J. J. Quinlan, shows Lorna Evans, Gwen Salsman and Larry Wagner—part of the Sanatorium Bowling Team — and their trophy.

On Saturday, May 9, the Valley and Western Hospital Association held a bowling tournament at Valley Lanes, New Minas, in which 23 teams from various hospitals in these areas participated. The Nova Scotia Sanatorium team, which consisted of Mrs. Gwen Salsman, Mrs. Lorna Evans, Miss Bonnie Kierstead, Lawrence Wagner, Louis Lightfoot and Gordon Galant, won the Runner-up trophy. The team was undefeated until the final encounter with a team from Roseway Hospital which was proclaimed the winner.

The trophy is now on display in the entrance to the East Infirmary.

Two goats were wandering loose in a field in back of a movie studio. One goat was munching on an old film that had been thrown out when the other asked: "How is it?"

The first goat answered: "OK, but I liked the book better."

**THIS QUARTER PAGE SPONSORED BY
THE REGISTER, BERWICK**



Chaplain's Corner

LAWRENCE A. OSMOND
Patient, N. S. Sanatorium

The following address was presented at the Chapel service on Father's Day, 1970. Mr. Osmond was discharged on June 27 and has returned to his employment as a Counsellor with the Canada Manpower Office, Dartmouth.—Editor's Note.

I want to thank Rev. MacTavish for giving me this opportunity to convey a few thoughts to you this morning—My wife, who has since been discharged, and myself, have experienced much inspiration in being able to share these Sunday morning worship periods with you. I was talking to my wife a few nights ago by telephone and she requested I convey to you her best wishes and her sincere hope that you may soon be all reunited with your families.

The text from the portion of scripture read by Mr. Doherty is well known: "For God so loved the world that he gave his only son . . ."

This is "fathers day". Stripped of all the facade of modern commercialism, it has a deeper and more underlying meaning than just giving dad a shirt or tie. I speak to you today as a father of four and as a son who has been blessed with a concerned father all these years. Fathers and mothers represent the very basic foundation of our society and our national life; it is the love and concern we have for our families and the love and concern they have for us that represents a minute spark of the great eternal love and concern of God for us.

May I be forgiven if I relate a couple of experiences relative to my own family life

What now seems like a few short months ago, my wife and I were faced with a seemingly insurmountable problem. I had been confined to this institution since July. In October my wife received the terrible news that she had developed TB and must be hospitalized as soon as possible. We were in a strange province, no friends, four small children; as we talked over our predicament, we didn't wonder any more, what we were going to do with our children. There seemed just one solution; they must be taken back with their grandparents. When we called them, the only question asked was, "When will they be coming?" The person who travelled to Newfoundland with them told us she would never forget our families waiting at the airport anxiously

to embrace these four helpless children, and to give them the love and protection that we could not give them. Here we see shining through in this situation a little spark of God's all-embracing love.

A few evenings ago I was talking with my children in Newfoundland. They called to tell me they had been successful in school, but before they told me anything, the first question was, "Dad, when are you coming home?"

Some years ago before we in Newfoundland joined the Canadian Federation I was teaching school in a small Newfoundland fishing village and I was staying with a family where the father and mother were deeply religious. They had four children ranging from 8 years to 14 years. Every Sunday morning the old family Bible was taken down and read, then one of the parents led the family in prayer. While I was staying there, the father died suddenly one afternoon. Without any prior warning he was gone in minutes. This family had no support; a mother's pension at that time was \$25.00 a month. I shall never forget the Sunday morning following the funeral. The mother passed me the old family bible. I read the 23rd Psalm and then she knelt and prayed. She never doubted for one moment that God would guide and protect her family. The two boys became very successful fishermen, both are laymen in the church. One of the girls became a teacher and the other a nurse.

So, on this Father's Day each of us have our memories of our family lives and the love within these families that can overcome prejudice, injustice, covetousness, and miserliness.

Christ, during his ministry, used the family to show God's greater love for us. On one occasion he said, "If your child asks for fish, would you give him a stone?"

In our Christian experience it is difficult for us to fully comprehend the width and depth and heights of God's love. Only a few over the 2000 years have caught the full impact of this great text. St. Francis of Assisi, John Wesley, General Booth and in recent times, Pope Paul and Dr. Martin Luther King, are but a few.

The story is told of one of England's greatest criminals: he had been sentenced to die for his crimes. As he was being led to his execution the prison chaplain accom-

panying him was repeating this text . . .

