

Stacks

**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.

## The Snowstorm

Announced by all the trumpets of the sky  
 Arrives the snow, and driving o'er the  
 fields,  
 Seems nowhere to alight; the whited air  
 Hides hills and woods, the river and the  
 heaven,  
 And veils the farmhouse at the garden's  
 end.  
 The steed and traveller stopped, the cou-  
 rier's feet  
 Delayed, all friends shut out, the house-  
 mates sit  
 Around the radiant fireplace, inclosed  
 In a tumultuous privacy of storm.  
 Come, see the north wind's masonry.  
 Out of an unseen quarry evermore  
 Furnished with tile, the fierce artificer  
 Curves his white bastions with projected  
 roof  
 Round every windward stake, or tree, or  
 door  
 Speeding the myriad-handed his wild  
 work  
 So fanciful, so savage, naught cares he  
 For number or proportion. Mockingly  
 On coop or kennel he hangs Parian  
 wreaths;  
 A swan-like form invests the hidden  
 thorn;  
 Fills up the farmer's lane from wall to  
 wall,  
 Mauer the farmer's sighs, and at the gate  
 A tapering turret overtops the works.  
 And when his hours are numbered, and  
 the world  
 Is all his own, retiring, as he were not,  
 Leaves, when the sun appears, astonished  
 Art.  
 To mimic in slow structures, stone by  
 stone,  
 Built in an age, the mad winds night-  
 work,  
 The frolic architecture of the snow.

—Ralph Waldo Emerson

## Request

Give me a blue sky overhead;  
 Give me the green earth for a bed;  
 Add to the gift a singing stream,  
 A silver moon, some stars that gleam,  
 And a chance to dream.  
 Give me a cottage beneath the trees,  
 A bit of honeysuckle, some bees,  
 A cobblestone path in a winding way,  
 A place that is home—not a place to stay,  
 Laughter of children with bird-songs  
 blent,  
 And sweet content.

—Bertha Merena Mauermann

## Beautiful Snow

Oh, the snow, the beautiful snow!  
 Filling the sky and the earth below;  
 Over the house-tops, over the street,  
 Over the heads of the people you meet;  
 Dancing, flirting, skimming along,  
 Beautiful snow! it can do nothing wrong;  
 Flying to kiss a fair lady's cheek,  
 Clinging to lips in a frolicsome freak—  
 Beautiful snow, from the heavens above,  
 Pure as an angel, and fickle as love!

Oh, the snow, the beautiful snow!  
 How the flakes gather and laugh as they  
 go!  
 Whirling about in its maddening fun,  
 It plays in its glee with every one.  
 Chasing, laughing, hurrying by,  
 It lights up the face, and it sparkles the  
 eye;  
 And even the dogs, with a bark and a  
 bound,  
 Snap at the crystals that eddy around.  
 The town is alive and its heart in a glow  
 To welcome the coming of beautiful snow.

—J. W. Watson

## Winds

Over the mountains crusted snow  
 The sweeping winds of winter blow,  
 Their laden wings o'er fields and lakes  
 Now scatter wide the crystal flakes.

Below they sweep to valleys deep,  
 Where summer flowers are fast asleep,  
 And thirsty roots are buried low  
 To wait the time for them to grow,

Await the sun and mellow breeze  
 To green the grass and bud the trees,  
 Await the summers gentle showers  
 To deck the world again with flowers.

—Ann Elizabeth Kyd

## Dangerous Dan McCrobe

A bunch of germs were hitting it up  
 In a bronchial saloon;  
 Two bugs in the edge of the larynx  
 Were jazzing a ragtime tune.  
 Back in the teeth, in a solo game,  
 Sat dangerous Ack-Kerchoo;  
 And watching his pulse was his light of  
 love,  
 The lady who's known as Flu.

—Sundial

Anxiety never yet successfully bridged  
 over any chasm.

## We Resolve For This Year

Here we all go again, making New Year Resolutions. It's our most widespread annual epidemic, affecting at least as many people as the common cold, and lasting about as long.

Why are we all so susceptible? Why do we let the bug get us — because, let's confess, most of us do. And it isn't just because ministers preach sermons, editors write columns, and others are talking about their resolutions. Come January 1st, nine out of ten of us can't resist promising ourselves to do something, or refrain from doing something, which is habitual.

Thinking how general this urge is, the idea occurred to us that perhaps we were all afflicted with something called a "guilt complex." One hears about these things by listening to talks by psychiatrists, psychologists and such. We put the idea of guilt complexes up to a friend who has been exposed to a great deal of psychology and he got that look on his face that experts do when talking to lay folk—you know, bored, but with a touch of smugness.

Evidently our idea was pretty superficial, just the kind of idea that amateurs get. According to our pal a complex (noun) is complex (adjective). When a person admits he isn't doing what he knows he should, that is not very complicated. He just knows he is lazy, extravagant, selfish, conceited, careless, unpunctual, thoughtless, unkind, bad tempered, or incompetent. And he knows he could do something about it. So he may feel guilty but it isn't a complex. It's quite simple.

Arriving at that conclusion is quite simple. Doing something about it is not. But some of us manage it. Or at least we try. They decide to save fifty dollars a month, or maybe more. They perhaps fall down some months but if they manage for ten months out of the twelve, or even eight, they are better off at the end of the year. Or a chap decides his education did not go as far as it should so he will take a couple of night classes at the university. It turns out to be a bit more than he can handle — but if he manages to keep one of them up, he is still ahead because of the resolution.

By January 6th, which is Twelfth Night, we admit that there are probably a thousand New Year resolutions broken for every dozen still operating—but let us not forget that some do operate.

Perhaps New Year's Day is no better

than any other time for making up the mind to a certain course — but somehow, it seems more suitable. It seems a fitting time to start a new thing.

So what's stopping you?

—San Mag Service

## Accentuate The Positive

Tens of thousands of New Year resolutions are made every year and very nearly the same number broken. The thought has occurred to us that those resolutions might have a better chance of sticking if they accentuated the positive.

What do we mean by that? Well, instead of "I resolve to give up cigarettes," which is very hard for a great many people, make it "I resolve to have a trip to Europe — and I'll have it on the money I save by doing without cigarettes."

(It can be done. A friend goes to Europe every second summer and finances it by putting in her piggy bank the amount her friends spend on cigarettes. She has a lot of package-a-day friends).

If we gave ourselves a reward for doing something we don't want to do—and if we wanted to do it, there would be no need for the New Year resolution—we might find whatever effort is involved worth the trouble.

Instead of concentrating on the disagreeable feature of something we know we ought to do, why not dwell on the dividend? Not "I resolve that I'll go on a diet" so much as "I resolve that I'll have a really nice spring suit this year, (or beautiful golf clubs, expensive fishing tackle or whatever), and I'll take off pounds and have the money because I'll walk any distance less than ten blocks instead of taking the car or the bus."

We all have lists of things we would like but that we don't feel we can afford, though a little figuring shows that we could afford it very well if we gave up some indulgence which we have to admit is bad for our health.

