

NOVA SCOTIA SANATORIUM

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*Health
Rays*



HEALTH RAYS

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Sanatorium Visiting Hours

NOVA SCOTIA SANATORIUM

POINT EDWARD HOSPITAL

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

Absolutely NO VISITORS permitted during

QUIET REST PERIOD 1:00 P.M. - 3:00 P.M.

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

Red Geraniums

Life did not bring me silken gowns,
Nor jewels for my hair,
Nor signs of gabled foreign towns
In distant countries fair,
But I can glimpse, beyond my pane, a green
and friendly hill,
And red geraniums aflame upon my window
sill.

The brambled cares of everyday,
The tiny humdrum things,
May bind my feet when they would stray,
But still my heart has wings
While red geraniums are bloomed against
my window glass,
And low above my green-sweet hill the
gypsy wind-clouds pass.

And if my dreamings ne'er come true,
The brightest and the best,
But leave me alone my journey through,
I'll set my heart at rest,
And thank God for home-sweet things, a
green and friendly hill,
And red geraniums aflame upon my window
sill.

— Martha Hasell Clark

June

The world is white with cherry-trees,
A holy light on faery seas;
My garden's full of merry bees and sweet
with robin-rune.
My cheek is washed by fragrant sighs,
And roses stain my vagrant eyes,
As I go wandering paradise in June, in
lovely June.

The day's astir with musk and myrrh,
And night's a purr of gossamer.
I cannot see for blossom-blur the silver-
riding moon.
Strawberry rugs beneath me spread,
And apple-bloom is overhead —
A canopy of white and red, in June, in
gentle June.

— Wilson MacDonald

What is a Father?

(By a Boy)

A Father fusses when the fish don't
bite, likes to play golf, wears you out
when you're naughty, makes you do chores
around the house and is just great!
He never worries a bit that you're gonna
drown or fall out of a tree or get hurt
on your bike. He'll even let you drive
the car a little when your mom's not
along.

Even as old as he is, he can still play
football and baseball better'n most of
your friends. And he could beat up about
anybody in the world. What's more, he
can make anyone in your whole family
shut up whenever he wants, even your
big sister!

And he's awful smart! If there's any-
thing you need to know, you can just ask
your Dad. About outer space, where baby
kittens come from, who pitches for the
Cleveland Indians, God, earthworms, and
even homework! He can make a whole
lot of money for working, fix a toaster,
put up a TV antenna, paint the house,
and change a tire. Once he fought in a
real war—won, too!

I guess someday I'll grow up to be a
father. That's what he says. But, boy, I
just don't know how I'm gonna learn all
that stuff between now and then!

—By V. Gilbert, via UNITY

Over the shoulders and slopes of the dune
I saw the white daisies go down to the sea,
A host in the sunshine, an army in June,
The people God sends us to set our hearts
free.

The bobolinks rallied them up from the
dell,
The orioles whistled them out of the wood;
And all of their singing was, "Earth, it is
well."
And all of their dancing was, "Life, thou
art good."

— Biss Carman

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My Road To Surgery For Tuberculosis

Ralph A. Doherty

Patient, Nova Scotia Sanatorium

To some of you the title of this story may sound very strange, but life is often referred to as being like one long road — and we are only going down it once. While my son and I are sitting by the side of the road here at the San, getting enough strength to go up and over the next hill to good health, we are sort of dilly dallying by the wayside but we have met so many wonderful people who reached out their hands and arms to give us strength to continue on. During my climb up the hill I took a different, and perhaps shorter, road to reach the top and this was the road to surgery. Now that I am almost on top of the hill it truly is a wonderful view to be able to look ahead and see good health and a clear road for easier walking.

The reason I am writing this story is that during my twilight sleep in the recovery room I felt a gentle hand on my wrist taking my pulse. Each time, when I opened my eyes, I would see Dr. Quinlan at my bedside and then he would go to the next patient. It seemed that he was always there. I have never before met a surgeon — and I never will again — who is so devoted to his patients and to his work. We, the people of this Sanatorium, and of this province, are very lucky to have a man of his knowledge and skill. For God gave Dr. Quinlan a wonderful gift of a great mind and a pair of skilful hands, and along with this a great personality. Once you have met him you will never forget him. So, in writing my story I would like to dedicate it to Dr. Quinlan, who is not only a great chest surgeon but a "Great Guy", who plays a big part in getting a person on top of the hill again and once more on the road to good health.

Perhaps in a way I started this road the day I was admitted to the San on August 10, 1963 as I was a hemorrhage case only a couple of days before, even though I had an x-ray almost every year. My x-ray earlier in the year showed no hint of the trouble which was to come. Looking back on it I see that I had become careless of the fact that overwork was causing fatigue. I should have looked back to my younger days and remembered that tuberculosis was no stranger to me. Youth has a habit of not remembering too well and of having no fear.

In the mid-thirties my father was a hem-

orrhage case, too, and I had always been like a shadow to him — everywhere he went I tried to go. Of course in those days treatment for tuberculosis had to be paid for by the individual and the country was just getting over the depression. Money was not easy to come by but my father was an engineer and could always find work. He kept going as long as he could because he knew that the county would have to pay for his treatment and his family would have to live off the parish. At last our family doctor talked him into going into the Sanatorium in St. John and we lived on \$13 a month for food, clothing and rent. Even in those days this was not enough to cover expenses and my mother (bless her) took in sewing to help run the house. She couldn't go out to work very well because my four sisters and I were quite young. Then my father started having different stages of thoracoplasty. He had five or six stages in all and my mother would go to the Sanatorium to be at his bedside. As we lived a fair distance from St. John the strain started to show on her. Later, my mother had to make the decision to put us in the orphanage. I know it was a heavy load on her mind because there were nights when she would cry herself to sleep. Mother went to work and paid half of our board, the other half being paid by the orphanage.

In the meantime my father appeared to be doing well from my mother's reports and was up and around on exercise. One day he stretched and started to hemorrhage. From this, he never recovered and he passed away on November 10, 1940, a very young man of only 35 years. I feel that he had too much pride and he always worked for everything he ever received and did not want to have a handout.

I left the orphanage in 1942 and shortly went to work. I always had a yearly chest x-ray but in 1945 or 1946 I was told by a person in the Health Department that there really wasn't any need for me to come back every year unless I wasn't feeling well.

Then in January or February 1947, at my place of work in St. John, the Tuberculosis Association had a mobile x-ray unit and each of us had an x-ray. The size of the x-ray was only 4 x 5 and if a person had scars or a small amount of disease it was difficult to determine. So, in my case,

(Continued on Page 4)

MY ROAD—

(Continued from Page 3)

I was notified to report to the Health Clinic. I had a large x-ray and a fluoroscopic and the doctor told me that I had a small spot on the top of my right lung near my third rib. The person who told me earlier that I didn't have to have a yearly x-ray unless I wasn't feeling well was still working there and she came to me and asked me why I didn't have a yearly x-ray. I reminded her of what she had told me. I said that I was still feeling well and she told me how sorry she was for making that statement.

