

DALHOUSIE

NOVA SCOTIA SANATORIUM

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VOL. 47

JULY - AUGUST

NO. 7

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MISS EILEEN QUINLAN, P. Dt.	Senior Dietitian
F. G. BARRETT, M.Sc.	Director of Rehabilitation

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T K KRZYSKI, M.D.	Physician
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Sanatorium Visiting Hours

DAILY: 10.15 - 11.45 A. M.

DAILY: 3.15 - 4.45 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*

Kentville Church Affiliation

Anglican—Rector	<i>Archdeacon L. W. Mosher</i>
Sanatorium Chaplain	<i>Rev. J. A. Munroe</i>
Baptist—Minister	<i>Dr. G. N. Hamilton</i>
Student Chaplain	<i>Lic. Henry Sharom</i>
Lay Visitor	<i>Mrs. Hance Mosher</i>
Christian Reformed—Minister	<i>Rev. J. G. Groen</i>
Pentecostal—Minister	<i>Rev. C. N. Slauenwhite</i>
Roman Catholic—Parish Priest	<i>Rev. John F. DeLouchry</i>
Asst. Roman Catholic Priest	<i>Rev. Thomas LeBlanc</i>
Salvation Army	<i>Capt. R. Henderson</i>
United Church—Minister	<i>Rev. K. G. Sullivan</i>
Sanatorium Chaplain	<i>Rev. J. D. MacLeod</i>

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.

HEALTH RAYS

A MAGAZINE OF HEALTH AND GOOD CHEER

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VOL. 47

JULY - AUGUST, 1966

No. 7

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.



It was a sad occasion when patients and staff gathered recently to say good-bye to Monsignor, longer known as Father, Harry Durney who has served this parish and more especially the patients of the Nova Scotia Sanatorium as priest and friend for the past twenty-five years. To serve anywhere for a quarter of a century is an achievement in itself

but to serve as wholeheartedly, as skillfully and with as much warmth and compassion as did Monsignor Durney may well be considered a heaven-sent blessing in which this community of patients and staff were very privileged to share. On behalf of all of us, Protestants and Roman Catholics alike, I express our thanks, our kind thoughts and our best wishes for future happiness.

* * * *

The aim of treatment of tuberculosis is to return the patient to health and so make it possible for him or her to live a completely normal life. Fortunately, this result is usually attained but how impatient we all are! How frequently we want to run before we are quite able to walk. How often we try to make up for all the lost time in the first six months after returning home. The average healthy person feels that he is doing well if he attends school or holds down a job or looks after a houseful of children. Any one of these undertakings can involve one's full energy and full time if it is to be done well. To undertake two at once during the early after-sanatorium period may well hazard the job or one's health or at least lower the level of productivity at school, on the job or at home. The good runner learns to pace himself rather than face exhaustion during the first quarter of the race. No matter how urgent the situation seems to be when one leaves

the Sanatorium it can never be so urgent as to warrant the hazard of coming again. Take it easy, build up your strength and work tolerance. It is the long haul that counts. Pace yourself so that your life-time may be long, happy and healthy. You need good general body resistance and good stamina for the day when you give up those drugs and you have to face the conditions of life which perhaps contributed to your breakdown in the first place. Once on the cure is enough. There should be no need for a second time.

In 1918, a Vocational Building was constructed at the Sanatorium. Later it became part of a garage and paint shop and now it is used for storage purposes only. It is situated in the small hollow between the Service Building and the large parking lot. Strange noises of pounding and pneumatic drills and hammers have been heard coming from the basement, and some of you may have wondered what is going on. The answer is that we are making preparations to receive a 200-bed packaged hospital complete with beds, operating tables, X-ray equipment, and everything else needed to make up a working hospital in a matter of a few hours in case of a national emergency. Such a hospital, if needed, would probably be set up in one of the large local schools and would be operated in part by local doctors, partly by Sanatorium physicians, some Sanatorium nurses and many volunteers. For four years now the Sanatorium has had a printed "Disaster Plan" in order that we may be prepared to play our part if any major emergency situation should arise. Our acceptance of this packaged, mobile hospital is another phase of our co-operation with the Provincial Emergency Health Services.

* * * *

Once again our Children's Ward is filling up. As this is being written it provides care for eighteen children, all under thirteen years of age. Did someone say that they thought that there wasn't any

more tuberculosis in Canada? Well, where do you suppose that these children got their infections? The answer, sad to relate, is "from grownups", persons whom they had no way of knowing could give them tuberculosis. And sad to relate, too, is the fact that every time a small child gets tuberculosis it postpones the eradication of tuberculosis by about seventy years which is the normal life expectancy of a child and during which time he could break down with tuberculosis once again and spread the disease

to others. Such is the subtle means by which the sly tubercle bacillus tries to perpetuate itself forever. To beat this scheme of nature, we must be sure that persons who harbour and secrete tubercle bacilli are not permitted to pass them along to associates and loved ones. This is why we hesitate to grant leaves to patients until we are very sure that there are no more germs in their sputum. A positive sputum case may perpetuate tuberculosis—at least for another 70 years.

More For The Mind

A recent pamphlet produced by the Canadian Mental Health Association is entitled—**Your Tensions and How to Live with Them**. It gives eleven useful tips, eleven things that you can do.

1. Talk it out:

When something worries you, talk about it. Don't bottle it up. Talking helps you to see your worry in a clearer light, and often helps you to see what you can do about it.

2. Escape for a while:

It is perfectly realistic and healthy to escape punishment long enough to recover breath and balance. But be prepared to come back and deal with your difficulty when you are more composed.

3. Work off your anger:

Remember that while anger may give you a temporary sense of righteousness or even of power, it will generally leave you feeling a little foolish. If you feel like lashing out at someone who has provoked you, try holding off that impulse for a while; meanwhile do something constructive.

4. Give in occasionally:

If you yield you will usually find the others will too. And if you can work this out, the result will be relief from tension and a feeling of satisfaction and maturity.

5. Do something for others:

You will find that this will take the steam out of your own worries and— even better—give you a fine feeling of having done well.

6. Take one thing at a time:

Take a few of the most urgent tasks and pitch into them, one at a time, setting aside all the rest of them for the time being. If you can't do this, are you perhaps overestimating the importance of the things you do—that is—your importance.

7. Shun the superman urge:

Some people expect too much of themselves; they try for perfection in everything. Decide which things you do well and then put your major effort into these. They are likely the things you like to do and so give you the most satisfaction.

8. Go easy with your criticism:

If you expect too much of others you may feel frustrated, let down, even trapped, when the other person does not measure up. People who feel let down by the shortcomings of others may really be let down about themselves. Search out the good points in others.

9. Give the other fellow a break:

This will very often make things easier for you. If the other fellow no longer feels you are a threat to him, he stops being a threat to you. Competition is contagious, but so is co-operation.