This applies to time too. Right now in this fair city there are a lot of people thinking how wonderful it would be to be bilingual — and ten minutes a day over the years would have given them quite a good vocabulary in whichever of the languages they lack.

So accentuate the positive, or to put it another way, concentrate on the chocolate coating — even though there is a pill of self denial inside.

## What To Do For The Common Cold

There's one fairly safe prediction that can be made for 1970. In January a giant sneeze echoed across the land.

The first month of the year regularly brings the first epidemic of common cold. Few escape the sniffles and the other all too familiar symptoms. Each year 83 per cent of the population catches cold, and, aside from the misery, it has been estimated that this disorder is costing industry six billion dollars in lost working time annually.

What can the cold sufferer do? Today's Health magazine, published by the American Medical Association, offers this advice:

—Stay home and take other precautions to prevent spreading the cold to others.

—Go to bed and rest, keep covered, avoid drafts.

—Eat an adequate, well-rounded diet, including plenty of fluids.

—Blow your nose gently when necessary.

—Use steam from a kettle or vaporizer to relieve nasal congestion.

—See your physician if the cold persists for more than a week, if you have more than one degree of fever for more than a day, or if you suffer more than three or four colds a year.

By all means skip the folk "curses" such as catnip tea, hard cider with cayenne pepper, and soaking your feet in a mustard bath. These are a waste of time. So are gargles and the application of chest ointments, as far as treating a cold is concerned.

There is no known drug which will cure a cold, Today's Health stressed. None of the cold remedies on the market today can do anything more than provide temporary relief of certain cold symptoms, it said, adding: "They do little more than add to the feeling that you've done something."

Nevertheless, the magazine pointed out, Americans spent a large sum of money for packaged cold and cough medicines last year.

"The cold remedy business owes much of its success to the fact that the cold is a self-limiting disease," the magazine pointed out. "Since the cold will disappear in a matter of days of its own accord, any improvement is easily attributed to whatever medicine might be taken."

An interesting study has shown that a sugar pill with no medicinal properties is

as effective as any so-called cold remedy, insofar as curing a cold is concerned. The five-year study, conducted by Dr. Harold Diehl, involved thousands of students at the University of Minnesota. Dr. Diehl found that about as many students taking sugar pills reported their colds went away in a day or so as students given medicine. Dr. Diehl said the experiment shows the power of self-deception. It works this way. You buy the cold remedy where you buy all our drugs. It looks like a drug and tastes like a drug. The label says it will help and, furthermore, you want it to. Hence you convince yourself it did help.

However, it should be remembered that the whole purpose of the test was to compare the curative powers of various remedies. Admittedly, there are preparations available which relieve symptoms and to that extent make colds more bearable to the sufferer.

Some day a real cure for the cold may be found.

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Most arts require long study and application; but the most useful of all, that of pleasing, only the desire.

—Lord Chesterfield

\* \* \* \* \*

In every part and corner of our life, to lose one's self is to be a gainer, to forget one's self is to be happy.

—Robert Louis Stevenson

\* \* \* \* \*

### PROMISES

Those who are slow in their promises are frequently most trusty in performances.

\* \* \* \* \*

Man is proving that he can live in outer space and at the bottom of the sea. Now all that remains is for him to manage to live in the area in between.

\* \* \* \* \*

The law of worthy life is fundamentally the law of strife. It is only through labor and painful effort, by grim energy and resolute courage that we move on to better things.

—Theodore Roosevelt

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## A College Education — Is It Difficult For The Ex-Tuberculous Patient?

IRENE WELLS

When the question was asked, "Isnt it difficult for an ex-tuberculous patient to go back to school? I was rather amazed.

Speaking for myself the answer is "No." It was a real pleasure for this interest was developed while I was a bed patient in the tuberculosis Sanatorium at Norton, Kansas, in 1953. Miss Mary Alta Beach, supervisor of correspondence courses (now deceased), suggested that I enroll in one of her college courses. Me! Do college work? Why I was forty years old! But, as my dear mother always told me, "Idle hands are the devil's workshop," so I decided to enroll in a course of study. I started college English, found it absorbed many hours, and you would be surprised at the number of patients who came in to assist when a question troubled me. This was the start of a degree which was finished in May, 1960.

Let me say that many times I was discouraged but would not give up. It has been said that you cannot live a normal life after having tuberculosis and I decided I had to find out.

My return from the Sanatorium in May, 1954, gave me many long hours to read and think. Later, while working for the Kansas Tuberculosis and Health Association, my contacts with school people made me more aware that an education was what I wanted out of life, most of all. An ex-patient should not do strenuous work but one can labor with the mind and hands and still remain in good health.

My actual college education began in the fall of 1956. I attended Dodge City Junior College for the first two years and Fort Hays State College for the final two years. What did my day consist of after starting to school? The first semester was spent caring for my home and doing 15 hours of freshman pre-requisite subjects. During the summer I went back to my old position as office manager for a Ford dealer. In the fall I decided to give the morning over to school, rest an hour at noon, then work until six in the evening. My degree will be finished in the normal eight semesters of college attendance with the exception of three hours of English (at the Sanatorium) and two hours of health workshop before becoming a regular student. At graduation in May, 1960, I had 133 college hours and a Bachelor of Science degree in home economics.

This article wouldn't be complete without mentioning something about my stay at the Norton Sanatorium in 1953 and 1954. Some people thought I was foolish when I went to the Sanatorium prepared to stay for 18 months but that idea helped me settle down to a routine of bed rest and regular pill taking. I contented myself with the idea that for the first time I had no worries—my bills would be paid if my insurance did not cover them, my laundry was done for me, meals were brought to my bedside, as well as anything within reason one would want. I day-dreamed of what I would do when I got home. Oh, yes, I was anxious! There were times when the walls seemed to close in on me. I did notice, when this anxiety came over me, that I didn't feel as well. I knew I had to rest and rest I did. I read books by the dozens and watched the birds and squirrels play outside my window. I was considered the laziest person on my floor. But that was the doctor's orders and an order is an order so I listened and got well in half the time expected—just nine months!

The battle at the hospital is not the final step in the cure. Even after going home you have to learn to take it easy and those of us who are self-drivers find it hard to slow the motor down. Perhaps that was why I needed frequent check-ups—just to keep myself reminded that I wasn't to run at top speed from day to day.

Before bringing this article to a close I would like to offer some advice to all who have tuberculosis. First of all to those of you with active tuberculosis who are outside of a Sanatorium, remember you have a duty with medical aspects. You have a duty to protect your fellow citizens from infection. The cure is possible and the spread of germs is stopped when you go to the sanatorium. You can get well and you must protect others by not spreading the tuberculosis germs.

To those of you who are already in a sanatorium just pretend you're on a

(Continued on Page 16)

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## How T B Differs From Other Illnesses

Most infections do not last long in the human body — they either disappear completely or cause immunity changes in the body.

Tuberculous infection may lie dormant for years. Then a patient subjected to severe stress may have active disease thrust upon him.