I was told to go home and wait for a bed in the Sanatorium in St. John. In March 1947 I was admitted to that Sanatorium and the only empty bed was in a private room. In those days I didn't know very much about tuberculosis and I thought of my father and, of course, I had the fear of spending my last days in the "Private room". I always like company so when there was another fellow in a three bed room who wanted to be by himself we made an exchange. I remember being wheeled into the room and meeting two fine men in their late 20's or early 30's. It is strange but usually the first questions are "How long have you been in here?" One of the men had been there seven years and the other had been there eight. Boy! Did I ever take a long look at the door leading out into the hall!

Later, the doctor explained my case to me and compared my x-ray with those showing tuberculosis in different stages. He explained to me that the treatment then was strict bed rest and I wouldn't have my feet on the floor until I was healed.

There wasn't the drugs then that there are today. Streptomycin had just come out and they were using it on patients who had been in bed for a longer length of time.

I was in bed until November or December 1947, a period of from 8 to 9 months, and the exercise was so different because each week a patient did a different exercise until his legs were strengthened. After I was up and around for quite awhile during the mid part of 1948 I asked if I could have my discharge and the doctors started to give me tests. My chest was alright so I started to make plans to leave on a certain day. The further tests had shown tuberculosis of the kidney and it was back to bed for me. Early in the summer of 1949 my right kidney was removed.

In the early 1950's I had my medical dis-

charge but when I left the San I thought of the friends I left behind and wished I could somehow help them because I had learned from my ups and downs the true value of a friend.

In the early 1950's I got married and moved to Dartmouth. Since then we have had seven wonderful children — four daughters and three sons, two of the boys are twins.

This pretty well brings me up to the time I was admitted to the Nova Scotia Sanatorium. After finding out my medical reports I learned that I had a cavity on my right lung in the same area where I had the spot before. The adjustment period for me to get settled in the San was shortened a great deal. As in most cases, a patient has a great deal on his mind and a load on his back but thanks to the offices of Mr. Donald M. Brown I met a very capable young lady, Mrs. Eleanor Chase, who is a Social Worker here at the San. Through her hard work my load was lightened so I could start my "Cure". I started on exercise 1A when I was admitted and my exercise was raised with each x-ray.

So many patients who don't understand tuberculosis, when they read of PAS, INH, and Streptomycin, think of the rest treatment as being only secondary — instead of still being equally as important. Then, I have heard others ask the doctor, after an x-ray, "How soon can I go home?" If the doctor doesn't come right out and give them an exact date in some cases they knock him behind his back.

When a person first comes in the San the doctor will perhaps give him an estimate of the length of stay but we must remember that the doctor is only human and can't read the future. The healing part is up to you and there is so much that depends on each individual case: whether a person reacts to the drugs, and how well he takes his rest. After each x-ray, if there are improvements, we get on a higher exercise. When some patients get on high exercise they get passes to go home and

(Continued on Page 4)

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MAYFLOWER MOTEL

MY ROAD—

(Continued from Page 3)

sometimes a patient cuts a certain amount of rest down and their activity increases. Then their healing also slows down and the next x-ray doesn't show much improvement. Sometimes they wonder why.

Then there is a patient who complains about the nurse who follows the rule book, and he never stops to think that the nurse is looking after his interest because she is as anxious as you to see you on the road to good health again.

I have heard complaints about the food and some of the patients who "Knock" the meals are some of the ones who have gained twenty pounds or more. I would like to take some of these patients back to 1947 when there was no menu and no choice of meals and you had to eat what was before you or you had to get your own. I did gain about 37 pounds since I came here but I have no complaints. Instead, I have much praise for Miss Eileen Quinlan, Senior Dietitian, and all her staff at the Sanatorium.

Perhaps when we are patients on our certain floors and our doctors may only go to the office on certain days and not make his rounds we don't understand that our doctors have a dozen other things to do on that day. Dr. Quinlan has office hours but his work also extends far into the night. Dr. Holden is Medical Director and that in itself is a full time job. However, she also has her patients on East 11 to look after and, in addition to this, has many other major tasks. Dr. Misner is the Radiologist and reads all the x-rays. His work doesn't stop at this for he is also Dr. Quinlan's right hand in many operations.

Dr. Laretei is the children's doctor in the Annex. He also gives the tuberculin tests and he, too, has patients on East 11. Dr. Maria Rostocka looks after the patients on East 1 and West III. I have seen her also looking after the students and staff when they report sick at the Medical Section. Dr. Kloss has West 1 and he also gives medical examinations to a great many new male patients. When your condition is known he shows you your x-rays and discusses the reports with you. Dr. Crosson has West II, along with Physio Therapy and many other duties.

Other doctors who are consultants are Dr. Schaffner, in surgery, Dr. MacCrae in bronchoscopy, Dr. Miller, in Orthopedic surgery, Dr. George in Psychiatry, Dr. Kirkpatrick in Anesthesia and Dr. Jebson in

Urology. Each plays an important part on the medical team.

When I see the nurses perform their duties I have to pay tribute to Miss Jean Dobson, R.N., Director of Nursing and through her I have to say that each head nurse has been "Tailor made" for the job and they all have a great deal of compassion and understanding. The nurses who work together with the head nurse make up a great team and perform their duties well. The instructors who guide the students seem to understand them so well and when they finish their training they turn out to be fine nurses.

I would like to give praise, too, to the O. R. Nurses, as their smiles and understanding can be felt by each patient who has surgery. They seem to have their reward when we are once more on our feet. Also, to the nurses who look after a patient in the recovery room because time and again they would work endlessly to look after a patient's needs and comfort.

We must not forget Physio Therapy the department that plays a big part in the re-expansion of our lungs following surgery and also helps us to maintain our muscle tone. So to Mr. Adi Jagosh and his team, I would like to say that I have often noticed your tireless efforts in working with each patient and I have seen the pleasure in your faces as each patient progresses.

Some times we may take for granted the office or position of Mr. Donald Brown, Director of Rehabilitation and the wide field covered by his department. He guides the teachers who teach the children their schooling, and some of us adults too. I often say that the personality of a teacher and a nurse is hard to tell apart unless you happen to know them because they both have a way that they develop and they go all through life with the wonderful gift, as when they come into a room they make you feel as if they have known you for many years and you are not a stranger. The other teachers, too, who work out of rehab have endless patience and a high standard

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for each patient to follow in making any item and when you are finished with your labour you truly have a well-made article. There are so many other fields that Mr. Brown's work covers such as the field of social work, managing editor of the "Health Rays" etc. Then when there is entertainment put on for the patients in the evenings, Mr. Brown or Mrs. Chase are there also with a big smile and this is all extra work but I think that Mr. Brown and his staff have found an extra form of treatment for us at the San. That is to help us forget our worries and cares and for us to develop a smile or a laugh, it is surprising how much this care helps us take the "Cure".

We must not forget medical records as the staff there are an important part of the Sanatorium. They keep our records and appointments so we can have x-rays, etc, on time. I haven't had the pleasure of meeting all the staff from that department but I have noticed your smiles as you go to and fro between the different parts of the building.