10. Make yourself available:

Many of us have a feeling that we are being left out, slighted, neglected, or rejected. It may be that we, not the others, are deprecating ourselves. We should make some of the overtures rather than always waiting to be asked. Try the middle way between withdrawing and pushing.

11. Schedule your recreation:

Recreation is essential for good physical and mental health. Some people find it hard to make themselves take time out. Perhaps this indicates an unrealistic opinion of the value of your work. Find a hobby, find time to completely forget about your work.

Tiny little flowers,
Shooting up from seeds—
I wish I knew the difference
Between you and the weeds.

—E. Francis.

ESKIMOS HAVE HIGH RECOVERY RATE

Recovery records of Eskimos suffering from tuberculosis indicate the people have a high resistance to the disease, in spite of a high rate of contagion, Dr. G. J. Wherrett, Ottawa, said.

Dr. Wherrett, a tuberculosis consultant with the medical services branch of the department of national health and welfare, reviewed tuberculosis as it affects the Eskimos of the eastern Arctic, at the annual meeting of the Canadian Tuberculosis Association in Saskatoon.

The tuberculosis incidence rate among Eskimos is still 20 to 30 times that of other Canadians, Dr. Wherrett said, but X-rays and records indicate the recovery rate also is high.

Their resistance to the disease is one example of their remarkable ability to "survive in a difficult terrain", where no other people have ever settled for more than a few days or weeks without constant aid and support "from the milder and richer world of the south," he said.

Dr. Wherrett said the facts seem to indicate the disease forms and incidence are related more to the harsh conditions under which the Eskimo seeks to sustain himself and his family, than to the virulence of the disease.

X-rays had frequently shown tuberculosis calcification in patients who had received no treatment, indicating spontaneous healing.

Non-tuberculous chest disease in the Eskimo also appears to be greatly in excess of that found in other Canadians.

New treatment methods and drugs are now being brought to these people and there has been a corresponding increase in recovery and prevention, Dr. Wherrett said.

Patients diagnosed as having active tuberculosis are evacuated to hospitals in the south, where, for reasons of treatment and limited facilities at home, they remain for longer periods than would otherwise be necessary, he said.

In the earlier days of survey patrols, Dr. Wherrett said it was common to find patients with evidence of "gross primary disease". Modern methods are paying off, he said, because today the majority of cases are in the early stages.

Reactivations are fewer also. Only eight of 50 active cases admitted to sanatoria in 1965 were reactivations. The 1965 reactivation percentage of 16 was lower than that of Ontario, Dr. Wherrett said.

Sanatorium treatment and regular surveys are "paying off", the doctor said.

SMOKING, LUNG DISEASE LINKED AFTER TESTS WITH DOGS

CHICAGO (AP) — Emphysema, a lung disease with a death rate increasing faster in the United States than that of any other single disease, has been produced experimentally in cigarette-smoking dogs, a medical research team reported today.

At two smoking sessions daily, for more than a year, the dogs inhaled cigarette smoke through hollow plastic tubes inserted in their windpipes.

In a report to the general scientific session of the annual meeting of the American Medical Association, the researchers said:

"... The inhalation of smoke directly from cigarettes by dogs causes destruction of lung tissue indistinguishable pathologically from that found in human emphysema."

The U.S. Public Health Service has reported that the death rate for emphysema increased sixfold between 1953 and 1963.

The Tobacco Institute Inc., commenting on the study, said the method used "is not at all comparable to human smoking conditions."

"Therefore, the results cannot be interpreted as having any relation to the possible effects of human smoking."

The study was headed by Dr. Oscar Auberach of the Veterans Administration Hospital, East Orange, N.J., and E. Cuyler Hammond, in the statistical research section of the American Cancer Society.

They reported that they attempted to duplicate human cigarette smoking as closely as possible.

The dogs initially behaved like a child smoking his first cigarette. There was profuse salivation, coughing, dilation of the pupils, redness and tears in the eyes and sometimes nausea and dizziness.

After a week or so, the dogs showed signs of enjoying smoking—as evidenced by tail wagging and voluntarily jumping into the smoking box.

On the 24th day an apparently healthy dog, which appeared to have good tolerance for smoke, was found dead in its cage. Four others died between the 229th and 415th days of the experiment, at which time the remaining five dogs were put to death and their lungs were examined.

Investigators observed a striking similarity in the changes in the lungs of the smoking dogs and the changes noted in the lungs of human smokers.

No such changes were observed in 10 non-smoking dogs of the same breed which were examined for comparative purposes.

—The Globe and Mail

MERCI! MERCI!

J. E. HILTZ, M.D.

Administrator, Tuberculosis Control
Services, Nova Scotia

In Nova Scotia in 1965 we discovered 201 new active cases of tuberculosis compared to 168 in 1964. There were also 56 persons with healed tuberculosis in whom their disease became active once again.

Twenty-six Nova Scotians died of tuberculosis in 1965. Even the so-called "wonder drugs" could not return every known case to health or even arrest the disease.

In 1964, the death rate from tuberculosis in Nova Scotia was exceeded only by the provinces of Newfoundland and Quebec. Only Queens and Victoria Counties in our Province have not had a tuberculous death in either 1964 or 1965. Only half our tuberculous deaths in Nova Scotia occurred in our tuberculosis hospitals. The remainder occurred at home or in general hospitals—a danger to home and hospital associates in many cases. There was only one tuberculous death in a person under forty years of age. One third of the deaths were among persons 50-59 years of age. Another third occurred in those patients who were over 70 years old.

In Nova Scotia, last year, 44 per cent—almost half—of our newly found cases of tuberculosis were 50 years of age or older when their disease was first discovered. Twelve per cent were under fourteen years of age. Tuberculosis, therefore, is both an old person's and a young person's disease.

On New Year's Eve, 1965, our tuberculosis case registers in Nova Scotia contained the names of 13,099 persons with tuberculosis, either healed or unhealed. In 573 cases, the disease was classified as active or at least had not definitely reached an inactive state.

Of the over 12,000 persons with healed disease, about 5 persons of each 1000 re-activate their tuberculosis each year — many becoming contagious once more and all requiring treatment again. This means that all 13,099 persons have to be assessed at least each year for the rest of their lives in order to detect any reactivation of disease as soon as possible before the disease becomes advanced once more and before the patient's associates are infected.

* A report given at the Annual Meeting of the Nova Scotia Tuberculosis Association in Halifax, May 7, 1966.

It is good to be here today with you who are so interested in the prevention and treatment of tuberculosis as shown by your willingness to give up a goodly portion of a weekend in order to concentrate your thoughts upon the problems that this disease creates.