With a major number of diseases, having had that disease creates life-long immunity. But once having tuberculosis a person is far more likely to have it again than those who have never had it.

Other infections show symptoms that sound an immediate alarm. Tuberculous infection may be far advanced with no outward signs of infection. Its symptoms, if noted, are often attributed to something else.

Fifty years ago when it was common, many young people developed active infection and died. Tuberculosis was then thought to be a disease of young people. So-called "lung infections" among older people were overlooked and not suspected.

Today's story is different. Thirty-five million people are believed to carry dormant tuberculosis bacilli. Each year some of these break down with TB. Seventy-five per cent of cases reported for the first time are thought to be due to such a breakdown. (Today in the State Sanatorium over half the cases are men in the middle or late years who probably picked up the infection years ago). Ten thousand persons who have had TB and recovered have a relapse within a year.

Today awareness that a person may be infected early, and is a potential case, make possible an early diagnosis. Prophylactic drugs make possible control and elimination in high risk areas.

By high risk areas we mean where people must live closely together with an infected person or persons, in crowded slums, or among migrant populations.

Taken from  
The Peoria Fluoroscope

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### "BUT I'M NOT SICK . . ."

Anyone who has the slightest case of tuberculosis is actually ill. It can lead to acute illness and long periods of treatment if action is not taken promptly.

\* \* \* \* \*

Better to remain silent and be thought a fool than to speak and remove all doubt.

—Abraham Lincoln

## Ten Good Rules

Robert Louis Stevenson never allowed TB to conquer his spirit, even though it ruined his body. He believed "There is no duty we underrate more than the duty of being happy." It is unfortunate that few people think of being happy as a duty.

What is the secret of Happiness? A philosopher has made these suggestions:

1. Make up your mind to be happy. Happiness is mostly a matter of self-hypnotism. You can think yourself either miserable or happy. Learn to find pleasure in simple things. If you can't attend grand opera, if opera is your forte, turn on your radio.

2. Make the best of your circumstances. No one has everything. He has a lot to cry over and a lot to grieve over. The trick is to make the laughter outweigh the tears.

3. Don't take yourself too seriously. Don't think that somehow you should be protected against misfortunes that befall other people.

4. Since you can't please everybody, please yourself. Don't let criticism worry you or let your neighbours set your standards. Stay out of debt. Be yourself. Do the things you enjoy doing if you want to be comfortable and happy.

5. Don't borrow trouble. Imaginary things are harder to bear than actual ones. Worry may give you a splendid figure, but it is ruinous to the disposition.

6. Since hate poisons the soul, do not cherish enmities and grudges. Avoid people who make you unhappy.

7. Have many interests. If you can't travel, read about new places. Cultivate many friends.

8. Don't hold post mortems. Don't spend your life brooding over sorrows and mistakes. Don't be one who never "gets over things."

9. Do what you can for those less fortunate than yourself.

10. Try to keep busy at something. A very busy person never has time to be unhappy.

—Sanabraska News

—via The Stethoscope

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## Question Box



By J. J. Quinlan, M.D.

Q. If I have positive gastric washings, does this mean that I am swallowing sputum - even though I seem to have no cough or expectoration?

A. When the stomach washings contain tubercle bacilli, secretions from the lungs are being swallowed. In many cases there is no obvious cough or expect-

oration, the secretions being propelled up the bronchi and windpipe into the back of the throat from where the swallow reflex takes them into the stomach.

Q. Is tuberculosis of the kidneys and other organs the result of having swallowed secretions that have been coughed up from the lungs?

A. Tuberculosis of the kidney and other organs outside the lung is caused by tubercle bacilli implanted during the development of the first infection. The germs of tuberculosis attack the body first by being inhaled into the lungs. As the infection develops the bacilli are transported by way of lymph channels to lymph glands at the root of the lung and then into the blood stream. During the circulation of the blood they are carried throughout the body, and in many cases are seeded in organs such as the kidney and spine. In these locations the germs may remain quiescent for many years before beginning to multiply to cause disease in these various organs.

Q. Is it just chance that determines where tubercle bacilli will settle and multiply, as in the case of tuberculous meningitis?

A. In many cases there is an element of chance but additionally in tuberculous meningitis the number of circulating bacilli is usually very large and the patient's resistance generally low.

Q. When deafness has occurred due to tuberculous meningitis, is it due to nerve damage by tubercle bacilli or the medications? Is the condition irreversible?

A. By and large deafness following tuberculous meningitis is due to nerve damage by the disease itself. In early days of treatment with the anti-tuberculosis drugs, particularly where the substance Dihydrostreptomycin was used and when the dosage of the drug was unnecessarily large, some patients did become deaf as a result

of the drug treatment itself. Unfortunately, such deafness when it does occur is permanent.

Q. Is tuberculous meningitis on the decline, or do we hear less of it because it is treated more effectively than in former years?

A. Tuberculous meningitis is encountered much less frequently than in former years. This is due mainly to the much greater respect we have nowadays for the primary infection of tuberculosis. It was known for a great many years that a large percentage of primary infection tuberculosis underwent spontaneous cure without treatment. Consequently little attention was paid to individuals who had developed a positive tuberculin test, unless they had evidence of active clinical disease such as rather marked changes in the x-ray of the chest, particularly active miliary tuberculosis, or unless they developed tuberculous meningitis. In recent years with the realization that all of so called re-infection tuberculosis develops only in individuals who have a positive tuberculin test, we are treating all primary infection tuberculosis whether manifested by definite disease or merely by the presence of a positive tuberculin test. When treatment is given to the individual who has only the positive skin reaction to indicate that he has been infected it is referred to as chemoprophylaxis. Such treatment is of particular importance in the child who has a positive tuberculin test or in the person of any age who is what we call a recent converter; that is, one who previously had a negative tuberculin test but who now has a positive reaction, indicating tuberculous infection sometime in the recent past. The management of primary infection tuberculosis as outlined above has greatly reduced the incidence of severe complications following the first infection, particularly acute miliary tuberculosis and tuberculous meningitis.

It is also interesting to note that vaccination with BCG while offering about 75% protection against infection by the human tubercle bacillus guarantees practically complete immunity to tuberculous meningitis and acute miliary tuberculosis.

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In company, guard your tongue; in solitude, your heart.



## Editorial Comment

Running behind schedule as we have been these past couple of months, we are undecided as to whether we should feature the hearts and flowers of Valentines Day, or the items pertaining to Easter. We cannot quite bring ourselves to call forth the poems of spring for it is, after all, only January as we write this. Our apologies, then, if your Valentine messages arrive later than the fourteenth of February. Here are a few items of interest, gathered from several sources.

The date of February 14th was set because it was believed that birds chose their mates on that date. This was we suspect, in parts of the world where spring comes earlier than in most parts of North America.

In ancient Rome boys and girls became "valentine" by drawing lots — which would be the forerunner of "blind dates."

In early England St. Valentine's Eve was similar to our present day Halloween. In the evening groups of young people sang songs beneath windows, by way of asking for treats.