There is also the business office which we some times take for granted. The business manager and his staff play an important role in keeping the records and budget straight and all the correspondence which comes back and forth. If any of you have had office experience you will understand and appreciate their work more and if you were in the office you would see the "Busy bees".

Then there are the Housekeepers, Mrs. J. W. Ells, Mrs. Brown and Mrs. Sarsfield who oversee the work of the housekeeping maids and orderlies who all carry out their duties with a big smile and a kind word. I must not forget Mr. Wheatley and his staff in the Laundry Department who see that our laundry and linen is kept clean.

When anything breaks down in machinery, there is always Mr. Sweet in maintenance who sees that everything is kept going.

When we need heat or use hot water, we turn a tap or valve but on the other end of the line all this service has to be kept up and supervised in the Power House by Mr. Sheffield.

Every so many months we receive an

x-ray and there is always Dr. Misner and his staff on duty pulling for you on each x-ray that you receive, and you will always hear, "Take a deep breath and hold it."

When the nurse brings in our pills or drugs we may not know that there is a lady behind the scene in pharmacy who sees that each order for drugs is filled daily. She is Mrs. S. Maxwell and she is as busy as a beaver going here and there.

When we have a blood test or sputum test or smear of any kind, we must not forget the staff in the Lab because sometime during the day you will see them going here and there taking tests.

In the winter when there is a storm you will see a man on a small tractor plowing the walk ways and driveways and also during the first part of each year you will look out and see magic being performed in the greenhouse with the blossoms of flowers and the planting of new seeds. When spring arrives and the grass turns green you will see this man again, along with his helpers. He is Mr. Bob Middleton, the gardener, and he truly has a green thumb. He performs a touch of wonder and, with the help of mother nature, has the most beautiful grounds in the Province in the summer.

I must not forget the clergy who have helped me to have a stronger link with God. On Sunday mornings when my exercise permitted me to go to Church at the Chapel I always looked forward to seeing the warm smile of Rev. Dale MacTavish and hear the well prepared sermon that he would have.

I always looked forward to the visits of Mrs. H. J. Mosher and Rev. G. E. Saulnier and of course Dr. (Rev.) Douglas Archibald. All these people must have been hand picked, for their love of God overflows with their smiles and prayers for each patient.

These are some of the people who have reached out their arms and hands along my road to give me strength and also there may be some I haven't mentioned but their kindness will always be remembered.

There is one department I have forgotten, and they are the ladies that we meet first when we come in the main entrance of the East Infirmary or when we get off the elevator on the first East floor for treatment. A person will notice the big smiles they wear. They are the women who work at the switchboard and information desk and they guide a lot of our visitors to

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Question Box

By J. J. Quinlan, M.D.



Q. What is meant by the term "broad spectrum drugs"? When are they used?

A. When we speak of "broad spectrum drugs," usually we are referring to anti-infective agents. The description is usually applied to those drugs which are effective against a wide variety of germs. Streptomycin, for example, has a rather narrow spectrum, being very effective in infections caused by a relatively few organisms, whereas a drug such as Ampicillin can be successfully used in a much greater variety of infections and is therefore known as a broad spectrum antibiotic.

Q. This question concerns those who ask, frequently in some cases, "When am I going home?" Some patients express the feeling that if they do not ask, the doctor may think, "It may be safer to keep him for a couple of months longer; he is not asking about his discharge." What is your opinion about this—does a patient's asking about discharge get him out any earlier?

A. The timing of the patient's discharge from hospital depends on many factors, one of which should never be the reason mentioned in the question. Possibly some patients feel that if they do not keep asking their doctor about how much longer they must stay the physician will feel it is not of too much importance to them. However, every patient's case is regularly reviewed, careful note being taken of the overall response to treatment, tolerance of the drugs, conversion of sputum from positive to negative, the necessity for surgery, the age of the individual and the way of life that will be followed after discharge. When it is felt that the patient can safely carry on at home, discharge from hospital will be brought about.

Q. At what age is it advisable to give a baby a tuberculin test, B.C.G., and INH therapy when indicated?

A. As the baby can be infected with tuberculosis only after birth, it will be some time before the tuberculin test is of value in detecting the presence of infection. It takes from 20 to 110 days following the introduction of the tubercle

bacilli into the body for the tuberculin test to become positive. B.C.G. vaccination should not be given, if at all possible, without knowing the tuberculin status, as severe reactions can occur when the vaccine is given to a person who has been recently infected by human tubercle bacilli. Therefore, in cases where it is felt that an infant has been exposed to tuberculous infection immediately after birth, it is best to give prophylactic INH until it can be determined whether or not the tuberculin test has become positive. This means that the infant should receive INH treatment for a minimum of four months in the case of a negative test, and for at least one year should the test become positive. It is assumed that the child will have been separated from the source of infection, but should the tuberculin test be negative at the end of four months, then BCG vaccination can be given and INH treatment discontinued.

Q. If a lung had a spontaneous collapse, and the person had sufficient function in the other lung to get by, would the collapsed lung be likely to heal in time and re-expand? If not, what would happen if, for example, the person was far removed from medical aid?

A. In the great majority of cases of spontaneous collapse of the lung, the individual is not unduly embarrassed and if the tear in the lung is not too large it will quickly heal and the lung uneventfully expand. Dangerous types of pneumothorax are those where there has been a history of alternating collapse of both lungs and in these cases there is the possibility that simultaneous collapse may occur and then the patient will be very short of breath and, if medical aid cannot be obtained, may not survive. Other dangerous pneumothoraces are the tension pneumothorax where the rent in the lung is held open, usually by an adhesion between the lung and chest wall, allowing air to enter the pleural cavity when the patient breathes in and having a valve-like mechanism on the lung surface trap the air on expiration. This means that every time the patient takes a breath, more air is entering the pleural cavity, the pressure is rising, and in time the patient may be very severely handicapped. A third rare but dangerous type is hemothorax where in conjunction with the collapsed lung there is also

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Editorial Comment

Among the several interesting and informative publications received by **Health Rays**, on an exchange basis, have been **CONTACT** and **ITAM**. From time to time we have included articles from these two publications. Both have now been replaced by the **Journal of Breathing (JOB)** which began publication with the April 1970 issue. Reading from the editorial:

"Contact began first as the *Illinois Breeze* in July, 1916. Later, the *Breeze* became the *Illinois Arrow*, May 15, 1918, to be followed by *Contact* which began in April, 1936. *ITAM* was first published in April, 1938, as a magazine for TB patients.

"*JOB* will combine the best features of both *ITAM* and *Contact* . . . This would seem to be a logical time to make a change in our publication. Changes in program emphasis are occurring daily. These changes reflect a renewed dedication of the goals of making our world a healthier place to live. Although TB is not completely conquered, and is still a tremendous problem, we can devote some of our efforts to other respiratory diseases, air pollution, and smoking programs."

It is of interest to us to note that the feature article in this April issue of the **Journal of Breathing** is "Breathing Machines," written by E. W. Crosson, M.D., Nova Scotia Sanatorium, and published in our November 1968 issue of **Health Rays**.