May I assure you that this meeting of the Nova Scotia Tuberculosis Association is not merely a carryover, by force of habit, of previous meetings held each year since the formation of the Association in 1947 and the Nova Scotia Tuberculosis Commission which preceded it in 1926.

Indeed no! We are not here only because it has been customary to hold a meeting each year but most especially because the needs of the tuberculous and the potentially tuberculous people are just as great in Canada and especially in Nova Scotia today as they were ten or fifteen years ago. In truth, they may even be greater as we seem now to be in the trough of a vigorous up-surging wave of tuberculosis in our Province.

One does not relish being a purveyor of gloom, a pessimist, a spreader of bad rather than glad tidings, because, for one thing, one could be wrong.

For the past number of years, reports of fewer new cases of tuberculosis and a declining death rate across the country have been engendering over-optimistic attitudes regarding the state of control of tuberculosis. Even the newspapers were beginning to suggest that tuberculosis was beaten and that soon it would be seen no more. Much worse, even some members of the medical profession were beginning to echo such ideas. A few of us, I am afraid, found ourselves crying in a wilderness with nobody listening when we pointed out that tuberculosis is a treacherous disease, it is a relapsing disease, it is a subtle disease which may not cause illness until twenty years or more after infection has taken place, and it is a disease which may now be caused by germs that no longer respond to our anti-tuberculosis drugs. It is just the type of disease that would make the most of a lull in antituberculosis activities caused by a complacent and somewhat heedless population composed of some patients indifferent to their active tuberculosis, complacent associates who could

not bring themselves to believe that such infectious cases still existed, complacent health workers who sought other and presumably more challenging outlets for their energies, and even, I fear, on occasions complacent medical personnel who could not bring themselves to believe that patients would not always follow treatment as conscientiously or as long as prescribed.

What is the result today?

In Canada in 1965 there was a definite increase in the number of active cases requiring treatment as compared to 1964.

In Nova Scotia, 1.7 per cent of our population has or has had active tuberculosis. This varies from 1 per cent in some areas to 2½ per cent in others.

Over 200,000 Nova Scotians have been infected by the germs of tuberculosis at some time in their lives as evidenced by a positive tuberculin reaction. Out of this group of about 1/5 of a million Nova Scotians will come three quarters of the new cases of tuberculosis which we shall have to treat each year. The other quarter of the cases will be new persons infected by them.

The Sanatorium in 1966 is smaller than it was ten years ago. It now provides only 192 beds. We thought that this would be a sufficient number. Of late we have had to put up extra beds for men and we have even put some men in the women's section of the hospital. During the past month there have been admitted to the Sanatorium a greater number of extremely far advanced cases of tuberculosis than have been seen for years. There have been children and young men admitted and also a man, aged 94, all with active tuberculosis.

My friends, I rejoice that you and your co-workers in our tuberculosis associations are still with us in strength. I fear that our tuberculosis situation is like an iceberg in that a large part of the problem is below the surface. Indeed, perhaps it is now in the process of turning upside down so that we may see that which has been hidden from many eyes.

On behalf of the official agency, the Department of Public Health, I wish to say a sincere thank you to the Nova Scotia Tuberculosis Association and all its branches and the wonderful people who make up these organizations. Without your continued interest, enthusiasm, and efforts in raising funds for case finding, for health education, for rehabilitation, and for research, we would be in a very sorry state indeed in this fair Province of ours. I assure you that we, in the official agency, could not and would not wish to go it alone.

THE ART OF GETTING ALONG

Sooner or later a man, if he is wise, discovers that life is a mixture of good days and bad, victory and defeat, give and take. He learns that it doesn't pay to be a "sensitive soul", but that he should allow some things to go over his head as water slips off a duck's back. He learns that the person who loses his temper usually loses out. He learns that all men have burnt toast for breakfast now and then, and that he shouldn't take the other fellow's grouch too seriously.

He learns that carrying a chip on his shoulder is the easiest way for him to get into a fight. He learns that the quickest way to become unpopular is to carry tales and gossip about others. He learns that buck-passing always turns out to be a boomerang—that it never pays. He comes to realize that the business could run along perfectly without him. He learns that it doesn't matter so much who gets the credit so long as the business shows a profit. He learns that the janitor is human and that it doesn't do any harm to smile and say "Good morning"—even if it is raining.

He learns that most of the other fellows are as ambitious as he is, that they have brains that are as good, maybe better than his own, and that hard work and not cleverness is the secret of success. He learns to sympathize with the youngster just coming into the business because he remembers how bewildered he was when he first started out. He learns not to worry when he loses an order, because experience has shown that if he always gives his best, his average will break pretty well. He learns that no man ever got to first base alone—and that it is only through co-operative effort that we move on to better things.

He learns that bosses are not monsters trying to get the last ounce of work out of him for the least amount of pay, but that they usually are fine men who have succeeded through hard work and who want to do the right thing. He learns that folks generally are not any harder to get along with in one place than another—and that the "getting along" depends about 98 per cent on his own behaviour.

—Sanatorium Outlook

The great essentials to happiness in this life are something to do, something to love, and something to hope for.

—Addison.

Notes From Nursing

Nurses living in residence were sorry to say "Good bye" to Mrs. Muriel Kay, who has been Housemother for the past twelve years.

A tea was held in the Nurses Residence in her honor on June 22nd. Mrs. Jean Ells poured and staff members gathered for a social hour to extend good wishes. Dr. Helen Holden, Asst. Medical Superintendent, presented Mrs. Kay with her Public Service Award and read a letter from Dr. J. E. Hiltz, Medical Superintendent, expressing appreciation for services and good wishes. Dr. and Mrs. Hiltz were unable to be present as they were on their way to the Canadian Tuberculosis Association Annual Meeting in Saskatchewan. Presentations were made by Mrs. V. Somers from the Housekeeping and Housemothers of a blanket; from three Certified Nursing Assistants—Miss Barnaby, Mrs. Kinsman, Miss B. Fraser of a Head board for a continental bed (the Headboard was the handwork of Miss Barnaby); and a purse of money from Nursing and other friends at the Sanatorium. Mrs. Kay's words of thanks were expressed in her usual bright manner. Our very best wishes go with her on her retirement. She will be missed around the San. She will reside in Moncton, N.B.

Mr. Robert E. MacKenzie, R.N., Director of Nursing Education, has received the honor of Serving Brother from the Order of St. John.

Miss E. Jean Dobson, R.N., represented us at the annual meeting of the Canadian Tuberculosis Association in Saskatoon.

Miss Betty Fraser, C.N.A. and O.R. Technician, has resigned. She is joining the staff in Queens Hospital, Liverpool.

Miss C. Barnaby, C.N.A. has transferred to the Nursing Staff at Point Edward.

We are pleased to report that Mrs. Catherine Boyle, R.N., Instructor in the Teaching Dept. returns from sick leave.