During medieval times an admirer would hide his love message in a place such as a hollow tree so that the young lady's father would not find it.

During Elizabethan times in England it was the custom to toss an apple or similar treat through the young lady's window—which makes one try to recall when they first began using window glass!

Certain symbols used on valentine greetings are said to carry a special meaning. A fan means "open up your heart." A ribbon means a bond or a tie. The word lace comes from the Latin meaning snare or noose.

One writer who was commenting on the variety of valentines available said, "Looking over a rack of hundreds of cards, we wondered if there was anyone without a special card except, perhaps, dentists, members of parliament, the man who reads the meters, and the man who operates the garbage truck at six a.m." Fortunately, he did not look at the "comic" valentines or he would have found something for those as well.

\* \* \* \* \*

We are still encouraging people to make application for writing the General Educational Tests. A number of applicants wrote at the Kings County Vocational School earlier in January and we are pleased to report that Joan Walker wrote at that time and achieved the Grade XII

equivalency rating with high averages. Any patients or staff who are interested in trying these tests, let us know and we will provide the application forms. We understand that the next opportunity for writing will be in April at the same school.

\* \* \* \* \*

By way of staff notes, Dr. Quinlan and Dr. Holden returned the last week in January from Montreal where they were attending the annual meeting of the Royal College of Physicians and Surgeons of Canada. Earlier in January Dr. Holden and Dr. Crosson gave lectures to medical students at Dalhousie University.

As a further note, Dr. Quinlan has been elected Vice-Chairman of the Surgical Section of the Nova Scotia Medical Society.

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## HEALTH RAYS GOLDEN JUBILEE FUND

Contributions to this fund may be addressed to:

**Health Rays Jubilee Fund**  
Nova Scotia Sanatorium  
Kentville, N. S.

An official receipt will be sent to all contributors. Your donation will help **Health Rays** to survive.

The standing of this fund as of January 30, 1970:

Previously acknowledged:	1,834.54
Recent contributors:	
Century Patrons:	
Nil	
Patrons:	
Clara Quinlan	
Thelma Stuart	
Ernest Taylor	
Matilda Burke	
Mrs. Mary (McKenna) Brown	
Mrs. Catherine Boyle	
Dr. Eva M. MacDonald	
Mrs. Ida Chute	
<b>Total</b>	<b>61.83</b>
<b>Grand Total</b>	<b>\$1,896.37</b>

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The glory of life is to love, not to be loved; to give, not to get; to serve, not to be served. — Hugh Black

## Pulmonary Tuberculosis Among Older Persons

*Reactivation of a Previous Infection  
Accounts for Majority of Cases of Active  
TB Among Older Adults*

An important factor in the continuing existence of tuberculosis in the population is the older person with active pulmonary tuberculosis. Some cases among older people are reactivations of previously known tuberculosis, but often there is no history of such a previous episode.

It is important to recognize active tuberculosis in older persons because such persons may endanger children, or, if in a nursing home, may be cared for by young adults who are tuberculin negative.

In the present study, an attempt has been made to gather two types of information: (1) the frequency with which a recent close contact with an open case of tuberculosis could be found as a source of infection in persons with primary tuberculosis, whether child or adult, compared with finding the source contact in older persons with active chronic pulmonary tuberculosis of recent onset; (2) the frequency with which evidence could be found of the previous existence of tuberculosis in the older person as revealed by roentgenograms (x-rays) made at least a year before hospital admission.

Frequency of recent close contact with open tuberculosis was elicited in three groups of patients:

*Older adult patients.* In 102 cases of active pulmonary tuberculosis in persons 50 years of age or older, only five patients had a significant contact with an open case within the past several years.

*Children with predominantly primary tuberculosis.* In a group of 136 children admitted to the sanatorium, significant close exposure to a case of contagious tuberculosis was found to have occurred within the previous year in 112 (82 per cent).

*Adults with primary tuberculosis.* The cases of 30 young adults (aged 17 to 30) with primary tuberculosis were reviewed. This was to combine the factor of being adult with the factor of primary infection in order to eliminate the possibility of endogenous reinfection as the mechanism.

Tuberculosis was deemed to be primary if the date of conversion of the tuberculin skin test was known to be recent or if the lesion was strictly limited to a portion of the lung commonly affected by primary tuberculosis. Close contact with an open case of tuberculosis within the previous

year was established for 20 (67 per cent) of the 30 adults.

Statistical analysis of these data revealed no significant differences in incidence of source cases for primary infection between children and adults. A high degree of significance could be attached to the much lower incidence of recent re-exposure among the older adults.

The time-honored explanation that an adult has contact with so many persons as to make it extremely difficult to locate the one responsible for the "reinfection" appears to be untenable. When endogenous reactivation was eliminated from consideration in the adult patient, the source of infection was established in a high proportion of cases. The unlikelihood of reinfection in the majority of these cases suggested that reactivation of old disease might account for more of the cases of newly discovered tuberculosis among older adults than is generally thought.

To evaluate this possibility, the records of 445 patients admitted to the sanatorium during a 12 month period were studied. Among 102 patients 50 years of age or older who had chronic pulmonary tuberculosis, 12 cases were reactivations of known adult lesions which had been treated from 7 to 50 years previously.

In the remaining 90 patients, no history of previous tuberculosis could be elicited. In only 5 of these was there a recent exposure to open tuberculosis. Roentgenographic evidence of antecedent disease had been present for at least one year in 51.

The observations reported offer nothing in support of exogenous reinfection and provide evidence that unrecognized latent tuberculosis is often present for years before the development of the first clinical episode of the disease in persons more than 50 years of age.

In primary tuberculosis for which an exogenous source of bacilli is necessary, it was possible to identify the source of bacilli in the majority of cases in adults as well as in children. Thus the reason for the difficulty in identifying sources of "reinfection" appears to be that re-exposure is not related to the development of active tuberculosis in a person who has been infected in the past. Casual contacts are un-

likely to cause primary infection, much less reinfection.

Reactivation of dormant foci of previously unrecognized tuberculosis seems even more plausible as an explanation for tuberculosis in the older adult when considered with the fact that roentgenographic evidence of pre-existing tuberculosis was found in 72 per cent of older persons experiencing their first clinical episode of the disease.

In a large number of these persons, there was evidence of pre-existing scars on the lung from which reactivation might have occurred (often referred to as Simon foci).

#### *Significant Scars*

The origin of such scars has been the subject of debate for many years. Many have considered such scars abortive episodes of postprimary tuberculosis foci which should not be considered abnormal. However, the observations in this study suggest that even though they remain unchanged for years, they should be regarded as potential sources for reactivation of tuberculosis during subsequent periods of stress, hormonal changes, and advanced years.

Factors frequently related to reactivation have been old age, alcoholism, cortisone therapy, diabetes, silicosis, major gastric resectional surgery, and chronic illness due to a low-grade malignancy.