* * * * *

We are being made increasingly aware of the problems concerning the air around us, and the atmosphere above us. A few short years ago the term "Air Pollution" was relatively unknown to most of us. Now, we hear prophecies that within our present century the degree of air pollution in and around some urban areas in North America may become so great as to endanger life. The topic of water pollution is even more in the news.

It is pointed out that world population is growing at a rate that will double by the year 2000 and may reach 7 billion by that time. Industrialization adds to the problem, increasing the waste products discharged into the air, water, land, where they do not disappear but last forever in one form or another. To those of us living in areas of sparse population this danger seems far removed. To others who have experienced the smog conditions occasionally encountered by the

residents of the larger cities the danger becomes more believable.

An issue of the **NTRDA Bulletin** entitled "Now Is The Time For All Good Men To Come To The Aid Of Their Planet" contains some quotable facts:

"All of us live on a tiny space ship which is hurtling through the universe at a speed of 600 times faster than the fastest jet plane — carrying with it its own limited resources for sustaining life. What we have now is all we will ever have to keep us alive.

"What do we have as our basic equipment for survival? Above us, a narrow band of usable atmosphere, no more than 7 miles high, with no "New" air available to us. Beneath us, a thin crust of land, with only one-eighth of the earth's surface good for human life. Around us, a finite supply of "usable" water that we must eternally cleanse and reuse.

"These are the elements of man's physical environment. This is the "envelope" in which our planet is perpetually sealed. Together, and left alone, land, air, and water work well to maintain the great chain of life and the delicate balance of nature. . .

"We now face the shocking realization that we have gone too far too fast and too heedlessly, and now we are forced to cope with some of the consequences of our "progress," as a species. For, increasingly, all over the world scientists and statesmen and specialists in every field are coming to agree upon the pressing paradoxes of our modern ages:

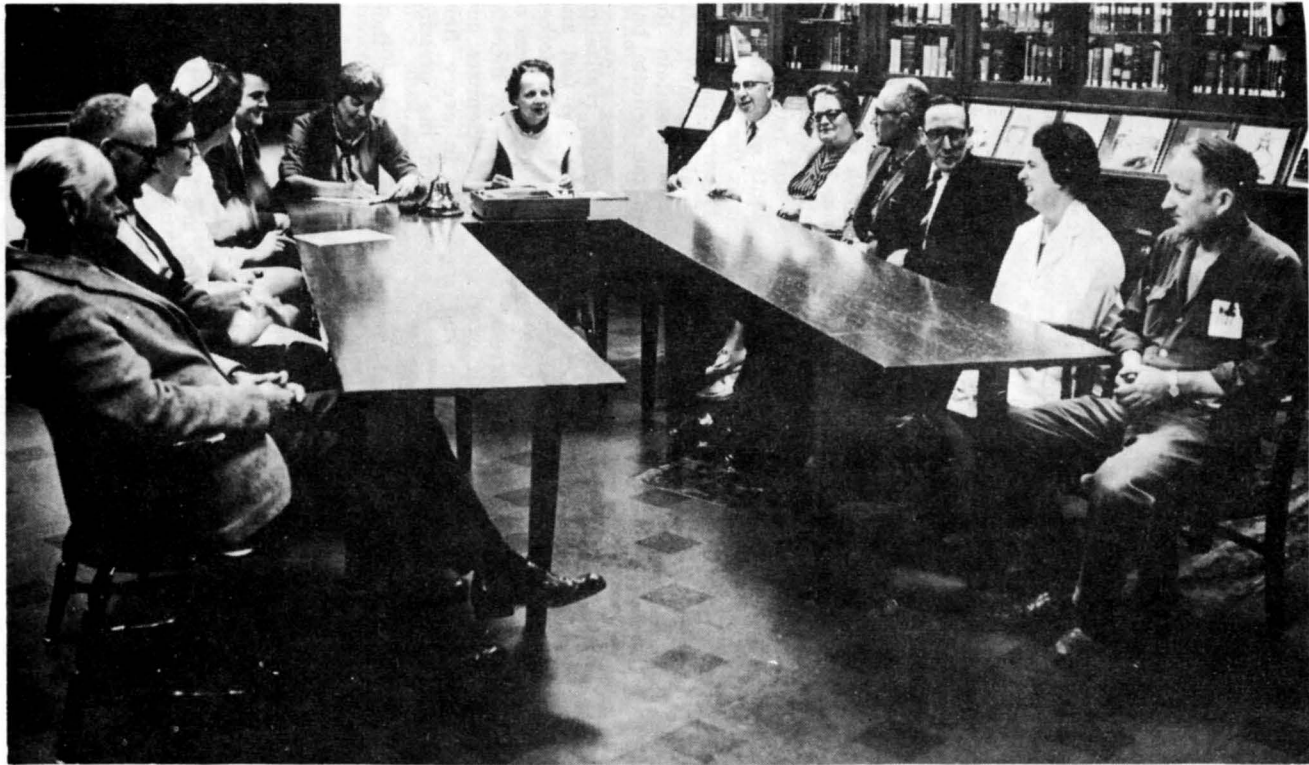
1. That, as societies grow richer, their environments grow poorer.
2. That, as the array of objects expands, the vigor of life declines.

3. That, as we acquire more leisure to enjoy our surroundings, we find less around us to enjoy.

"Our natural resources, both renewable and non-renewable, are taxed to the utmost by industrialization. The volume of waste waters discharged into lakes, rivers and streams has risen 600 per cent so far in this century.

"We now spew 150 million tons of pollutant's into the atmosphere annually, and 90 per cent consists of largely invisible but potentially lethal gasses. This may reduce solar radiation and raise the temperature at the earth's surface. Some predict this could conceivably melt the

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Administrative Staff Meeting, N. S. Sanatorium, May 1970, in the Medical Library. L. to R.: Charles Sheffield, Chief Engineer; Stubbard Sweet, Maintenance Foreman; Miss Virginia Allen, Assistant Dietitian; Miss Jean Dobson, R.N., Director of Nursing; Ken Wheatley, Manager of Laundry; Miss Joan Walker, Secretary to Medical Director; Dr. Helen M. Holden, Medi-

cal Director; Donald Brown, Director of Rehabilitation and Social Services; Mrs. Jean Ells, Chief Housekeeper; Carleton Wagner, Stores Supervisor; John Akin, Chief Clerk of Business Office; Miss Helen Morse, Laboratory Supervisor; and Bernie Robinson, Fire Chief. Photo by Nova Scotia Information Services.



The above photo shows Dr. J. J. Quinlan presenting the discharge "Blue Book" to Norma Jean Cameron, December 8, 1969. The accompanying note from Norma, 6520 MacDougall Avenue, Halifax, reads "Dear

Dr. Quinlan: Here is the photo that I promised you, sorry it took so long. Say hello to all the doctors and nurses for me and thanks again for everything. I feel fine."

MY ROAD—

(Continued from Page 5)

the proper floors and wings of the San. They are well suited to their positions' for their charm and personality.