Mrs. Margery Elliott, R.N., is still away on sick leave but we hope she will soon be able to return.

New Staff Members include—Miss Mary Elizabeth Woodman, C.N.A.; Miss Beverly Weeks, C.N.A.; Miss Isobel O'Brien, R.N.

We appreciate the services of part time staff and many of our nursing staff are married nurses who are relieving periods of one to four days a week. We wish they could work full time but realize they have home responsibilities.

Mrs. Lyn Lewis, R.N. who has been a Nursing Instructor has resigned but may be returning in the fall on a part time basis.

Since the last issue of the Health Rays, ten Student Nursing Assistants received their caps in a service combined with the Ladies Auxiliary of the Gideon Society who presented the students with Blue Testaments.

The following students received their caps having successfully passed a probation period of four months of the twelve month course:

Miss Patricia Atkinson, Miss Judith Carey, Miss Wanda Churchill, Miss Diane Coombs, Miss Donna Eisner, Miss Wendy Lee Haagenson, Miss Diane Hamilton, Miss June Magarvey, Mrs. Mable Ray, Miss Sue Ann Sweeney.

Miss Sing Mang Wong, R.N., has completed the Post Graduate Course in Tuberculosis Nursing and has gone to New York to continue her studies before returning to Taiwan.

Reports of the Annual Meetings of the Registered Nurses Association of Nova Scotia and Certified Nursing Assistants Association, were given at a Staff Conference by Miss Vilda Skerry, R.N. and Mr. Allen MacKinnon, C.N.A.

NOTES OF THANKS

I wish to express my sincere appreciation and thanks to all the wonderful nurses on First East, Third East and the Annex for their kindness and wonderful work during my long stay at the Sanatorium. My thanks to Dr. Holden, Dr. Quinlan, Dr. Rostocka and Dr. Laretei. Your kindness will long be remembered.

Mildred MacLean

* * *

I wish to thank all the doctors, nurses and staff of the N.S. Sanatorium, who were so kind to me during my 15 months stay. Special thanks to the surgery floor staff.

Mildred Romain

* * *

I would like to thank all the doctors, nursing staff, dining room maids and orderlies for the wonderful care I received while at the San. I would like to thank the Rehab. and Canteen staffs for their help and friendship. A special thanks to the doctors and nurses in the O.R., and for the wonderful care I received in the recovery room, and to Father Comeau and Father Durney. My stay was short and very pleasant. I will miss all the friends I made there, and I wish everyone the very best of luck and good health.

Lorraine DeYoung

Farewell For Monsignor Durney

On June 20 the patients switched roles and became sponsors of a party held in the Recreation Hall to honor one of the best friends the Sanatorium has known, Monsignor J. H. Durney, prior to his departure from Kentville. The committee in charge, under the convenership of Mima Hale, worked very hard to insure the success of the party. Members of the committee with Mrs. Hale were: Linda Smith, Al Terfry, Myrna Nickerson, Jean LeBlanc, Peter Stucci, Clarence Usher, Ronnie Wagner, Novie Oliver and Helen Carter.

During the first part of the evening fourteen tables of games were in play. Prize winners were: Forty-fives: ladies high—Mildred Romain; mens high—William Hughes; ladies low—Barbara Bishop; mens low—Ord Sangster. Cribbage: high—J. A. Alexander; low—Terry Ernst. Crokinole: high—Myrna Nickerson; low—Peter Stucci. Checkers: high—George Tanner; low—Douglas Emeneau. Lucky prizes were won by Clara Barton, Catherine MacQuarrie and John Pye.

Upon completion of the games, Mr. Alton Terfry read an address to Monsignor Durney, while Linda Smith, on behalf of the patients, presented the monsignor with a piece of luggage, bedroom slippers and cigarettes. In his response Monsignor Durney recalled some of the many happy memories of his long association with the Sanatorium.

Representatives from each floor helped to cut the beautiful cake which had been made especially for the occasion. These were: Marjorie Levy, Myrna Nickerson, John Lawrence, Novie Oliver, James MacKinnon, Rita Melanson and Barbara Bishop. Special guests at Monsignor Durney's table were Dr. Holden and Dr. Quinlan. A number of other staff members were present.

After the delicious refreshments provided by the dietary department were enjoyed by all, a rousing sing-song followed. Music was provided by Wally Burgess on the guitar and Monsignor Durney at the piano.

James MacKinnon thanked all those who contributed to the success of the party, with special thanks going to Miss Quinlan and the dietary department.



TOMORROW'S TREES

He was an elderly man, a bit gnarled but still sturdy, and he plied the spade with vigor as he dug into the tough sod. A passing neighbor stopped "Let me give you a lift on that. What are you doing anyway?" The older man refused the offer with firmness and dignity. "I guess I can still plant a small peach tree," he said.

The neighbor laughed. "A peach tree. Do you expect to eat the peaches from it?"

"No, I don't." There was the tolerance of eighty-odd years in the answering smile. "I don't even own this land. I rent it. All my life my work has caused me to move around quite a bit. I have been eating peaches all those years but I can't recall ever eating any from a tree I planted myself. If somebody hadn't planted peach trees, I wouldn't have had peaches. Even though I may not be around to enjoy the results of my labor today, someone else will."

There is deep satisfaction in planting the seeds to nourish another generation.

Cars are wonderful machines. First they were responsible for the elimination of horses, and now they're working on people.

Question Box

J. J. Quinlan, M.D.



Q. Should a patient force himself to eat? Is it better to force the eating of foods which one does not like than to eat less?

A. Much will depend on the nutritional status of the individual. The underweight patient, particularly the one who has had

a recent loss of weight due to tuberculosis is going to need a rather high caloric diet as part of treatment of the disease. Such a diet will include at times food which the patient may not like but which nevertheless should be eaten. As an example many people intensely dislike milk, and they may have to do considerable self disciplining to drink every day an adequate quantity of this most necessary food.

Q. What is a lesion?

A. The word lesion is derived from the Latin verb laedere, to hurt. Damage to any part of the body by injury or disease is known as a lesion. A broken leg, a pimple on the face, a cut finger, a cavity in the lung due to tuberculosis, all represent various lesions.

Q. Can T.B. germs live in healthy lung tissue in a person and do no damage?

A. Literally no, as the portion of the lung in which tubercle bacilli are existing has been damaged by the germs. However, the defensive mechanisms of the body can erect a zone of scar tissue around these bacilli and in many cases they can be prevented from multiplying and spreading, with the result that the remaining parts of the lung and the individual remain healthy.