As improved and more refined techniques are sought for the control of tuberculosis in the community, more attention should be focused upon tuberculin reactors whose roentgenograms reveal scars, whether there is a history of tuberculosis or not. While a reactivation of tuberculosis occurs in only a small portion of such persons in a given year, each reactivation may delay eradication of tuberculosis by planting bacilli in a new victim.

Infection of tuberculin-negative contacts can only be prevented by detection and treatment of reactivation before liquefaction necrosis develops with dissemination of organisms into the environment

— NTA Abstracts. via So Ca San Piper.

## Musical Program

On the evening of Thursday, January 29, we enjoyed a program of folk, western, and popular music presented by local entertainers. Master of ceremonies and organizer of the program was Phil E. Silver, orderly at the Sanatorium, who did a very fine job of keeping things moving as well as taking part as a singer and guitarist. The feature group was Ken Wheatley and The Fugitives. Ken is Manager of the Sanatorium Laundry, and his associates were Larry Knowles, Fran Bailey (Lead), and Paul Keizer (Bass).

The program opened with Ken and The Fugitives playing Duckies Polka; The Fugitive; Greystone Chapel; and Alone With You—the lyrics being sung by Ken Wheatley. Later in the program they presented I Can't Help It; Silver Ribbons; Send Me Back Home; and Buckaroo.

Lucky Mahar, a Sanatorium orderly, and his daughter Barb sang My Old Pal of Yesterday; Barb sang I Love You the Best of All; and together they rendered Farther Along.

Fay Veinot, nursing assistant, and Phil Silver sang Four Strong Winds. Later, Fay sang, to her own guitar accompaniment, Little Joe; followed by Town Hall Night, which I believe she wrote herself. Fay has a pleasing voice and we very much enjoyed her songs.

Phil also did a solo number, Get Along Dogie, which he wrote himself and this, too, was well done and deserving of credit.

A group of student nurses, affiliating at the Sanatorium, presented a skit which they called "Modsville." They also added much to the program by their group singing, which was led by one of their members, Sharlett MacCulley—a fair young lady who strums the guitar and would add much to any program.

There was an excellent turnout of patients and staff members, so that the Recreation Hall was well filled; which gives the performers the encouragement they need to put on a good show, and pleases all of us to see that our efforts are appreciated. At the close of the show members of the dietary department were there with coffee and doughnuts.

Dr. Holden was on hand and she, together with Don Brown, thanked all those who had contributed toward making this an enjoyable evening. Our thanks, also, to Alfred Osgood for using his amplifier, and to Stan Robichaud for putting the program over Station SAN so that the patients in their rooms also enjoyed the program.

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## Chaplain's Corner

GOD'S ANSWER TO A STRANGE PRAYER

Msgr. J. N. Theriault - St. Joseph's Church

Slowly, as if counting her steps, Nina climbed the last flight of stairs leading to the attic. She held the revolver firmly in her right hand, and the one bullet in her left. This was it. This was the end. She must do it. The year was 1946, the place Berlin. Like so many German girls of her age, she had dreamt of going to America. It seemed that the only way was to marry a GI.

Nina had met Buss Keenan a few weeks before and he looked like a good guy. Oh, he drank, but then most Americans were like that, it seemed. So she managed to set herself in his line of vision, wherever she thought he would be. Buss mistook her manners as an offer of service as bed companion. This would explain why Nina and Buss were to occupy a room together on the Wilhelmstrasse for a brief period, until the day Nina popped her ultimatum:

"Buss, either we get married, or I'm leaving — Well! Buss hadn't really given much thought to a permanent situation, but he agreed. So they were married at the Town Hall the following Saturday morning. But little was changed in their life. Buss went right on drinking. In fact he seemed to drink more now, and he would frequently be absent for two and three days, leaving her without food. Then he would return full of liquor and full of violence.

Yet Nina was hoping against hope that a miracle would occur and Buss would be cured of his drinking habit. The miracle never seemed to materialize. She felt terribly alone, in a state of despair. And when Buss stayed away for an entire week-end Nina was determined to end it all with a bullet. So she was climbing the stairs to the attic, weapon in hand.

Upon arriving in the attic she did the unexpected thing. She knelt and she began to pray. "Dear God, I am going to kill myself, and I know I am going to hell. And I know that they hate you in Hell. But not me. I want you to know that even if everyone else hates you in Hell, I will still love you. I want you to know that . . ."

This strange prayer did something to Nina. It was like a flash of grace. She realized the stupidity of her actions and she sat down on the floor of the attic for a moment. Then she stood up, cast a terrified

glance at the revolver and began her descent to her one-room apartment. She seemed fortified by an unseen power, and she was resolved to accept her condition and trust in God to come to her rescue.

It was only four weeks later that Nina and Buss were being transferred to America, and her fond dreams seemed to be coming true. Unfortunately their marital situation did not improve following their arrival in Boston. He kept right on drinking, squandering his money, paying little or no attention to his wife.

Nina was working as a waitress in a hotel when she came in to see me in Bermuda. She told me her tale of woe and then asked if I would instruct her as she had never been baptized. I told her I would be only too happy to do so, and at Easter 1949 she was baptized and received into the Catholic Church.

I contacted her husband in Boston and arranged for him to come to Bermuda for Easter. He agreed to come, and arrived on Thursday of Holy Week. Meanwhile I had asked Nina to go to Gibbon's Ladies Store to purchase for herself a fine suit and an attractive bonnet. We hadn't told Buss about Nina's plans, and when I saw him coming out of Pan-Am he looked shabby, not too well shaven, needing a hair-cut. So we arranged to have him get a decent suit, a shave and a hair-cut.

On Holy Saturday afternoon, I told him to come to the Rectory, on Cedar Avenue, where Nina was waiting, neatly dressed in her new suit and bonnet. She was ravishing. Then I turned to Buss and said to him: "Buss, you have been a fool. Just take a good look at the girl who is your wife. You have never really looked at her. You have treated her like a dog. You ought to be ashamed of yourself. You are a Roman Catholic, and yet you were determined to drag down your wife to the level of the gutter. I want you to take a good look at Nina, because she is to be baptized this afternoon. I am asking you now if you will take her as your wife, to love and respect her. If so, I am prepared to bless your marriage following her Baptism." —

Buss' eyes were fixed on Nina, as if he had never seen her before. He appeared

(Continued on Page 11)

## An Odd Interview

**MSGR. J. N. THERIAULT**  
St. Joseph's Church

Mrs. M. came into my office like a whirlwind. "What's all this about the Church forbidding divorce? I'm divorced, and do you think you're going to get me to take back the jack-ass I married? I hate his guts. And I hate those people who are not minding their own business and who are meddling with my affairs! Why is everyone so evil-minded? You, Father, you talk about the "Bon Dieu"—what's so good about him? Isn't he responsible for getting so many people to ruin my life? I'll tell you, I hate him, and I hate people who won't mind their business . . ." etc, etc . . . And so, on and on she went. She hated everybody; from the duke to his valet . . . She spoke without a halt for one hour.