After I was here at the San a few months I received word that my youngest son, after his six week check up, had to be admitted and it really hit me hard. I find it is harder on the parent than the child because children can adjust themselves very easily. When Christmas was coming near I put in for a pass but in the meantime I found out that the doctor preferred my son to stay here because of the short time since his arrival; so I chose to stay, too, and spend Christmas at the San with him.

At the first of this year I was afraid that I had developed bronchiectasis, and on my third month x-ray in March, which was seven months in all for me to be here, there was a planigram ordered for me and that is a series of x-rays to "map" my lung to see if my "Trouble" was healing properly and from that a bronchogram to determine surgery. I remember on a Monday morning that I had an appointment to see Dr. Quinlan and I knew I was getting closer

to my "Big Day". I had never met Dr. Quinlan before but I knew him by sight. I introduced myself and felt his firm hand shake and he went over my case and x-rays with me. Just by listening to him and he told me that I would have to have a lobectomy on the top of my right lung. that is, the removal of my top lobe.

I knew then that I would have my past and present trouble removed. I wanted to have my operation as soon as possible but the earliest that Dr. Quinlan could do me was April 15 and I was eager to sign the papers. Now, looking back, I have found if a person had three things, as I had, it sure helps a lot; and that is Faith, Courage and the Confidence in a great Chest Surgeon Dr. Quinlan.

(Continued on Page 13)

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Chaplain's Corner

Rev. Allan E. Griffin
Kentville United Baptist Church

How does God answer prayer? Does he grant the requests of the faithful and reject the entreaties of sinners? Is he moved to action only by our persistence? When a farmer prays for much needed rain the same day the minister prays for clear weather for his Sunday-school picnic, can God answer both prayers, or either of them? Why are some prayers answered with a "yes", and others with a "no", and still others with a "wait." Does prayer really change things, or does it only change the one who prays?

The first thing to be noted is that the prayers God can answer are those which are offered in accordance with his will as it is revealed in Jesus Christ. We should not ask God to give us something that we want, like a new suit, a dress, or a new car; this would make God a Santa Claus. Nor should we ask God to do for us what we ought to do for ourselves, like learning a sport, or taking care of our health; this would deny us the right to grow. In time of war, God obviously cannot grant the requests of both sides for victory. Abraham Lincoln wisely observed that both the north and the south should pray, not that God should identify himself with either side, but that both might be found on God's side. It is important for us to offer prayers in harmony with the character of God and the spirit of Jesus Christ.

The second thing for us to note is that we must be willing to leave the answer of our prayers up to God. Getting an answer to prayer is not at all like putting a coin in a machine and getting a soft drink or a chocolate bar. God is a loving father who takes counsel only with himself, and who answers our prayers according to his wisdom and not necessarily according to our wishes. We must remember that, even though we offer a worthy and answerable prayer in the spirit of Jesus Christ, God still uses his own judgment in giving an answer. We must have faith that his answer will be for our good, if it is not to our liking.

So if God cannot grant some requests because they are not in harmony with the Will of God and the spirit of Jesus Christ, and if he chooses not to grant others because they are contrary to his wisdom, what can we expect from God in answer to our

prayers?

I. God answers our prayers by giving to us a sensitive spirit. If we can find God when we pray, we will have received the most valuable gift of all.

It is one of our most persistent human problems that, though God is very near to us, we are insensitive to his presence. The story is told of a summer visitor to the coast of Maine who had a noble impulse to start a Sunday-school on one of the islands. This particular island was so small that the surrounding ocean could be seen from every part of it. There was no place to which the islanders could go where they would escape the sight or sound of the sea. They were lulled to sleep at night by the noise of the breakers. They smelled its salty tang. It was the almost exclusive source of their daily food. Their first adventures in life were taken on its surface. The visitor gathered the children around him for their first lesson. Before he tried to teach them about invisible realities, he decided to start with familiar things. "How many of you", he asked, "have ever seen the Atlantic Ocean? Please raise your hands the way I do, for I have seen it." To his surprise, not a hand went up. They had been born by the shores of the Atlantic Ocean, they had lived by it, they had boated on it, and bathed in it, but nobody ever named it to them before, or interpreted it to their minds. So it is that many people whose lives are ringed about with evidences of the unseen world of the spirit are unaware of it and need to break through to it. If in our prayers we can discover the reality of God, our praying will be richly rewarded. The sensitive spirit is one of the most precious gifts of God to the man who prays.

II. God answers our prayers by enlarging the range of our intercessions.

A woman lost her son in a tragic car accident. Several years later when I was calling in her home, she remarked that the morning paper carried a story of the death of a young man in an accident similar to the one in which her son was lost. She said an instinctive desire welled up in her to find out the name of that boy's mother in order that she might write to her and say that she understood. This woman, in accepting her loss with God's help, had reached the point in her spiritual growth where her prayers had enlarged her sympathies to include others in similar circumstances.

This is one of God's greatest gifts of answer to prayer. The range of our intercessions is extended. The mother who prays for her son in military service is soon praying for the sons of other mothers. The father who prays for his wayward son soon includes a prayer for all wayward sons. It was once observed, "Remember it is only a part of even your most private intercessions which is applied to a special intention. The whole church of God is benefited when any little girl prays for a new doll." This insight holds deep truth. Though our prayers begin with our most selfish desires, God gives his answer by imparting a quickened awareness of others in like need.

III. God answers our prayers by teaching us to look deeper than the outer event. We don't need to think that God is refusing to answer our prayers when he does not remove the persistent illness, the source of irritation, the continuing problem, or the unrelenting burden. It is just at such a point that our spiritual growth often begins, for we are driven to look for deeper meanings lying hidden behind God's "No".

All of us understand the mood expressed in the following lines.

For years I've prayed and yet I see no change .

The mountain stands exactly where it stood;

The shadows that it casts are just as deep;
The pathway to its summit e'en more steep.

Shall I pray on with ne'er a helpful sign?
Not only does the mountain still remain
But, while I watch to see it disappear,
Becomes the more appalling year by year.

Shall I pray on?

I will pray on. Though distant it may seem,
The answer may be almost at my door,
Or just around the corner on its way.
But whether near or far, yes, I will pray —

I will pray on.

If we continue to pray and to wait for God's own answer, we begin to discern that his answer is not going to be found in changed conditions, but rather in the deepening of our understanding, in the revealing of new insights, and in the discerning of life's profounder meaning.

When we become discouraged at the slowness with which the burden is removed from our shoulders, we should remember



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.

that Jesus himself faced this same kind of delay throughout his ministry. He preached in his home town, but his own people did not receive him. He prayed that the eyes of men might be opened, but was forced to watch their continuing blindness. He taught his disciples to pray for the coming of God's kingdom; and yet, after 2,000 years, the earth must still await for the fulfillment of this prayer. Jesus must have carried the most discouraging burden ever laid on human shoulders. How slowly men glimpsed the truth he lived and died to reveal. How hard were their hearts and how blind their eyes! Yet he prayed on and gave the world its most inspiring example of patient faith in the face of dreams unfulfilled.