Q. Is nervousness generally associated with tuberculosis. Since I have been on the cure I am much more nervous.

A. Nervousness is by no means specific to the tuberculous individual, but certainly it is a condition very commonly encountered in patients with this disease. It is due not to the effects of a chronic disease of the body but rather to the fact that in contrast with the acute illness such as pneumonia or an operation for appendicitis, adequate treatment is going to take a long period of time. In most cases the individual will be looked after in hospital, separated from his family and friends. Frequently, particularly if he is a wage earner

and head of the family, his income is interrupted and in some cases the family may have to be split up. However, all these things could occur if he were confined to bed for several months with for example a ruptured spinal disc. In other words, it is the circumstances necessary for the treatment of the disease rather than the disease itself which causes nervousness.

Q. Is it true that a diseased (with TB) right lung will draw the heart over toward the right side?

A. In tuberculosis, extensive destruction of a lobe or lung or blockage of a main bronchial tube to a lobe or lung will cause the organ to shrink. Because there is no true space between the chest wall and the lung, the portion of the chest containing the diseased lung will of necessity have to shrink also. Thus is brought about in drawing of the ribs, elevation of the diaphragm and pulling over of the heart and great vessels to the affected side. However, this is not a peculiarity of the right lung. If such conditions exist in the left lung the heart will be pulled to the left side.

Q. Will the taking of calcium lactate tablets aid in the healing of tuberculosis?

A. There is no evidence that the ingestion of calcium salts of any variety has any effect on the healing of tuberculosis. Unless there is some mineral derangement of the body chemistry all the calcium the tuberculosis patient requires will be obtained from his diet.

The Money Was Real

He parked his motor car in the official Park, stepped out, locked it and walked to the exit. On his way he saw a man in the middle of the space, quite alone, and going through the motions of cranking up an engine. There was no motor to be cranked up, but that didn't seem to matter to the gentleman. "Odd," said the observer to himself. "A nut, I suppose."

On reaching the exit he mentioned the matter to the Car Park Attendant. "Oh, yes," responded that worthy. "He does that every day, rain or shine."

"So?" said the customer, "Why don't you take him gently by the hand and tell him that there isn't a motor car there at all?"

"Not likely!" said the attendant. "He gives me ten dollars a week to clean it!"

30 Years Ago

In the "Sanatorium Activities" column of Health Rays 30 years ago one can count on finding names well remembered, and not infrequently some that are still around the San. For instance, Pat MacEvoy. The 1936 reporter notes that when Glen Seamone became the San. postmaster his position as radio operator "fell to his understudy, Mr. MacEvoy, who rapidly learned all the answers as to why this or that scheduled programme was not heard. Pat has also introduced the touching effect of saying good night just before he turns off the switches for the night. For a week or two it was difficult to tell whether his closing remarks were meant for the great unwashed or not."

No trace of it now survives, but the San. tennis court, up back of Pavilion Six, was a popular spot 30 years ago: "The staff tennis court appears to be in constant use this summer and every evening finds Joe Manley, one or more of the doctors, and any of the nurses owning shorts, enjoying the summer pastime".

Nor was tennis the only sport enjoyed at the San. 30 years ago. The San. Activities reporter goes on to say: "Joe does not confine his sports to the bouncing balls, for he was instrumental in reviving the game of croquet at the San. Noticing a cut on the cover of a former *Health Rays* depicting this ancient and royal game being played in front of Pavilion

Cne . . . back in the days when skirts were long enough to be an aid to the struggling tubercle bacilli — Joe felt that modern costumes would be just as suitable for the sport. He immediately procured a set of mallets, balls and wickets, and a few of the patients went over and taught him how to play the game. Since that eventful evening croquet has become quite popular, having extended to the pavilion patients as well". And remembering how much pleasure the croquet games brought in our restricted lives 30 years ago, we are happy to hear once more the click of mallet on ball around the San.

And from the humor column:

A class in English was given the task of writing four lines of dramatic poetry. One boy wrote:

"A boy was walking down the track;
The train was coming fast;
The boy stepped off the railroad track
To let the train go past."

The effort was returned with the comment that there was no drama; it was too commonplace. After long concentration the young author submitted the following:

"A boy was walking down the track;
The train was coming fast;
The train jumped off the railroad track
To let the boy go past."



Croquet in the Days of Yore, played on Lawn of the Original Sanatorium Building, now The Annex

HEALTH RAYS

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STAFF

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EDITORIAL COMMENT

Once a year in the life of an organization comes that moment of truth, the annual meeting. It is the time for stock-taking, for assessment of the year just past, for introduction of new knowledge and equipment, for drawing up of blueprints for the future. So it was with the 66th annual meeting of the Canadian Tuberculosis Association, held in Saskatoon the last week in June, when some three hundred delegates from across the country, resolute professionals and dedicated volunteer workers, learned during five days of studies and discussions how goes the war against tuberculosis.

Dr. C. W. L. Jeanes, executive secretary of the C.T.A., in his annual report warned against the danger of complacency, citing an increase of 179 cases of tuberculosis over the 1964 figures. At the same time he urged development of a respiratory disease program among the volunteer groups engaged in the fight against tuberculosis, and that these groups concern themselves with the major problems of smoking and air pollution.

In his address to the delegates, Dr. D. G. Steuart, Minister of Health for Saskatchewan, stressed the dangers of overconfidence and loss of vigilance in tuberculosis control programs. He noted that prevention rather than treatment of the disease was now being emphasized: "Today, thanks to the drugs made available for treatment, the incidence of tuberculosis is declining and instead of judging our efforts by death rates, we judge our efforts by the number of diagnosed cases".

The need for improved and expanded tuberculosis clinics was seen by Dr. G. F. Kincaide, Director of Tuberculosis Control for British Columbia: "Close liaison between the sanatorium, clinic and patient is needed for effective home treatment, but all the evidence indicated the

practice was expanding and effective in Canada."

Dr. V. L. Matthews, professor with the School of Medicine, University of Saskatchewan, saw a need for education in health services to cover a broad scope today. Patient education in the past had been the "major contributor" to success in tuberculosis control and must be continued; however, new drugs and new methods of treatment made continual re-education necessary: "It is no longer enough for the doctor and nurse to be trained. Associated specialists, other professionals, social workers and the community in general must all be educated as to the nature of the disease, whatever it may be, and its effects on others in the community, both in and out of hospital".

A paper given before the Canadian Thoracic Society, which met in conjunction with the C.T.A., reported a new and more effective method of detecting active tuberculosis germs. It is called "the bentonite flocculation test", research on which was carried out by a team of three doctors in Ottawa. Dr. R. Wallace, one of the researchers, said the new test has proven useful as a "specific and reproducible method" of judging the type of tuberculosis antibodies, and of determining the amount of activity. From this, doctors can judge at an earlier stage whether the germs may break out into active tuberculosis, and treatment can be started earlier.