Then just as she was catching her breath, I said to her: "Why do you take drugs?" She popped right up: "Who told you?"

"Because, I said, any one who hates the way you do must be taking drugs." Then I kept right on: "Madame, for one whole hour you have been ranting about hate. Now I want you to listen to me for one hour while I talk to you about love." And I did. I spoke of a mother's love for her crippled child. I spoke of those who leave their homes and go to the aid of people in Africa to assist them in their growth. And then I spoke of the Man of Love, who had precious little reason to love us. But He loved us first, and He loved us to death on a Cross. . . "

She was listening. But when I was finished she was fast asleep on the rocker. Then I wondered whether I hadn't discovered a cure for insomnia!

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Dost thou love life? Then do not squander time for that's the stuff life is made of.

—Benjamin Franklin

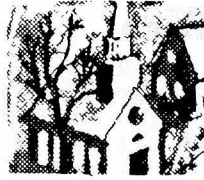
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## CHAPLAIN'S CORNER —

(Continued from Page 10)

as if nailed to the floor. Then suddenly he went to her, burst into tears and hugged her for fully two minutes. I had to leave the room.

Nina and Buss are now living happily in a little town in Massachusetts. I'm wondering if Nina ever told her three daughters about that strange prayer in the attic on the Wilhelmstrasse.



**RELIGIOUS  
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NOVA SCOTIA  
SANATORIUM**

**PROTESTANT**

Worship Service (Chapel)

Sunday: 10:00 a.m.

Vesper Service (Station San)

Monday through Saturday: 6:25 p.m.

Sunday: 5:45 p.m.

This Is My Story (Station San)

Tuesday 7:00 p.m.

Communion is served quarterly in the East and West Infirmaries.

**ROMAN CATHOLIC**

The Sacrifice of The Mass (Chapel)

Sunday: 7:00 a.m.

The Rosary (Station San)

Monday through Saturday: 6:45 p.m.

Sunday: 6:15 p.m.

The Hour of the Crucified (Station San)

Sunday: 6:30 p.m.

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Lord;

Make me an instrument of Your peace.  
Where there is hatred, let me sow love;  
Where there is injury, pardon;  
Where there is doubt, faith;  
Where there is despair, hope;  
Where there is darkness, light, and  
Where there is sadness, joy.

O, Divine Master,

Grant that I may not so much

Seek to be consoled as to console;

To be understood as to understand;

To be loved as to love;

For it is in giving that we receive;

It is in pardoning that we are pardoned;

And it is in dying that we are born to  
eternal life.

—St. Francis of Assisi

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I am bigger than anything that can happen to me. All these things—sorrow, misfortune and suffering, are outside my door; I am the house and I have the key.

—Charles F. Lumis

## OLD TIMERS

News has fallen off considerably, and predictably, since our lengthy report in last month's issue. However, we will keep our column, and our ears, open for a few more days in case some more news will filter in. We will begin with a couple of items from the pen of Anne Marie.

Mary Doucette had a letter from Mrs. Florrie Faulkner (formerly Moulaison) who was a patient here in 1960. The Faulkner family have recently moved from Goose Bay, Labrador, to Delta, British Columbia. (Incidentally, Florrie met Hazel Tipert while in Goose Bay). Florrie has kept well, has two children, and recently moved into their new home in Tsawwassen. Her husband works at the airport in Vancouver.

Blanche (Conrad) Mapplebeck, Kentville, heard from Aggie Howe from Lequille. Aggie was here in 1943 and reports that she keeps well. She also heard from Betty Magee of Scotland. Betty was here in 1947. She informs her that her daughter is married and has a baby.

We have a few items from Florence Belben who is a patient on West III. She reports having had a visit from Bessie Lynch, North River. She was visiting the Sanatorium with her sister whose husband is a patient in the East Infirmary.

Also visiting Florence was Betty Cameron, of Greenwood, who is looking very well indeed.

Florence had heard also from Bernie Hum, Evangie Way, and from Gladys Creighton, who is principal of the elementary school in Pictou.

Early in January we received a kind note from Mrs. Mary (McKenna) Brown with a generous donation to the Golden Jubilee Fund. She writes, "Being one of the 'Old Timers' I thoroughly enjoyed Mrs. Hiltz's summary of the history of Health Rays. Since my admission to the Sanatorium dates back to 1924, I recall with pleasure the names of former editors who helped to contribute so much to make Health Rays a worthwhile publication. Each month we eagerly looked forward to obtaining our copy.

"From 1927 to 1948 I was Admittance Clerk. Mention of this was made in your Old Timers column of the Anniversary Issue.

"With every good wish for your success, and a measure of good health to you all."

Another favourable comment on our Anniversary Issue came from Mr. Arthur C. Pettipas, Halifax County Anti-Tuber-

culosis League, who remarks that he considers the November issue to be among the best that he has read. He has saved most of the past issues of **Health Rays** and continues to maintain an active interest in our work. It is to be noted that the League has been active for sixty years, and was recently a century donor to the Golden Jubilee Fund, as reported in the December issue.

Among recent patients who have been at the Sanatorium for check-ups were Lupean Conrad, Bridgewater; Mrs. Lai Fong Lee of Halifax; and Edie Amberman of Lawrencetown, who very much enjoyed her day of visiting her friends at the Sanatorium.

Peggy MacEachern has heard from Rosalie Lacey who worked as Librarian and Operator of Station SAN in the late 50's and early 60's. Rosalie is working as librarian in Providence, Rhode Island, and reports that she is also occupied in looking after two self-invited cats. Those who knew Rosalie will remember her regular commentaries on the extraordinary intelligence etc. of the cat that was a member of her household when she worked at the San.

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## The Master Word

"Though little, the master word looms large in meaning. It is the 'open sesame' to every portal, the great equalizer, the philosopher's stone which transmutes all base metal of humanity into gold. The stupid it will make bright, the bright brilliant, and the brilliant steady. To youth, it brings hope, to the middle-aged confidence, to the aged repose. It is directly responsible for all advances in medicine during the past 25 years. Not only has it been the touchstone of progress, but it is the measure of success in everyday life. And the master word is work."

William Osler

---

Rise, happy morn, rise, holy morn,  
 Draw forth the cheerful day from night;  
 O Father touch the East, and light  
 The light that shone when Hope was  
 born.

—Tennyson

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## Give Recovered Patients A Chance

There is a sound basis for a certain amount of fear of the person with active tuberculosis. Experts in this disease make no attempt to minimize this fact, for it is still true that "Every case comes from another." But the danger is nothing like as great as many people continue to think. Actually, tuberculosis is one of the least communicable of the infectious diseases. It is very rare indeed for the casual exposure to result in another active case. The danger is even less when the second person is in good health at the time of exposure. If tuberculosis were as easily contracted as a bad cold, the human race would have been wiped out long ago.

