NOVA SCOTIA SANATORIUM

VOL. 47 MARCH 1966 NO. 3

Health Rays

The Canteen . . .

is operated for your convenience
and benefit

So Remember . . .

- A good stock of all occasion cards and stationery
- Gift suggestions, Novelties, Cups and Saucers
- Knitting Yarns and Crochet Cottons
- A wide variety of grocery items
- Ladies' and Men's wear – Nylons

TABLE OF CONTENTS

Nova Scotia Sanatorium

J. E. HILTZ, M.D., D.P.H.	Medical Superintendent
H. M. HOLDEN, M.D.	Asst. Superintendent
J. J. QUINLAN, M.D.	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.	Consultant Surgeon
D. M. MacRAE, M.D.	Consultant Bronchoscopist
E. J. CLEVELAND, M.D.	Consultant Psychiatrist
F. R. TOWNSEND, M.D.	Consultant Psychiatrist
B. F. MILLER, M.D.	Consultant Orthopedic Surgeon
D. H. KIRKPATRICK, M.D.	Courtesy Consultant in Anaesthesia
MRS. HOPE MACK, R.N.	Director of Nursing
ROBERT P. MacKENZIE, B.Comm., D.H.A.	Administrative Assistant
MISS EILEEN QUINLAN, P. Dt.	Senior Dietitian
F. G. BARRETT, M.Sc.	Director of Rehabilitation

Point Edward Hospital

D S ROBB, M.D.	Medical Superintendent
T K KRZYSKI. M.D.	Physician
D. M. MUIR, 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 MABEL E. BURCHELL	Dietitian
JAMES MacDOUGALL	Supervisor of Rehabilitation

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	*Archdeacon L. W. Mosher*
Sanatorium Chaplain	*Rev. J. A. Munroe*
Baptist—Minister	*Dr. G. N. Hamilton*
Student Chaplain	*Lic. Henry Sharom*
Lay Visitor	*Mrs. Hance Mosher*
Christian Reformed—Minister	*Rev. J. G. Groen*
Pentecostal—Minister	*Rev. C. N. Slauenwhite*
Roman Catholic—Parish Priest	*Rt. Rev. J. H. Durney*
Asst. Roman Catholic Priest	*Rev. Thomas LeBlanc*
Salvation Army	*Capt. R. Henderson*
United Church—Minister	*Rev. K. G. Sullivan*
Sanatorium Chaplain	*Rev. J. D. MacLeod*

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

Authorized as Second Class mail, Post Office Department, Ottawa

And For Payment of Postage in Cash

VOL. 47 MARCH 1966 No. 3

The Sanatorium Cracker Barrel

J. E. Hiltz, M.D.

On February 6 and 7, in Ottawa, it was my privilege to attend the Third National Tuberculosis Conference. This was sponsored conjointly by the Canadian Tuberculosis Association and the Department of National Health and Welfare and brought together the Directors of Tuberculosis Control or their alternates from each province, physicians from the Indian Health Services, and from the Division of Epidemiology of the Department of National Health and Welfare, a member of the National Research Council, members of the Management Committee of the Canadian Tuberculosis Association, and others who play a guiding role in the fight against tuberculosis in our country. In all about fifty persons sat down together for two days and talked only about tuberculosis and better ways of combatting it. All of us are still learning and improving our procedures in order that tuberculosis may be prevented with greater certainty or, once it has developed, it may be brought to a stage of healing at the earliest possible moment. With good co-operation of all concerned this can be done.

* * * *

There is much talk these days about centennial projects. One town is building a swimming pool, another a cultural centre. The Canadian government will be sponsoring a Centennial Train to visit all provinces and bring to all of us a museum of our historical background. So much for governments but what are you personally doing to celebrate the hundredth birthday of our nation? What is your own centennial project? It is only nine months until 1967. Why not devote all your time and thought to recovering your health completely. Let your Centennial project be your health and let all of us help you attain this goal.

* * * *

And speaking of centennial projects, the Nova Scotia Sanatorium has not yet decided upon a suitable one. It should be something for which both patients and staff could work and to which both could contribute time, talents or tokens. Once finished is should be for the benefit or enjoyment of all, not just a few. Have you, dear reader, any suggestions? We would welcome them. Write a note either to the Editor of Health Rays or to me. If you are bashful you do not even have to sign it although your signature would be appreciated. Every worthwhile suggestion other than "Drop dead!" or "Go jump in the lake" will be given very careful consideration.