The papers quoted are but a few of the many given during five days of intensive programming, which covered the field of tuberculosis work, medical, technical and social, so complete that delegates come away with a comprehensive picture of the tuberculosis situation from coast to coast in Canada and in countries

beyond. That is the purpose and the great value of an annual meeting.

Upon reading the news story "Smoking, Lung Disease Linked after Tests with Dogs in U.S.A." the first reaction of a confirmed dog-lover like ourselves was: "What a dirty shame to treat dogs that way". On second thought, it seemed these dogs were being treated in just the manner that thousands of people treated themselves each day. Yes, but it's a dirty shame then, too.

DR. QUINLAN HONORED

At the June meeting of the American Association for Thoracic Surgery in Vancouver, Dr. John J. Quinlan, surgeon on the full time staff of the Nova Scotia Sanatorium, was promoted to active membership in the Association. This was a signal honour as there are only three other such members in the Atlantic Provinces, the other Nova Scotian being Dr. V. D. Schaffner of Kentville, surgeon at the Nova Scotia Sanatorium since 1934. Dr. Quinlan's election to this status was based on recognized ability as a thoracic surgeon as he is also certificated in that specialty by the Royal College of Physicians and Surgeons of Canada. In addition, he is the author or co-author of over 25 scientific papers which have been published in medical journals of Canada and the United States.

I dreamt of riding across Mexico on a horse.

I dreamt of wine, woman, and song.
All dreams are suspended, balanced in mid-air indefinitely.

T.B. or not T.B.? I have chosen life, to be.
Up and down we ride the roller coaster of Fate.

What goes up must come down. But it can rise again.

Life without adversity is not life. Courage feeds on small failures which can total a great success. A great man has grown from his adversity.

I climb the mountain of health from the valley of disease through whose heart flows the river of Death.

Health is beyond money, beyond wishing, beyond Man, a gift of the Gods, like youth or love, never appreciated till it is lost.

—Russell Rentfrow.

* * * * *

If ever heaven bends close to the earth,
Surely it would be on a summer night
When earth is wrapped in loveliness and peace

And every blade of grass is tipped with light;

And, as in Eden's garden long ago,
God walks again where tall white lilies blow.

—Edna Jacques.

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THE REST PERIOD

We, who visit the Nova Scotia Sanatorium have become aware of the period of quiet a time set apart and known as the rest period. For the most part this time is respected by all, for we all realize that, according to medical science, this period is a necessity to build up body resistance and thus help to overcome the illness in the life of the patient.

No doubt you will ask yourself, as I often have,—“What would I do with this period?” “How would I spend it for the greatest good?” The answer for some relaxed souls is easy. Just sleep and let the body, in a relaxed state, do its work of fighting the enemy, disease.

I would like to consider with you the results of this quiet rest from the point of view of spiritual growth. The Creator and Sustainer of all Life worked for six days and rested one, according to the Scriptures. To be in harmony with His plan will certainly give the best results in physical as well as in spiritual development.

I like the thought of the Psalmist (Psalm 46:10) “Be still and know that I am God.” This can apply anywhere as well as in this Institution. For instance, one bright moonlight night, this past spring, at about 10 p.m. when the air was very calm and the atmosphere warm and peaceful, I shoved my little boat off into the lake and then, with as little motion as was necessary to keep it moving, I glided out over the water. The moonlight made great silver streaks across the peaceful waters. The loons occasionally sent out their wierd call. Otherwise, all was still, oh so peaceful and still! Every detail of the area seemed to combine to assure me of the Presence of the Eternal God. To wish out there in the stillness was to pray. I wished that I might sense something of the Supreme Presence. Strange that, out there, I should think of the rest period and of my friends in the

Sanatorium. Somehow I wished that my experience might be theirs.

This, I think, is how the Psalmist felt. His experience with the Presence of God was just too much to be confined to his own life; so he wrote that he might share with others what had such deep meaning for him. In Psalm 23 he writes—

The Lord is my shepherd; I shall not want.
He maketh me lie down in green pastures:
He leadeth me beside the still waters.
He restoreth my soul;

Again he wrote, Psalm 27—

The Lord is my light and my salvation;
Whom shall I fear? The Lord is the strength of my life;
Of whom shall I be afraid?

Or, as the Prophet, Isaiah, 40:31, wrote—But they that wait upon the Lord shall renew their strength; they shall mount up with wings as eagles; they shall run, and not be weary; and they shall walk and not faint.

Or, as the New Testament author, Saint John, wrote in Chapter 3:16—For God so loved the world, that he gave His only begotten Son, that whosoever believeth in Him should not perish, but have everlasting life.

It seems to me that my most valued experience out on the lake was when I blended the thoughts of these great souls by repeating their words with my own experience. In this way I sensed, anew, a delightful assurance in a renewal of God's Presence.

In the rest period why not relax in the assurance of these great souls and repeat, again and again, some of the great sayings that they have written out of the depth of their experiences with God, such as “The Lord is my sheperd; I shall not want.” and then fall asleep in the presence of the Great Healer of body, mind and spirit?

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Old Timers

Holidays over, and it's back to the mines—or the typewriter keys, in the case of Anne Marie. However, memories linger on, and she is still bubbling over with stories of her trip abroad, on which it seems everything came up roses. We didn't have the heart this month to ask her to write something for us, but we still hope that when all the office vacations are over and things are back to workaday normal again Annie Marie will do a little story on the highlights of her tour for our readers.

Now for the news: At a dog show held in Berwick this summer, two Old Timers turned up with their canine entries. Bill Stacey, who was here in 1952, exhibited his champion boxer. Bill is the president of the Cape Breton Kennel Club and was instrumental in organizing the first dog show in C.B. in ten years. He is with the Dominion Steel and Coal Co. in Sydney, and asked to be remembered to friends at the San.

Proudly showing his beagle hound was Laurie Eisnor of Bridgewater, a 1963 patient. Also present at the Show were Roger and Dick, the Quinlan springers.

As usual we see Old Timers pictured in the papers, like Amos Stevens, who was

Sunday and arrived at the home of Clarisse Kendrick Hill in Shag Harbour, Shelburne Co. Clarisse, who was a patient here a long time ago and more recently a teacher on the Rehab. Staff, keeps house for her husband, Rev. Henry Hill, and her two octogenarian parents. She is well and happy, say the girls.

Three Old Timers from Cumberland Co. came in for check-ups. Audrey Damery Jones now lives in Springhill, of which town her husband is the mayor, and is very proud of a baby girl, Kimberlee Jayne, born in May. Her mother, Mrs. Damery of Amherst, and Margaret Briggs, who works for the Christie Trunk and Baggage Co., came with Audrey. They were all here in 1956.

A much travelled Old Timer is Theron Cheney, who was a patient here in 1955. She says she has lived in Germany, Africa and all across Canada since leaving here. She and her Army husband were visiting his parents in Kentville before being transferred to Calgary.