But it is after the patient leaves the sanatorium, his tuberculosis completely under control, that he feels most cruelly the sting of other people's fear. It is then that the sensitive person is hurt, and unless he keeps a strong grip on his sensibilities, embittered. It is certainly then that inordinate fear of tuberculosis and its victims multiplies the ordinary difficulties of resuming a place as a self-respecting member of society and a sharer in its work and responsibilities.

Today's recently discharged patient is more fortunate than those of the past, but his problem has not been solved for him by any means. The patient still finds some who fear him and show plainly (sometimes unfeelingly) that they do. He is learning that, among certain employers, his tuberculosis history is a handicap comparable to that of excessive drinking. In other ways, too, he learns that abnormal fear of tuberculosis is by no means an evil thing of by-gone days.

The ex-patient himself is the chief victim of this lingering fear of the tuberculosis. It is he who feels most strongly and painfully the dark discouragement of joblessness, worries about what is going to happen to his family, and boils inwardly and bitterly at being treated differently from others after he has "worked hard" (and it WAS hard) at taking the cure and has been discharged as being safe by his physician. The very fact that a sanatorium has sent a former patient into the job market indicates that he is no longer a danger to others.

It is time, and long past time, for nineteenth century ideas about a person with a history of tuberculosis to be discarded. As long as such ideas and belief linger in people's minds, a cruel injustice is being

done. And remember that the recovered tuberculosis patients are not alone in paying heavily for this antiquated and erroneous concept, although it is true that his is the greatest loss. Business establishments are losing the services of valuable workers, and indeed in practically every aspect of our lives we are being made to suffer because so many of us refuse to think of tuberculosis and its effects in terms of today.

The properly treated and medically discharged tuberculosis patient is a far safer associate than the apparently well person who refuses to have regular examinations.

—The Valley Echo

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## My Wish For You

Wealth enough to support your needs.  
 Health enough to make work a pleasure.  
 Faith enough to make real the things of God.  
 Charity enough to see some good in your neighbour.  
 Grace enough to confess your sins and forsake them.  
 Patience enough to toil until some good is accomplished.  
 Love enough to move you to be useful—and helpful to others.  
 Strength enough to battle with difficulties and overcome them.  
 Hope enough to remove all anxious fears concerning the future.

—Goethe

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Dudley Field Malone, who played the part of Winston Churchill in "Mission to Moscow" some years ago, was subject to a great amount of ribbing as a result of his appearance in that role.

"You seemed to get such a kick out of the part," remarked a friend. "Was it because for the moment you thought you were actually Churchill?"

"No, it wasn't that," explained Malone. "What tickled me was that I was the first Irishman who was ever Prime Minister of England."

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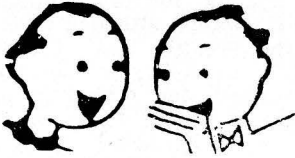
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**Just Jesting**



**TRYING TO HIDE IT**

The doctor drove up to the general store in his new Ford one cold day in December, jumped out quickly, and threw a blanket over the hood. A small boy standing near shouted, "No use covering it up, Doc; I saw what it is."

\* \* \* \* \*

"I hear the 1917 Ford is less noisy than the old models."

"How's that?"

"They've taken the brass band off the radiator."

\* \* \* \* \*

Sharon: "Whatever happened to that nice-looking baseball player who covered first base last year?"

Brian: "Lost his eyesight... had to quit!" Sharon "Oh, the poor boy! Is he out of baseball now?"

Brian: "Naw! The league made an umpire out of him."

\* \* \* \* \*

Diner: "Waiter, there's a button in my soup."

Waiter (ex-printer): "Typographical error, sir; it should be mutton."

\* \* \* \* \*

An Englishman, an Irishman and an American were flying low over the Sahara Desert.

"Beastly place!" said the Englishman.

"The devil's home," said the Irishman.

"What a parking lot!" said the American.

\* \* \* \* \*

"Let's see said the chatty man, "your brother went abroad on a fellowship, didn't he?"

"No," was the reply. "It was a cattle-ship."

\* \* \* \* \*

Doctor: "I don't like to mention it, but that cheque you gave me came back."

Patient "That's funny, so did my lumbago."

\* \* \* \* \*

A little girl described her appendectomy this way: "They told me it wouldn't hurt and then they stuck a needle in my arm and I disappeared."

Two Indians at a Canadian summer resort were getting their first view of water skiing.

"Why man driven boat so fast?" asked one.

"Have to," said the other. "Little man on string chase 'em."

\* \* \* \* \*

Loudspeaker (broadcasting trial): "And now the jury is about to return the verdict."

Mrs. James: "I wonder what was wrong with it."

\* \* \* \* \*

One doctor to another, watching repair of a computer: "How human can a machine get? It's got a screw loose!"

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Funny, isn't it, how you can't help feeling friendly toward a stranger who shows that he or she has a sense of humour.

\* \* \* \* \*

What a pity human beings cannot exchange problems. Everyone knows how to solve the other fellow's.

\* \* \* \* \*

First Cannibal: "I'm reading an interesting book."

Second Cannibal: "What's it called?"

First Cannibal: "How to Serve Your Fellow Man!"

\* \* \* \* \*

Two club members were having a heated argument in a city club lounge. Every moment their words became more personal.

Finally one said: "You've enough tin in your head to make a kettle."

"And you've enough water in your head to fill it," came the prompt reply.

Another member who had listened to the futile argument in disgust, rose to his feet and said, "Both of you have enough gas to boil it."

\* \* \* \* \*

**ADOLESCENT**

My mother makes me wash my ears  
And give my neck a scrub.  
But what I hate to wash the most  
Is the ring inside the tub.

—Naomi Doty



## Ins And Outs



### NOVA SCOTIA SANATORIUM

**Admissions: December 15 to January 15**

MRS. BARBARA MARY AUCOIN, 1219 Queen St., Halifax; MRS. DEANNA IVY BOND, Charles Street, Kentville; KEVIN ARTHUR LLOYD BRUNDAGE, 2 Silver Street, Amherst; JOHN MASON CROWELL, Shelburne; HARLEY JOSEPH DEVEAU, Mavilette, Digby Co.; GARY ERNEST DILLMAN, Meagher's Grant, Halifax Co.; MRS. SOPHIE GRANDY, 3456 McAlpine Ave., Halifax; WILLIAM ANDREW GRAVES, Port Williams; MRS. TSUI HUM, 2316 Gottingen Street, Halifax; JOHN ARTHUR JOHNSON, R.R. 1, Malagash, Cumb. Co.; MRS. LAURA ETHEL JOHNSON, 5165 South St., Halifax; JOSEPH PATRICK KANARY, 44 Seaview Ave., Glace Bay; MARGARET CATHERINE "CASSIE" MacFARLANE, 11 Willow Street, Pictou; PAULA VIOLET OSMOND, 81 Belle Vista Drive, Dartmouth; MRS. KATHERINE ELIZABETH PRIEST, 2050 Robie Street, Halifax; FREDERICK GORDON SANFORD, Weston, Kings Co.; MRS. MARION FRANCIS SLAUENWHITE, Lower Burlington, Hants Co.; MRS. MARGUERITE EVELYN SPIDLE, Barss Corner, Lun. Co.; EUGENE ALPHONSE SURETTE, Surette's Island, Yarmouth Co.; DR. POTTAYIL VARKEY THOMAS, Halifax Infirmary.