"For God so loved the world that he gave his only begotten son." This arch criminal of all England suddenly turned to the chaplain. "Do you really believe that?" he said, "because if I believed that I would crawl on broken glass all over England to proclaim it."

Do we really believe it this morning—
Let us pray.

At Wit's End

BY ERMA BOMBECK

You say the world is getting through to you, Bunkie? You say the Avon Lady refused to give you an estimate? You say you cleaned your oven and your house burnt down? You say you got caught up on the ironing and it doesn't fit anyone? You're depressed because you're an eight-garbage can family? You're "down" because the Women's Lib movement put you on the waiting list?

Tell you what I'm going to do, Bunkie. I'm going to share a group of my friends and their frustrations with you.

One is Miss Florine Davis of Leader, Texas, who planned to rid her kitchen of ants by spraying them with a bug spray and ended up starring them to death.

Another is Mrs. J. F. Dolcate of Clairemont, Calif., who was visiting her sister in the hospital and asked the person next to her to take her to a restroom. When she returned she said, "Thank you," and a gruff male voice replied, politely, "You're welcome, ma'am."

Then there is Jackie Coker of Sacramento, Calif., who was never informed that anything but milk came in bottles and ended up drinking coffee with orange juice and buttermilk in her tea.

Out of St. Louis, Mich., is Miss Catherine B. Morrow who writes poetry, weaves rugs and in between times sits down on pies before her mother gets them to the oven.

There's Mrs. E. W. Sabinske of Oildale, Calif., who dumped half a box of rice into a gelatin casserole and to this day cannot eat rice.

And Miss Florence Spangler, Glencoe, Pa., who left the freezer door open and ate real good and real fast for two days.

There are other experiences: Throwing away the chops and opening up the garbage for dinner. Shaking chicken in a paper sack with flour and discovering too late a hole in it. Pouring hot chicken broth over jello.



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.

If you have not guessed by this time, these "readers" are blind . . . without sight, some without hearing. They have been introduced to the column through the kindness of Mrs. Betty Stewart, Lewistown, Idaho who, in between raising five boys, finds time to translate the column into braille and send it out to blind homemakers throughout the country.

To make your day I'll leave you with a comment by Miss Morrow. "I will always be thankful I had time to prepare for blindness. I had time to store up memory pictures of rainbows, sunsets and sunrises, moonlight and starlit nights, lakes and flowers. I am richly blessed."

—The St. John's Telegram

Employer to a job applicant: "Look here, what did you mean by telling me you had five years' experience when you've never even had a job before?"

"Well, you advertised for a man with imagination," replied the young man.

OLD TIMERS

Anne Marie has been busily getting back into the swing of things, following her vacation trip, but says that she will try to write something on her travels for the August-September issue. Meanwhile, here are some items of news which she has kindly contributed:

Blanche Mapplebeck from Kentville was visiting me one day and said that Eddie and Harlan Works of New Glasgow, along with their three children, visited her in May while on a trip to the Valley. They were patients here in 1945.

Eileen (Wamback) Sim, Centreville, who was here in 1945, also visited Blanche recently.

Lorne "Buddy" Marsman, here in 1949, formerly of Truro, dropped in to see his friends at the Sanatorium. He has recently been appointed as a Social Worker for the Black United Front (B.U.F.) and has taken up residence in Halifax. Lorne said that he saw Kenny Francis of Lequille recently and that Kenny is getting along very well. He is employed as a mechanic and he and his family have just moved into a new home. They have three children. Here in 1951, many of the Old Timers will remember Kenny as the tap dancer!

While in Yarmouth recently, Hazel LeFave saw Mildred Romain. Mildred was here in 1968 and has been well ever since. Besides keeping house for herself and her husband she works part-time through the week.

Marjorie Knowles, R.N., who was here in 1955 was among the group who went to Europe in May. Marjorie works at the Blanchard Fraser Memorial Hospital on the maternity floor. Another Old Timer on the trip was Albert Melanson. Albert was here in 1939, and is the postmaster in Church Point.

Mrs. Marion (Denton) O'Brien was in for a check up. Marion was here in 1952 and now lives in Wolfville. She has kept busy keeping house and looking after their two children, aged 6 and 3.

Beulah Trask, Senior Switchboard Operator, visited Marguerite MacLeod in Milton recently. She reports that Marguerite is in good spirits and keeps busy. Her brother, Max, is well too.

Thank you, Anne Marie, for the above items.