When Marion Hooper of Pictou Landing, Pictou Co., was a patient here in 1945 she gave birth to a baby boy. She visited at the San. recently and said that the son is now in the Navy. How time does fly! Also visiting here was Lena d'Eon, who was a patient away back in 1931. She is now Mrs. Alfred d'Entremont, and is keeping well.

In our June Issue we printed a very fine letter from Mrs. Eileen Preeper. We have news that she was married in May, is now Mrs. Crooks and lives at Porter's Lake, Hfx. Co. She was here in 1949.

A July visitor to the San. was Lucie Saulnier, now Mrs. Jack Hyden. Lucie, who had been a patient here in 1945 and later a nursing assistant on the staff, after living at Debert for two years, is moving to Chilliwack, B.C., where her husband has been transferred.

1955 Old Timer Helen Joseph came in for a check-up. Says Anne Marie: "She looked just like a model"—and why not? She does model for the fashion shows put on by Wilco Dept. Store in North Sydney. And commentator for the shows is none other than Old Timer Cecelia MacPhee Darnborough, once announcer over Station S.A.N. While in Kentville Helen visited a former porchmate, Jean Roberts, R. N., one of our Annex nurses.

Harley Rafuse, who went home this year, came in from White Rock, Kings Co., for his check-up. He says he feels better than ever before, which is what we like to hear. Also in for a check-up was Ruby Wood of Upper Stewiacke, Col. Co., who

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here in 1954, and who is the District Governor-elect of the Lions Club. Amos, who lives at Bridgetown, was guest speaker at the 10th anniversary dinner of the Yarmouth Lions Club this summer. Another picture shows Rev. and Mrs. A. K. Herman, who on June 20th celebrated their 50th wedding anniversary. Mrs. Herman was a patient at the San. back in 1914, and as recently as 1965 she spent a few days here for a review. We offer congratulations to both these Old Timers on their varied achievements.

Mazie Howard, who was a patient in 1940, and a champion golfer before that, visited in Kentville this summer. She works with the Nova Scotia Travel Bureau in Halifax.

One of our little girls, grown up and married, came in for a check-up. Noreen Atwell, now Mrs. Henderson, and as pretty as ever, says she has a little girl of two besides twin daughters aged four.

Grace Adams, of the San. Nursing Office, and Anne Marie took a drive one

SUMMER

Summer is that
Time of year
We always long for
Until it's here;
And then we gripe
Because it's hot,
And run away
To a cooler spot.
And when we find
The season's spent,
We always wonder
Where summer went!

—Jessie Shearer Camp.

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was here in 1963, and looks and feels very well.

Annette Wamboldt was a Roseway patient in 1955. She is now Mrs. Jenkins, and lives at Mahone Bay, where she is a nurses' aide at the Mahone Bay Nursing Home. And still from the South Shore, Lucie Creaser, Riverport, who was here in 1949, had a daughter, Helen Catherine, born in June. She also has a young son.

When Mrs. Vi Hunter and Edna Doucette of the San. nursing staff were on a holiday trip to B.C., they met Old Timer George Fink. George is a porter on the train between Montreal and Halifax, is feeling fine and getting on well.

Earle and Barbara (Cochrane) Hagen, with their children, paid a holiday visit to relatives in Kentville. Earle and Barbara met as patients here in 1947, and Barbara was also on the nursing staff. They now live in Ontario.

Hector MacKean of the San. records department returned from vacation so tanned and fit that Anne Marie was moved to say: "Hector looks like everybody should look after a holiday". He and wife Gladys (Eldridge) and daughter Suzanne motored to Cape Breton to check up on progress at Louisburg. While there they met Old Timer Dave Baldwin, 1951, who works on the fortress project. At Port Hawkesbury Hector called to see Don Ritcey, a former porchmate, now town clerk there. Hector reports Don looking very well and doing some sea-trout fishing for recreation.

A visitor to the home of Allan and Helen (Littlewood) MacKinnon was Irene Kerr, now Mrs. Wilkie. She lives at Timberlea, Hfx. Co., and has three children.

Now some notes kindly contributed by Marguerite MacLeod of the Rehab staff:

Mrs. June Wegger of Halifax, who was a patient here in 1964-65 dropped in for a visit at the San on Saturday, June 4th. Mrs. Wegger looks well, and is dressmaking again. She specializes in making wedding gowns.

Mrs. Pauline Levy, also of Halifax, who left here in 1964, has a brand new baby son, born in May.

While home on pass earlier in the spring, Mrs. Mima Hale saw Ernest MacMillan and daughter Joanne, both of whom were here about five years ago. Both were fine, and Joanne was telling Mrs. Hale that she enjoys her job in the office of Dosco Company in Trenton.

Joan Daurie, an old timer of the fifties, and now Mrs. Peter McCarthy of Nottingham, England, writes that she has been employed with the Quessing Telephone Company of that city for over a year. She and her husband frequently visit places of historic interest in England, and at the

time of writing, they were planning a trip to Scotland for the weekend.

While at her cottage at Zwicker's Lake, Anna. Co., Dr. Holden saw Earle Collins visiting relatives who also have a cottage there. He works in the office of Air Canada at Kelly's Lake, and has a family of three boys and a girl.

With his renewal to **Health Rays** comes a note to say John Hood had spent the winter in Scotland on a tour of duty with the Immigration Department. John was here in 1963. And Janet Lombard, C.N.A., sends word of a new name and address. She is now Mrs. Parent, and lives at Downsview, Ontario.

When ye Olde Timers editor was travelling in the West she picked up news of some Old Timers out that way. In Saskatoon for the annual meeting of the Canadian Tuberculosis Association in June, she and the other San. people attending were pleased to see a former member of the San. nursing staff, Phyllis MacFadden, R.N. Phyllis has been in Saskatoon for the past two years, and is teaching at the school of nursing there. A pleasant telephone chat was held with Mary Ross, who came here in 1952 from her home in New Glasgow. Seeing in the Saskatoon newspaper that Dr. Hiltz was presenting a paper at the convention, she called to say Hello. She told us that she has been living in Saskatoon for 10 years now, and that she works in an art shop there.

Later as we journeyed westward we met Old Timer Mrs. Frankie Lewis, formerly of Truro. She now lives in Edmonton, where her husband is in charge of an oil refinery; she had been a San. patient in 1944.

Still further to the west, in Banff, we had a cordial and all to brief visit with Sister Mary Mildred. Sister Mary Mildred, who was here in 1958, showed us her very well-run records room at the Banff Springs hospital, and said she expects to return to Nova Scotia in August to take a course for medical records librarians. She has spent 5 years in Banff, which would hardly be enough to take full measure of its beauties. We found our one (rainy) day there a thrill of a life-time.