How strangely God works to teach us the lessons of life. We pray for a burden to be lifted but find that we are learning priceless lessons by accepting it. We pray for a loving spirit, but God seems to answer our prayer by giving us a neurotic wife, an alcoholic husband, or a defective

(Continued on Page 13)

OLD TIMERS

Anne Marie has just returned from a most interesting vacation trip and has promised to write something about it for the July issue. We understand that she has travelled through Spain, Switzerland, Austria, Germany and Holland, then to Britain on the way home. The highlight of her trip was when she attended the Passion Play in Oberammergau. As another highlight she took in an opera by Puccini in Munich. While Anne Marie is full of news about her travels, we cannot expect much in the way of news from her regarding events in and around the Sanatorium.

We are pleased to report that Eileen (Mrs. J. E.) Hiltz has taken up residence in the Wallace apartments, Wolfville, her mailing address being P. O. Box 404, Wolfville.

Edward Gavell, here in the 50's was a recent visitor at the Sanatorium. Ed is on the Editorial Staff of the Antigonish Casket.

We have been given an interesting clipping from the Springhill Record, concerning Clinton Maynard Rector, Springhill, who was a San patient in 1955-56. While here, Maynard studied some school work, had five articles published in Health Rays, and was trying to settle upon a vocational goal. Following his discharge he entered business and for some time was associated with Agnew Surpass Stores. One clipping reads, "Maynard Rector, Springhill, was one of the graduates of Pine Hill Divinity Hall, Halifax, whose Convocation was held in the First United Church, Truro, on Wednesday, April 29, 1970. Maynard was one of fifteen receiving a Diploma in Theology. This was the first time the Convocation Exercises were held outside Halifax. The guest speaker was Premier G. I. Smith, and Dr. Clarence Nicholson, President of Pine Hill Divinity Hall, took part in the ceremonies."

It is mentioned that Maynard is married to the former Marjorie Demings, Springhill, they have a son Andrew, age 7, and a foster son Stephen, age 16. They all enjoy beach life, especially boating, and are also keen skaters. "But Maynard's special interest is music and whenever you see him he is usually carrying his tape recorder. He is deeply interested in people of all ages and in continued studies connected with the Christian Ministry."

Another clipping indicates that Maynard was ordained in the Ministry of the United Church at the Maritime Conference on Sunday, May 31, at Mount Allison University. The item concludes with this paragraph:

"Maynard's many friends join in congratulating him on receiving his diploma in Theology and wish him God's richest blessings, both in his personal life and in the Ministry."

QUESTION BOX—

(Continued from Page 6)

bleeding inside the pleural cavity and where enough blood may be lost to produce shock.

In the management of spontaneous we have taken the "every dog is entitled to one bite" attitude. During the first episode of pneumothorax the patient is kept at bed rest and, unless the collapse is a large one, nothing more is done and the lung in time reexpands. If the degree of collapse is large, it may be necessary to hasten re-expansion by inserting a tube into the pleural space. When a second episode of spontaneous collapse occurs, it is our feeling that the patient should undergo major surgery to remove the small air cysts on the surface of the lung and at the same time to produce adhesions between the lung and chest wall, thereby preventing any further recurrences.

Q. Have there been any known cases of successful lung transplants? As a surgical procedure how would this compare with transplants of other organs?

A. While several attempts have been made at lung transplantation, there have been no long-term successful results, meaning that no patient has survived for more than a few days. In common with other organs, the eventual successful application of lung transplantation will require more effective means of preventing the so-called rejection phenomenon. Besides this, transplanting a lung has other specific problems. Unlike hearts, kidneys, and liver, lungs from recently dead donors are almost always contaminated. Secondly, chronic lung infection will probably be present in the patient receiving the lung transplant. Another major problem is the necessity for enough lung function in the recipient to tide him over the critical period during which the transplanted lung is beginning to work. It is possible

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that this last problem may be overcome by the use of an apparatus to provide the body with oxygen such as the pump used nowadays in open heart surgery.

MY ROAD—

(Continued from Page 9)

For those of you who have to follow the same road, there is a poem I would like to quote on "Faith and Courage".

Faith when days are glad and golden,
 Faith when sorrows make them gray;
 Faith when health is ever splendid,
 Faith if it should slip away;
 Faith when friends are fine and loyal
 Faith if any prove untrue;
 Whatsoever life may offer
 May our Lord give Faith to you.

To you who have yet to reach this road,
 or who will have drugs and bed rest, have
 patience and have cheer as there is a poem
 of "Jon Gilbert's" which describes "Cheer".
 It takes more than a little cloud to hide the
 skies of blue!

It takes more than a hazy mist to veil the
 sunshine, too!

It takes more than the black of night to dim
 a shining star,

And God's peace and hope will brighten
 the corner where you are.

Now that my outlook ahead is much
 brighter, I have a "Big stake" in the future
 to help see that my children keep
 their health. I hope I will be able to work
 and help in the fight for the prevention of
 tuberculosis.

CHAPLAIN'S CORNER—

(Continued from Page 11)

child to live with and to learn to love. We
 pray for courage and we are taken to the
 front line of battle where we are called on
 to show our courage. We pray for peace,
 only to find that God has set us in an age
 of intolerable tensions. We pray for faith,
 only to discern that God permits us to
 lose our earthly securities in order to
 teach us to live by faith in spiritual things.
 We pray for the recovery of a loved one,
 only to discover God's answer in his promise
 of eternal life.

Look deeper than the outer event, for
 God's answer is so often given, not in the
 changing of the event, but in the trans-
 formation of our hearts.

— Lord, what a change within us one short

hour

— Spent in Thy presence will prevail to
 make.

The mature Christian knows that God is
 not an indulgent parent who grants every
 request, but that he is a loving Father who
 showers us with richer blessings than we
 had thought to ask for — a soul made sen-
 sitive to the unseen world of the spirit,
 an enlarged range of our intercessions, and
 a healing deeper than the healing we thought
 we wanted.

HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to this fund may be ad-
 dressed 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 May
 30, 1970:

Previously acknowledged \$3,103.61

Recent contributors:

Century Patrons:

Nil

Patrons:

Ernest Taylor

Miscellaneous

Total

16.65

Grand Total

\$3,120.26

EDITORIAL COMMENT—

(Continued from Page 7)

polar ice cap, thus flooding the coastal
 cities of the world."

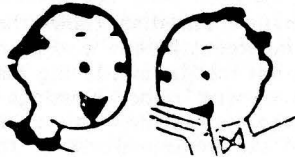
It is understandable that as air pollu-
 tion increases the first victims may well
 be those who suffer from chronic respira-
 tory conditions. Because of the firm be-
 lief that smoking causes and intensifies

(Continued on Page 14)

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Just Jesting



Why is it that so many people are reluctant to admit that they have faults? I certainly would — if I had any!

* * * * *

Eight-year old Tommy came home from school and asked his mother if he could have an advance on his allowance. When his mother asked why he needed it, he said, "Our teacher is leaving and all of us kids want to give her a little momentum."