Also visiting Marguerite MacLeod a week later were Peggy MacEachern, Switchboard Operator, and Emily Sheffield, of the Rehab. Department. It was

a surprise visit and very much enjoyed by hostess and guests alike. Marguerite had this item of news for our readers:

Mrs. Richard Hurchman (Mrs. Gladys Burns) lives in Milton where she leads a very busy life. She is active in the Baptist Church and writes the Milton social news for the Liverpool Advance. Gladys was a patient at the Sanatorium first in 1934 and again in 1936.

A recent visitor to the Rehab. Department was Mrs. Elizabeth Golloway, Halifax, and while here she talked with Mrs. Silver. She had not visited the Sanatorium since 1920 when she was a patient here for a number of months, but enjoyed reminiscing about conditions as they were at that time and was able to recall where her bed had been in this same building that now houses our Department.

From The Chronicle-Herald of June 19 we clipped this item: "The largest number of graduates of Grade XII and Commerce of the Clare District High School, numbering 83 Grade XII and 23 Commerce, received graduation certificates during closing exercises. Glenda Doucet of St. Bernard received the Alain Doucet trophy for having the highest average of Grade XII, and also received a scholarship from Dalhousie University." Glenda completed Grade IX while a patient here in 1967, at which time her teachers reported her to be an excellent student. Our best wishes for your continued success, Glenda.

Some further notes from Marguerite:

Mrs. Harry Smith, the former Freda Irving of South Brookfield, Queens Co., runs the North Queens Nursing Home at Caledonia.

Rita Hall, a Sanatorium patient in the Thirties, is now Mrs. Walter Wile of Montreal, where her husband is principal of a school. They spend their vacations in Broad Cove, Lunenburg County, where they have a summer home.

Another Old-Timer, Laura Freeman, now Mrs. Leon Hemeon of Milton, is active in Baptist Church affairs of that community.

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MANSON'S DRUGS LTD.

The Good Old Days

Health care 80 years ago was a far cry from what we are accustomed to today. Here is a description of the duties of a hospital floor nurse written in 1887:

In addition to caring for your 50 patients, each nurse will follow these regulations:

1. Daily sweep and mop the floors of your ward, dust the patients' furniture and window sills.

2. Maintain an even temperature in your ward by bringing in a scuttle of coal for the day's business.

3. Light is important to observe the patient's condition. Therefore, each day fill kerosene lamps, clean chimney and trim wicks. Wash the windows once a week.

4. The nurse's notes are important in aiding the physician's work. Make your pens carefully, you may whittle nibs to your individual taste.

5. Each nurse on day duty will report every day at 7 a.m. and leave at 8 p.m., except on the Sabbath on which you will be off from 12 noon to 2 p.m.

6. Graduate nurses in good standing with the director of nurses will be given an evening off each week for courting purposes, or two evenings a week if you go regularly to church.

7. Each nurse should lay aside from each pay day a goodly sum of her earnings for her declining years, so that she will not become a burden. For example, if you earn \$30 a month you should set aside \$15.

8. Any nurse who smokes, uses liquor in any form, gets her hair done at a beauty shop, or frequents dance halls will give the director of nurses good reason to suspect her worth, intentions and integrity.

9. The nurse who performs her labors, serves her patients and doctors faithfully and without fault for a period of five years will be given an increase by the hospital administration of five cents a day provided there are no hospital debts that are outstanding.

—Personnelities, Aug.-Sept., 1969
via Journal of Breathing

QUESTION BOX —

(Continued from Page 6)

A. The determination of the blood sugar level is more accurate in controlling the diabetic patient but obviously taking blood samples several times every day over a prolonged period of time is neither practical nor desirable. For the average patient whose diabetes is under good control, the usual regular testing of the urine for sugar is perfectly satisfactory.

Goodness is where you find it, and Father Clancy, a fine Catholic priest, had it in abundance. He took his seat on an airplane one day and found himself next to a young swinger who was reading a girlie magazine. Later, when champagne was served, the young man downed his with obvious relish.

All this greatly disturbed Father Clancy, who felt impelled to save souls whenever and wherever he could. But, since even a priest can't just butt in, he could think of no graceful way to approach the young man. So he prayed for guidance and waited.

Shortly, the young man turned to him and asked, "Father, what causes arthritis?"

Now there is an opening if Father Clancy has ever heard one.

"Ah, my son," he began, "I am not a medical man, but I feel sure that arthritis is caused mainly by wrong living, such as the use of strong drink, the filling of our minds with pornographic thoughts, and a general tendency toward debaucheries."