Someone gave me a smile today;

I tried my best to give it away

To every person I chanced to meet,

As I was going down the street.

But everyone that I could see

Would give that smile right back to me.

When I got home, besides one smile

I had enough to reach a mile.

Unknown

* * *

You may be on the right track, but
you'll get run over if you just stand there.

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BEAUTY COLUMN

By Ann Wills

DRY HAIR—CAUSE AND PREVENTION

It is a known fact today that one of the most widespread hair problems of women is dryness. Dry hair can take from the prettiest face, no matter how carefully make-up has been applied, and it can spoil the effect of the most stylish dress.

It is not easy to eliminate dry hair once you have got it, but it can be controlled. Although it may seem strange, many unhealthy hair conditions are caused by faulty eating habits, which too many of us women have developed. Three well-balanced meals are essential for the health of the body as well as the hair. So if you have dry hair at present, check your diet and see if it includes generous amounts of meat, fish, green vegetables, etc. If it does not, get yourself started on a well planned diet today.

Over exposure to very high heat is extremely drying for even the healthiest head of hair. This is why it is important to keep your head covered when out in the strong sunlight or wind. As sun and salt are damaging to hair, always wear a bathing cap while swimming, especially if your hair is bleached or tinted.

When your hair begins to show signs of dryness, start treatments at once. Ask your hairdresser's advice on this matter, as she will guide you, or better still have her do them for you. Once the problem of dry hair is under control, do not drop the treatments, for it takes more effort to restore the health of your hair than to maintain it. And so the problem of dry hair continues, easing but never ending.

Leader of a flock of geese to bird following: "Stop that infernal honking; if you want to pass, pass!"

We have arrived at Spring—the season when children slam the doors they left open all winter.

One trouble that jet planes have got us into is that there are no longer any distant relatives.

There is an idea abroad among moral people that they should make their neighbors good. One person I have to make good: myself. But my duty to my neighbor is much more nearly expressed by saying that I have to make him happy if I may.

—R. L. Stevenson.

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(Continued on page 25)

Just Jesting



TODAY'S FASHIONS

I sit in my sun porch day by day,
And watch the people pass;
The young, the old, the tall and short,
Of every creed and class.

And Oh! what garb some females wear,
With stretch tights, oh! so tight;
They look to me like scarecrows,
Oh! what a hideous sight!

Then some with skirts above their knees,
And shirt-tails 'way outside;
I can't see how they ever can
Be some boy's blushing bride.

'Tis just a passing, foolish fad,
I'm sure it cannot last,
And girls will once again be girls
When this queer style is past.
—G. L. R.

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Cheaper That Way

A five-year-old girl, visiting a neighbor, was asked how many children there were in her family. "Seven," she answered.

The neighbor observed that so many children might cost a lot of money.

"Oh, no," the child replied, "We don't buy them—we raise them."

—Capper's Weekly.

Time Brings Changes

A husband and wife were engaged in an argument and she said: "I was just as unreasonable when we were first married, but you thought it was cute."

A young man was seated opposite a nice old lady in the chair car. For sometime he sat vigorously chewing gum.

Finally the old lady leaned forward and said, "It's nice of you to try to make conversation, but I must tell you I am stone deaf."

BIRDS OF A FEATHER

Judge: "Your wife claims that life with you has been unbearable. What have you to say?"

Defendant: "It was the other way around. She insisted on letting her two dogs and a cat sleep in our bedroom, and I couldn't stand the odor."

Judge: "Couldn't you just open a window?"

Defendant: "What! And let all my pigeons out?"

In the supermarket a man was pushing a cart which contained a screaming, yelling, bellowing baby. The gentleman kept repeating softly, "Don't get excited, Albert; don't scream, Albert." A woman standing next to him said, "You certainly are to be commended for trying to soothe your son Albert." The man looked at her and said, "Lady, I'm Albert."

I'm sure you heard about the Martian who landed on earth right in front of a filling station. Facing one of the pumps he said, "Take me to your leader." He repeated the command five times. Finally he yelled at the pump in a loud voice. "You might hear me better," he shouted, "if you took your finger out of your ear."

"This boy goes into a blacksmith shop. The blacksmith has just finished making a horseshoe and it's laying down cooling. The boy walks over and picks it up and drops it real fast. The blacksmith says 'What's the matter, was it hot?' and the boy says, 'No, sir, it just doesn't take me long to look at a horseshoe.'"

Overheard on crowded bus: Two young married women talking. Says the one, "What do you want your next child to be?" Says the other, "A grandchild."

Here's some advice

It'll pay you to heed:

Don't plant more

Than your wife can weed.

A young married couple, who had just settled down in their new home, got a pleasant surprise in their mail one morning—a couple of tickets to one of the best shows in town.

But the donor had omitted to sign his name, and for the rest of the day the question was, "Wonder who it was?"

They enjoyed the show, but when they reached home they found that all their wedding presents had been taken. A note from the burglar said, "Now you know."

Getting Started Right

Story with a moral: A young woman, a decided blonde, decided about everything, married a tall taciturn lieutenant in the Army. Everyone who knew them said he would soon be the world's most henpecked husband. Instead the marriage worked out perfectly.

Finally their friends asked the young wife how it happened. She told the following story:

"The first thing I saw after he carried me across the threshold was a pair of trousers thrown on a chair. I started to put them away, but he stopped me.

"Put them on," he said.

"But what for?" I asked.

He just smiled. So to find out what he had in mind I put them on. They were about six sizes too big.

"Do they fit?" he asked.

"Oh, you know they don't," I answered.

"Then," he said, his face perfectly deadpan, "don't forget who wears the pants in this family."

SOUR NOTES

"Does my practicing make you nervous?" asked the thoughtful and persistent saxophone player.

"It did when I first heard the neighbors talking about it," said the man next door, "but now I don't care what happens to you."

* * * *

Two drunks were walking along a railroad track. One said "These are the widest steps I ever walked up in my life."

The other drunk said, "It's not the wide steps that are killing me—it's this low handrail."

* * * *

A teen-ager was going on her first date with a new boyfriend. As always, her father was nervous. "Are you sure this fellow is a good driver?" he asked.

"Oh yes," the girl replied. "He has to be. One more arrest and he'll lose his licence."

INS AND OUTS, Continued

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Remember, when your boy goes to summer camp, you are not losing a son but gaining two frogs, a turtle, a garter snake, and a field mouse.

Two dogs were watching a young couple do the Twist. Said one: "When I act like that they give me worm pills."

A midwestern newspaper heads the list of births, marriages and deaths briefly: "Hatched, matched and detached."

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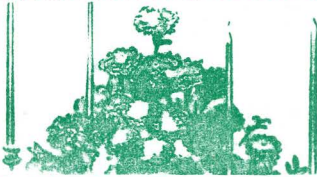
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