* * * * *

The farmer was introducing his hired help to anti-poverty commission investigator.

"Gordon here milks cows and works in the fields and gets \$45 a week. The same with Billy Jo, and the young lady, Sue Anne, gets \$30 a week with room and board."

"Fair enough so far," said the inspector, "is there anyone else?"

"Only the half-wit," answered the farmer. "He gets \$10 a week, tobacco, room and board."

"Ah-ha," said the inspector, "I'd like to speak to him."

"You're talking to him right now," replied the farmer.

* * * * *

A woman went to her doctor to have a prescription renewed. She sat in the crowded waiting room and became engrossed in a magazine. When the nurse called her name, she found her leg had gone to sleep and she limped awkwardly into the doctor's office. The doctor wrote a new prescription and two minutes later the woman walked briskly out into the waiting room again.

As she put on her coat, she noticed another patient staring at her in astonishment. The surprised patient poked her companion and whispered excitedly, "See, Myrtle? I told you he is the best doctor in town."

* * * * *

Judge: "I think you should give your husband a divorce."

Wife: "What! After living with this bum for 20 years I should now make him happy?"

The couple had just become engaged and she cooed: "I will love to share all your troubles."

"But darling, he murmured, "I don't have any."

"I know," she answered. "I mean after we're married."

* * * * *

"Let me tell you, ladies and gentlemen, it is the working class that have made this country what it is today," said the orator, and he hesitated in expectation of applause.

Instead, an angry listener shouted: "That's the way with you politicians, blame every thing on the poor folks."

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A brand new doctor thought the patient looked normal and asked him what he was doing in a mental institution. "It's because I prefer cotton socks to woolen ones," said the patient.

"Ridiculous! That is no reason for sending you here," said the doctor, "I prefer cotton socks, too."

"The patient beamed. "I'm glad to hear that, doc! Tell me, how do you like them? With oil and vinegar or just a squeeze of lemon."

* * * * *

As a technological advance, the mini-skirt ranks with the steamboat. As Robert Fulton put it: "We no longer need to wait for the wind to blow."

EDITORIAL COMMENT—

(Continued from Page 13)

the various respiratory conditions and illnesses there is now a coordinated effort by all tuberculosis and respiratory disease associations to cultivate "Kick the Habit" campaigns in their communities. June, 1970, marks the opening of this nation-wide campaign.

In the United States the associations plan to flood all possible outlets with this message: "Kick the Habit. It's a matter of life and breath. Your local respiratory diseases association can help."

We are told that the message will be in newspaper and magazine ads, in sub-

(Continued on Page 16)

Inns And Outs



NOVA SCOTIA SANATORIUM

Admissions: April 16 to May 15, 1970

MRS. GRETA MAY (George) FISHER, Glenholme, Col. Co.; MRS. CLAUDIA ALICE (Merle) PUTNAM, Masstown, RR 1, Debert, Col. Co.; WILLIAM HOWARD WARD, 249 Chester Ave., Kentville; CHARLES LEWIS SPERRY, Eureka, Pictou Co.; MRS. KATHLEEN PATRICIA (Edward) RANDALL, Upper Canard, RR 2, Centreville, Kings Co.; RANDALL VINCENT CROSSMAN, 132 Arthur Street, Truro; WILLIAM YORKE TUTTY, 32 Zwicker Street, Liverpool; MRS. ANGELINE MAY (Fred) COMEAU, Cambridge Station, Kings Co.; RUSSELL JAMES MINTIS, Pictou County Home For Disabled, Stellarton; GEORGE PHILIP CORBIN, 36 Tupper Road, Kentville; WILFRED LeBLANC, Kings County Hospital, Waterville; BLANCHE ELIZABETH WILLIAMS, Preston, Halifax Co.; ANNIS CLAYTON MOSHER, New Germany, Lun. Co.; MRS. MARIE SOPHIE (Joseph) LaPIERRE, Grand Desert, Halifax Co.; AMBROSE BELLEFONTAINE, Scotia Nursing Home, Beaverbank, Halifax; CHARLES HEDRIE CROWE, 17 Sutherland Street, Sydney; MAXWELL ALLEN BARCLAY, Pictou County Home for Disabled, Stellarton; LAUGHLIN DAN MacKINNON, Strathlorne, P.O. Box 347, Inverness Co.; MRS. AMANDA MARIE (Alfred) WHITE, Duff Street, Westville, Pictou Co.; CLAYTON MURRAY ARMOUT, Oxford, Cumberland Co.; MRS. RUBY MYRTLE (Robert) BOUTILIER, Mushaboom, Halifax Co.; VICTOR JOSEPH ARSENAULT, 2507 Brunswick St., Halifax; MABEL (Joseph) METLEJ, 6289 Allen St., Halifax; MRS. MARGARET ROSE (Douglas) WAMBOLDT, Waterville; JOHN LEIGHTON DILLMAN, 223 Windmill Road, Dartmouth; MRS. CATHERINE SARAH RANKIN, Mabou Village, Inv. Co.; ANGUS DONALD RANKIN, Mabou Ridge, RR 1, Mabou, Inv. Co.; WILLIAM GORDON DANIELS, 3 Sampson Drive, Kingston; SIMON OBEDIAH HIRTLE, Box 130, Milton, Queens Co.

Discharges: April 16 to May 15, 1970

LOUIS PHILLIP THIBAUT, Comeauville, Digby Co.; ALVIN WALDO HARVIE, 51 Woodworth Road, Kentville; CLIFFORD OWEN BENEDICT, Avondale, Hants Co.; LLOYD JAMES WALKER, Carleton Corner, Annapolis Co.; CHARLES LEWIS SPERRY, Eureka, Pictou Co.; MRS. KATHLEEN PATRICIA RANDALL, Upper Canard, RR 2, Centreville, Kings Co.; JAMES WILLIAM RILEY, Wentworth, Hants Co.; LEONARD THEODORE BOUDREAU, RR 1, Monastery, Antigonish Co.; CYRIL ARTHUR GREENOUGH, Hillside Residence, South Maitland, Hants Co.; FREDERICK GORDON SANFORD, Weston, RR 3, Aylesford, Kings Co.; CLYDE HIGGINS, Meagher's Grant, Halifax Co.; AUBREY GIDEON CORKUM, Pleasantville, Lunenburg Co.; ARTHUR SPENCER, Wolfville Ridge, RR 1; WILLIAM ARNOLD BAXTER, Truemanville, RR 4, Amherst, Cumb. Co.; MRS. BARBARA MARY AUCOIN, Tobin St., Halifax; GORDON ARNOLD GREEN, White Rock, Kings Co.; MRS. CHRISTINE BROWN TANNER, Maitland, Hants Co.; BASIL CHESTERFIELD WHALEN, 336 Vale Road, New Glasgow; GEORGE HARVEY HARRIS, Timberlea, Halifax Co.; FREEMAN ALBERT MUNROE, Sheet Harbour, Halifax Co.; JOHN HOWARD BLAUWENDRAAT, Beaverbrook, Col. Co.; JOHN BURTON DAHR, Windsor Junction, Halifax Co.; MRS. MARIE SOPHIE LaPIERRE, Grand Desert, Halifax Co.; BLANCHE ELIZABETH WILLIAMS (Expired), East Preston, Halifax Co.