"That's interesting," the young man said. "I just read here that the Pope has arthritis."

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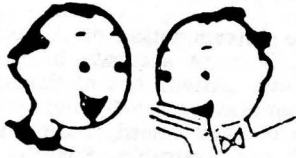
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My minister included me as a deduction on his tax return since he's my soul support.

Just Jesting



A do-it-yourself enthusiast had read the instruction accompanying the newly acquired gadget time and again, but despite repeated efforts, he couldn't assemble it.

At last, gathering all the various parts and instructions, he sought the help of an old handyman working in a nearby yard. After looking at the gadget a few moments, the oldster soon had it in working condition.

"It's beyond me," said the do-it-yourselfer, "how you got it together without even reading the instructions."

"Fact is," was the reply, "I can't read—and when a fellow can't read, he's got to think."

* * * * *

The Principal of one of those ultra modern high schools whose non-teaching staff already included doctors, dentists, a psychologist, and a business manager was shocked to hear a member of his faculty suggest adding a handwriting expert.

"Handwriting analysis?" he snapped. "Ridiculous!"

"Who said anything about analyzing?" the teacher said wearily. "We just need somebody who can read it."

* * * * *

An undertaker found a donkey lying dead in front of his premises and went to inform the police.

"What am I to do with it?" he asked the officer in charge.

The officer had a sense of humor.

"Do with it?" he asked with a grin. "Bury it, of course. You are an undertaker, aren't you?"

"That's true," replied the undertaker with equal humor, "but I thought it only right to come round and inform the relatives first."

* * * * *

A father asked his teenage daughter to bring her steady boy friend in to see him. A month went by and nothing happened, so he said, "Didn't you ask Mel to see me?"

"Yes," she replied. "He said he had seen you several times, but he loved me just the same."

The clanging noise made by the garbage collectors aroused the family. The housewife suddenly remembered she had forgotten to put out the garbage. With her hair in curlers and her face greasy with cream she sleepily leaned out the window and called to the collectors, "Am I too late for the garbage?"

"Certainly not," the collector replied, "hop right in."

* * * * *

Bus conductor (calling from upper deck): "Is there a mackintosh down there big enough to keep two young ladies warm?"

Voice from below: "No, but there's a MacPherson that's willing to try."

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* * * * *

The reveler was protesting loudly as he was dragged into the suburban police station. "It's an outrage" he shouted, when he had calmed sufficiently to speak at all. "What's the meaning of this? Why was I arrested?"

"You were brought in for drinking," the sergeant said.

The man relaxed at once. "Ah, well," he smiled, "that's different. When do we start?"

* * * * *

Somebody scoffed: "O you'll never do that;

At least none has ever done it."

But he took off his coat and he took off his hat,

And the first thing we knew he'd begun it.

With a lift of the chin and a bit of a grin,

Without any doubting or quiddit, He started to sing as he started the thing that couldn't be done and he did it.

There are thousands to tell you it cannot be done,

There are thousands to prophesy failure; There are thousands to point out to you one by one

The dangers that wait to assail you.

But just buckle in with a bit of a grin,

Just take off your coat and go to it;

Just start to sing as you tackle the thing

That cannot be done and you'll do it.

(Edgar Guest)

Ins And Outs



NOVA SCOTIA SANATORIUM

Admissions: May 16 to June 15, 1970

MRS. ANNIE ALICE (Edward) MOUL-AISON, Surette's Island, Yarmouth Co.; DAVID WOODBURY PALMETER, 520 Main St., Kentville; ERNEST RUSSELL PARIS, Bayfield, R.R. No. 1, Afton, Antigonish Co.; ANNIE SOPHIA VOGLAR, Quoddy, R.R. No. 1, Port Dufferin, Halifax Co.; LLOYD JAMES WALKER, Bridgetown, R.R. No. 3, Annapolis Co.; RAYMOND FREDERICK BROWN, R.R. No. 1, Walton, Hants Co.; MRS. SAMATHA KAMANI (Rama) PALEPU, 57 Pleasant St., Antigonish; RAVI KANTH PALEPU, 57 Pleasant St., Antigonish; MRS. ELLA MAY (Leonard) TALBOT, Maple St., Stellarton, Pictou Co.; MRS. KATHERINE OLIVE (Guy) ZWICKER, Somerset, Kings Co.; ALBERT EDWARD KAY, 37 Grandview, Trenton, Box 432, Pictou Co.; ROBERT PUTNAM FISHER, Middle Ste-wiacke, Colchester Co.; FRASER KEITH O'CONNELL, Box 239, Lower Road, Truro, Colchester Co.; LAWRENCE AL-LAN MacLEOD, P.O. Box 441, Prince St., Pictou; JOSEPH HENRY ST. PETERS, Joggins, Cumberland Co.; MRS. MGAR CHUNG LAM, 6525 Bayers Road, Halif-ax; WARREN POOLE, P.O. Box 3, Arc-adia, Yarmouth Co.; MRS. MARIE RE-GINA (Louis) SAULNIER, Saulnierville, Digby Co.; JAMES FRANCIS JORDAN, 777 Trenton Road, New Glasgow, Pictou Co.; STANLEY FREEMAN BROWN, R.R. No. 2, Upper Musquodoboit, Halifax Co.; GEORGE PHILLIP CORBIN, 36 Tupper Road, Kentville; JOAN MARIE MacKAY, 1120 Wellington St., Halifax, N. S.; HIL-TON LLOYD RUSHTON, Masstown, R.R. No. 1, Debert, Colchester Co.