**Discharges: December 15 to January 15**

GEORGE HERBERT AKIN, Falmouth, Hants Co. (Expired); FOSTER MILTON BARKHOUSE, 20 Willow Ave., Wolfville; CAROLINE ELIZABETH CHISHOLM, Lower Sackville, N. S.; HENRY ALBERT DAUPHINEE, 5514 Duffus St., Halifax; COMMANDER BREDIN DELAP, Centreville, Kings Co.; WALTER JOHN DEVEAU, Middleton; SHARON BLANCHE DURNFORD, 31 Circle Drive, Spryfield; JAMES HENRY GREENOUGH, 1762 Henry St., Halifax; LEWIS WINSLOW HOWE, East Preston, Halifax County; MRS. ALMA ROSALIE MUISE, East Quinan, Yar. Co.; ARCHIBALD JOSEPH MacARTHUR, 14 Idlewyde Road, Armdale; MRS. CATHERINE MacDONALD, MacKay St., Stellarton;

ALEXANDER CAMERON MacINNIS, West Bay, Inv. Co.; JAMES WILLIAM PENNEY, Canaan Ave., Kentville; MRS. CHARLOTTE LOUISE SAUNDERS, Tremont, Kings Co.; MRS. OLIVE BERNICE SETTLE, 943 Cole Harbour Road, Dartmouth; SISTER MARY OF CHARITY (Bero), Convent of Good Shepherd, Halifax; LAWRENCE RIPLEY STEWART, Old Barns, Col. Co.; KONSTANTINE TECTONIDES, 18 Melville Ave., Armdale.

### POINT EDWARD HOSPITAL

**Admissions: December 16 to January 15**

WILLIAM JOSEPH BROWN, 49 Dorchester St., Glace Bay; ALEXANDER FINLAY CAMERON, 4 Union Highway, New Waterford; JOHN DANILE DONOVAN, Ingonish Harbour; MALCOLM MACDONALD, 5 Duncan Street, Glace Bay; JOSEPH LEO MACINTYRE, 364 Main Street, Glace Bay; JAMES CHRISTOPHER MACKINNON, Yorke Street, Sydney Mines; MARTIN ANGUS MACLELLAN, Margaree Harbour; MRS. MARION MACTAGGART, R.R. 3, Bras D'or; EDWARD AUGUSTUS PENNY, 31 Edgewood Drive, Sydney; JOHN PATRICK YOUNG, Centreville, Reserve Mines.

**Discharges: December 16 to January 15**

MRS. LILA ISABEL BRELIEGH, 18 French St., Sydney; CHARLES BRUSHETT, 126 Highland St., Glace Bay; MRS. JESSIE MATILDA CATHCART, Port Morien; MICHAEL FRANCIS GOULD, Eskasoni; JAMES MCVEY HICKEY, 710 Winnifred Square, Glace Bay; JOSEPH PATRICK KANARY, 44 Seaview Street, Glace Bay; GEORGE CHARLES LAHEY, Main-a-Dieu; ALEXANDER JAMES MACEACHERN, St. Margaret Village; DONALD JOHN MACKINNON, MacLean Street, Donkin; GEORGE LEROY MURPHY, Auburn, Kings Co.; MRS. AMANDA PETRIE, 19-12th Street, New Waterford; THOMAS IRVIN SMITH, 10 Berkey Street, Glace Bay.

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In this office, an executive is anyone who doesn't have to change his own typewriter ribbon.

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## A COLLEGE EDUCATION —

(Continued from Page 4)

cruise to health. You can't get off the ship; you're in deep water now so you must stay on! Why worry? Take a vacation and see how wonderful it is just to be alive! When you return home you'll find that your experience was worth the time lost. In the meantime cheer up someone near to you and you will be cheered in return. Thank God that we have people who are willing to work in a sanatorium.

Now to those patients who are not content to remain in the hospital long enough to get well—think before you leave without your doctor's permission. If something is troubling you STOP and THINK it through carefully before you act. The snap decision could be the wrong one and could cost you extra weeks or months of illness. Don't take chances with your life. If you are planning to take the cure at home remember that home care programs are difficult to control. It is difficult to regulate rest periods and to get your family and friends to understand your situation. You may look just great on the outside but inside you get tired so quickly. In contrast to home care the Sanatorium has a program geared to fit the needs of each individual case. I can cite many cases where patients got well—some with surgery, some with only long, long bed rest, and some with the new miracle drugs with only a short stay in bed.

My last bit of advice—whether or not you have been a tuberculosis patient—do have regular X-rays and complete check-ups. When you see the double-barred cross remember that it stands for life for the tuberculous. The money you spend on Christmas Seals may help inform others or finance research to achieve a victory over tuberculosis. The staff members and other employees of sanatoriums and research laboratories are all waging a war against the dread disease that was once thought incurable. Life is precious so when tired take time to rest; keep well and be happy. This is my prescription for remaining healthy.

—So-Ca-San Piper

Mother Nature is a remarkable woman but she still can't jump from summer to winter without a fall, nor from winter to summer without a spring.

\* \* \* \* \*

House work: Mop art.



## NURSING NEWS

Miss Jean Dobson, R.N., B.Sc., N., recently appointed Director of Nursing, was guest of honour at a Coffee Party the morning of Saturday, January 17th, at the home of Mrs. Celia Best, Centreville. Some twenty-five members of the nursing and medical staff attended. Assisting the hostess in serving were Misses Vilda Skerry and Gayle Wilson.

Congratulations are being extended to Miss Vilda Skerry, R.N., on successfully passing her provincial psychiatry examination.

Mrs. C. Boyle, R.N., is presently attending night classes at Acadia University, working toward a degree in nursing. Best of luck to her.

We are pleased to welcome two new staff members—Mrs. D. Lowe, R.N., and Mrs. G. Graves, C.N.A.

Welcome also to four of the recent graduates of the nursing assistant class of 1970A—Miss Brennick, Miss Katherine MacKinnon, Miss Wilma Hiltz and Miss P. Pothier—who will be joining our staff later in February and early March. Miss Pothier will be taking the O.R. Technician's Course.

Miss Linda Hillier and Miss Mary Fortune will be joining our staff on a casual basis.

Any persons interested in the Kentville-Wolfville Committee on Alcoholism may get in touch with the secretary, Miss Betty MacPhail, R.N.

Our best wishes go with Miss Braden, C.N.A., Miss Arthur, C.N.A., and Miss Fave Veinot, C.N.A., who are leaving our staff.

If she does not turn out to be the angel you thought she was remember that angels don't have to cook, wash dishes and darn socks.

—Trotty Veck Booklet

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# Nova Scotia Sanatorium

H. M. HOLDEN, M.D., C.R.C.P. (C)	Medical Director
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, M.D.	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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