POINT EDWARD HOSPITAL

Admissions: April 16 to May 15, 1970

KENNETH ANGUS MacDONALD, 1702 Kings Rd., Sydney; WILLIAN JOHN BEATON, 276-6th St., New Aberdeen; MARY AGNES PAUL, Eskasoni, Cape Breton Co.; FREDERICK MATHESON, 129 Emery Crossing, Reserve Miines; DAVID ARCHIBALD MacDONALD, 62 Main St., Glace Bay; CHRISTINA TOBIN, 16 MacNamara St., Sydney Mines; JOSEPH NELSON JOHNSTON, 6 Hankin St., Sydney Mines; ARCHIBALD CALDWELL, Braemore Home, Sydney River; FRANCIS JOHN MacNEIL, 123 Emerald St., New Waterford;

(Continued on Page 16)

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NURSING TIDBITS

MEETINGS ATTENDED:

Workshop on "Human Relations in Nursing" in Halifax on May 20th, by Mrs. Phyllis Prest, R.N., and Mrs. Gladys McKean, R.N.

The annual meeting of the Registered Nurses Association of Nova Scotia (4 days) in Wolfville from May 25th-May 28th, 1970. The meetings were co-hosted by the Valley and Hants Branches, held at Acadia University. They were a huge success. We are very proud of our President, Miss Vilda Skerry, R.N., and 1st Vice President, Miss Doris Neily, B.Sc.N., and their committees. It shows what can be done when there is a common goal and everyone works together towards that goal. Leadership, team work, cooperation, we had them all.

Of the names listed below, a few attended the four day sessions, the remainder attended as many as possible:

Miss E. Jean Dobson, R.N., B.Sc.N.; Miss Doris Neily, R.N., B.Sc.N.; Miss Margaret Potter, RN.; Miss Elizabeth MacPhail, R.N.; Miss Eleanor MacQuarrie, R.N.; Miss Vilda Skerry, R.N.; Mrs. Theresa Webster, R.N.; Mrs. Edna Comcau, R.N.; Mrs. Kathleen Dakin, R.N.; Mrs. Phyllis Prest, R.N.; Mrs. Mary Durno, R.N.; Miss Mary Spicer, R.N.; Mrs. Florence Hersey, R.N.; Miss Gayle Wilson, R.N.; Mrs. Maxine Pineo, R.N.; Mrs. Gladys McKean, R.N.

WEDDING BELLS RINGING FOR:

Dr. and Mrs. Ray Webster, nee Theresa Boone, R.N.

Mr. and Mrs. Hugh Mitchell, nee Carolyn Parker, C.N.A.

Mr. and Mrs. Willis Moore, nee Wilma Hiltz, C.N.A.

Congratulations and best wishes from the staff.

RESIGNATIONS:

Mrs. Eloise Bannister, R.N.; Mrs. Helen Harvie, C.N.A.; Mrs. Jane Cogswell, C.N.A.; Miss Sandra Simms, C.N.A.

STAFF PROMOTION:

Mrs. Phyllis Prest, R.N., from Head Nurse to Administrative Supervisor.

VISITORS:

The Honorable Minister of Public Health, Richard A. Donahue and Deputy Minister, J. S. Robertson; Honorable John Buchanan, Minister of Public Works and

Deputy, D. J. Power, visited here on Monday, June 1, 1970. They were taken on a tour of our facilities by Dr. J. J. Quinlan.

VACATION TIME is here again and we hope each one will see a fulfilment of your dreams of leisure time, and return to work full of zest for another year!!!

INS AND OUTS—

(Continued from Page 15)

ALEXANDER HECTOR MacKENZIE, Benacadie West; JOHN CHARLES ROBERTS, Cape Breton Hospital; MARY DAVIS, 13 Currie St., Glace Bay; STEWART GILLIS, South West Margaree; ANNIE ELLEN MOORE, Bras D'or Rd., Florence; GILLIS HACHE, Cheticamp; JAMES HUBERT SIMMS, South Bar.

Discharges: April 16 to May 15, 1970

MICHAEL ERNEST CANNON, Port Hood, Inverness Co.; MARTIN MacPHERSON, 10 Heelan St., New Waterford; JOHN JAMES KENDALL, 14 Lingan St., Dominion; MICHAEL SHEWCHUCK, Birch Grove; ALLAN CHARLES MacDONALD, 104 Wood Ave., New Waterford; DONALD JOSEPH MacNEIL, 127 Oakville Drive, Sydney; MURDOCK KENNETH SMITH, North River Bridge; CATHERINE SARAH RANKIN, Mabou, Inverness Co.; ARCHIBALD CALDWELL, Braemore Home, Sydney River; JOSEPH ALEXANDER FITZGERALD, Aspy Bay, Victoria Co.; MRS. MARY ANN PAUL, Eskasoni, Cape Breton Co.; EDWARD AUGUSTUS PENNY, 31 Edgewood Drive, Sydney.

EDITORIAL COMMENT—

(Continued from Page 14)

ways and buses, on radio and television, on buttons, posters, billboards and in all kinds of anti-smoking interviews and features.

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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.B. (C)	Consultant Bronchoscopist
B. F. MILLER, M.D., F.R.C.S. (Ed.), F.R.C.S. (C)	Consult. Ortho. Surg.
P. GEORGE, M.D., C.R.C.P. (C)	Consultant Psychiatrist
D. H. KIRKPATRICK, M.D.	Courtesy Consultant in Anaesthesia
C. E. JEBSON, M.D., C.R.C.S. (C)	Consultant Urologist
MISS E. JEAN DOBSON, R.N., B.Sc.N.	Director of Nursing
MISS EILEEN QUINLAN, B.Sc., P.Dt.	Senior Dietitian
DONALD M. BROWN, B.A., B.Ed., M.S.W.	Director of Rehabilitation

Point Edward Hospital

D. S. ROBB, M.D.	Medical Superintendent
T. K. KRZYSKI, M.D.	Physician
W. MacISAAC, M.D.	Consultant Bronchoscopist
D. B. ARCHIBALD, M.D.	Consultant Urologist
MISS KATHERINE MacKENZIE, R.N.	Director of Nursing
MISS JOYCE LEWIS	Dietitian
MRS. A. WINNIFRED PROTHEROE	Supervisor of Rehabilitation

Church Affiliation

NOVA SCOTIA SANATORIUM

ANGLICAN

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

Co-ordinating Protestant Chaplain

Rev. Dale MacTavish

BAPTIST

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

ROMAN CATHOLIC

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

SALVATION ARMY

Capt. H. L. Kennedy

CHRISTIAN REFORMED

Minister—Rev. H. Vander Platt

UNITED CHURCH

Minister—Rev. K. G. Sullivan
Sanatorium Chaplain—Dr. (Rev.) 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.



The Canteen . . .

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AND BENEFIT

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