Discharges: May 16 to June 15, 1970

JOHN LEIGHTON DILLMAN, 223 Windmill Road, Dartmouth; MARGARET CATHERINE MacFARLANE, 11 Willow St., Pictou; MRS. DOROTHY ANNA (Willard) MacDONALD, Lyons Brook, Pictou Co.; LLOYD KNOWLES, Lower Sackville, Halifax Co.; DIANNA JEAN MURPHY, R.R. No. 1, Canso, Guysbor-

ough Co.; LAWRENCE FULTON MORSE, South Williamston, R.R. No. 1, Lawren-cetown, Annapolis Co.; MRS. MARY JOSEPHINE GLENN, Heatherton, Box 30, Antigonish; WARREN MAXWELL BALTZER, Aylesford, Kings Co.; NILS JOHN JOHANNSON, Box 294, Pictou; MRS. MARY (Lawrence) OSMOND, 81 Belle Vista, Dartmouth; GEORGE ED-WARD BELL, 14 Bolton Terrace, Dart-mouth; MRS. RUBY MYRTLE (Robert) BOUTILIER, Mushaboom, Halifax Co.; PERCY STANFORD WENTZELL, 146 Oakdene Ave., Kentville; HAROLD RUS-SELL LOHNES (Expired), 3212 Robie St., Halifax; MRS. ANNIE (Reginald) RYER, 8 Fairmount Road, Armdale, Halifax Co.; GEORGE PHILLIP CORBIN, 36 Tupper Road, Kentville; WESLEY LEPEAN BURNS, R.R. No. 1, Barss Corner, Lunen-burg Co.; WILFRED LAURIER FRASER, Stillwater, Guysborough Co.; ANGUS DONALD RANKIN, Mabou Ridge, Inver-ness Co.; MRS. CATHERINE SARAH (Kenneth) RANKIN, Mabou, Inverness Co. (Expired); FREDERICK ALLAN MORRISON, Lower Onslow, Colchester Co.; MRS. ELLA MAY (Leonard) TAL-BOT, Maple St., Stellarton, Pictou Co.; MRS. BARBARA JEAN FAIRBANKS, 2 Elmwood Drive, Amherst; MRS. VERA WINNIFRED EISNOR, Waterville, Kings Co.; ARTHUR BALCOLM NEILEY, Mor-den Road, Aylesford (Expired); VICTOR JOHN GOOGOO, Nyanza, Victoria Co.; MRS. MABEL METLEJ, 6289 Allen St., Halifax; JOHN LEPEAN MOSHER, 126 Montague St., Lunenburg Co.; MRS. AN-GELENE MAY COMEAU, Cambridge Sta-tion; MRS. JEAN LORETTA MacDON-ALD, Brook Village, Inverness Co.; VIV-IAN TECTONIDES, 18 Melville Ave., Armdale, Halifax Co.; MRS. MARY HF-LEN AUSTIN SMITH, 51 Highland Ave., Wolfville; DAVID WOODBURY PALM-ETER, 520 Main St., Kentville; EPHRA-IM MURRAY JENKINS, MacLellan Brook, Pictou Co.; GOVINDRANATH-SING KHITTOO, 49 Edward VII Rose Hill, Mauritius, East Africa (also 1039 Bland St., Halifax).

(Continued on Page 16)

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PETERS' LUNCH



NURSING TIDBITS

IN MEMORIAM: The staff of the Nova Scotia Sanatorium extend their sympathy to Mrs. Mary Durno, R.N., on the sudden loss of her son, Angus.

Sorry to report Mrs. S. Zirkel, R.N., is on the sick list. We wish her a speedy recovery.

WE WELCOME TO THE STAFF: Miss Sandra Anthony, R.N., and Mrs. Anne MacDougall, R.N.

TO BIENNIUM: Miss E. J. Dobson, R.N., B.Sc.N. (Provincial) and Miss Vilda Skerry, R.N. (local) delegates, to Registered Nurses Association meeting June 14-19 held in Fredericton. Others attending were Mrs. P. Prest, R.N., and Miss Gayle Wilson, R.N.

PICNIC: for patients and staff is planned for July 9th at the Research Station.

PRESENTATION AT GOVERNMENT HOUSE:

Mrs. Catherine Boyle, R.N., was presented with a Saint John's Ambulance Honorary Life Membership recently. Our congratulations, too, to Mr. Adi Jagosh, Department of Physical Medicine, who was honored by a presentation of a Priority of Thanks on the same occasion.

Notes And News

Dr. Holden attended the annual meeting of the Canadian Tuberculosis and Respiratory Diseases Association which was held in Winnipeg in June. Also attending from the Department of Public Health was Dr. H. B. Colford, Director of the Control of Tuberculosis and Communicable Diseases.

Mr. George Morton retired from the Sanatorium Power House on June 30 following eleven years of employment. A presentation was made by Dr. Holden at the Power House.

We were saddened to hear of the tragic death of Dr. W. Sidney Gilchrist, his wife Francis and their daughter, Leota Elizabeth, in a car accident near Red Deer, Alta., June 13, 1970. Dr. Gilchrist age 69, was an Internationally known Medical Missionary for the United Church in Angola. He and his wife were former

Nova Scotians and had been living in British Columbia since his retirement. Their daughter was also a missionary and had been taking further medical training in Nova Scotia prior to returning to Africa. Health Rays readers will recall some of Dr. Gilchrist's articles, in the form of News Letters, which have been published in this magazine from time to time.

INS AND OUTS —

(Continued from Page 15)

POINT EDWARD HOSPITAL

Admissions: May 16 to June 15, 1970

MRS. SOPHIA PIERRO, Nyanza; MR. RICHARD CHARLES ISADORE, Nyanza; MISS MARY THERESA TONEY, Eskasoni; JAMES MacNEIL, MacIsaac St., Inverness; MRS. MARY JANE MacDOUGALL, 654 Alexandra St., Sydney; FREDERICK JOHN ISADORE, Nyanza; ALEXANDER JOHN MacDOUGALL, Baddeck.

Discharges: May 16 to June 15, 1970

FRANCIS JOHN MacNEIL, 123 Emerald St., New Waterford; MRS. CHRISTENA TOBIN, 16 MacNamara St., Sydney Mines; JAMES HUBERT SIMMS, New Victoria; JOHN RANDOLPH MacDONALD, South Harbour; DAVID ARCHIBALD MacDONALD, 62 Main St., Glace Bay; JOSEPH NELSON JOHNSON, 5 Hankin St., Sydney Mines; GILLES HACHE, Cheticamp; MISS RITA MacLEOD, 94-5th St., New Waterford.

As President, Herbert Hoover turned back all his salary to the government. In those days, it was quite an event. Today we all return our salaries to the government and nobody thinks much about it.

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PETER S. MOSHER, B.Sc., D.H.A.	Administrator
J. J. QUINLAN, M.D., C.R.C.S. (C)	Surgeon
F. J. MISENER, M.D.	Radiologist
A. LARETEI, M.D.	Physician
MARIA ROSTOCKA, M.D.	Physician
G. A. KLOSS, M.D.	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)	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.) F.R.C.S. (C)	Consult. Ortho. Surg.
P. GEORGE, MD, C.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Courtesy Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
MISS E. JEAN DOBSON, R.N., B.Sc. 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. A. WINNIFRED PROTHEROE	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

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

BAPTIST

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

CHRISTIAN REFORMED

Minister—Rev H. Vander Plaats

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

ROMAN CATHOLIC

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

SALVATION ARMY

Capt. Charles Broughton

UNITED CHURCH

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

PENTECOSTAL

Minister—Rev. Robert Cross

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

ROMAN CATHOLIC

Parish Priest—Msgr. W. J. Gallivan

UNITED CHURCH

Rev. Robert Hutcheson

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.



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