* * * *

Parable: A certain farmer had a hayloft in which he stored precious grain while awaiting the thresher. He suspected the presence of a rat therein. With pitchfork he picked up a forkful of hay but no rat was seen. He picked up another; no rat, and still another, findings negative. One more forkful and, behold the rat! In truth, it was there! Verily I say unto you that as three forksful of hay without a rat did not mean that no rat was eating the grain in the hayloft, so a number of negative sputum reports do not give the lie to a single positive test. End of parable.

* * * *

At the present time, Canada, Czechoslovakia, Holland, and Norway are co-operating in a large tuberculosis research project sponsored by the International Union Against Tuberculosis in an endeavour to determine how best to speed up the control of tuberculosis among popultions. We know well how to treat a person. We are not so well informed in regard to treating populations where tuberculosis is very prevalent, only moderately

(Continued on Page 7)

March 24 – A Day To Remember

On That Day in 1882 Robert Koch announced
the Discovery of the Tubercle Bacillus

"A man of few words except to intimates, respected for his ability but hardly loved by his fellow citizens, who saw little of him, he worked in his little laboratory formed by curtaining off a portion of his private office, I doubt if the corner of any private office has ever meant so much to the suffering world." So spoke the late Dr. Lawson Brown of Saranac Lake in a lecture before the New York Academy of Medicine. The subject of his talk was Robert Koch, who 84 years ago startled the medical world with the announcement that tuberculosis was not a hereditary but a communicable disease.

Koch's discovery came at a time when tuberculosis was truly the scourge of the civilized world. Other plagues and pestilences claimed their hundreds and their thousands; tuberculosis claimed its ten-thousands. By the mid-1800's the death rate in some places went as high as 500 per 100,000 population. And as little was understood about the disease by even the greatest doctors of the time there was no real hope of improvement in the situation. The theory most widely held was that tuberculosis was hereditary; other causes, solemnly proclaimed, ranged from unrequited love to night air. There was no thought of preventative measures, and isolation of the afflicted was never considered. Sufferers from tuberculosis died in their beds, surrounded by family and friends, to whom the yet unknown germs of the disease passed unhindered. This was the picture when Koch, already distinguished for his work in bacteriology, devoted his genius for research to the discovery of the cause of tuberculosis.

Robert Koch, born in Clausthal, Germany, in 1843, was a country doctor in Silesia when he became deeply interested in bacteria. His early studies were carried out in a corner of his own office with crude instruments, including an outdated microscope and an incubator he had built himself. On his 28th birthday his wife presented him with a modern microscope, bought with money she had collected by skimping and saving.

Koch's first great discovery, announced in 1876, was the Bacillus Anthracis, the germ causing anthrax, a disease then decimating herds of cattle and sheep. Following the demonstration of this discovery, Ferdinand Cohn, the greatest figure in bacteriology of that time, said of it: "I regard it as the greatest discovery ever made with bacteria, and I believe that this is not the last time that this young Robert Koch will surprise and shame us by the brilliancy of his investigations". Prophetic words, indeed, as Koch's greatest discovery was yet to come.

After this recognition Koch received an appointment to the Imperial Health Office in Berlin, and there began the research which not only led to his great discoveries but re-organized and transformed the science of bacteriology. In 1882 he began his definite work on tuberculosis, a disease which interested him above all others, and by March of the following year he presented his findings to the Berlin Physiological Society. On the 24th day of March, in a room crowded with physicians and scientists, Robert Koch in a quiet, matter-of-fact way demonstrated the tubercule bacillus as the causative germ of tuberculosis. So complete was the demonstration and so incontestable his conclusions that not a single voice was raised in opposition. Of that moment Paul Ehrlich, the famous bacteriologist, said: "That evening remains graven in my memory as the most majestic scientific event in which I have ever participated."

Regarding the actual accomplishment of his discovery, Koch himself had this to say: "the discovery of the tubercle bacillus merely proves the correctness of the contention of Cohnheim that tuberculosis is an infectious disease, which has until now been doubted by the majority of physicians . . . It furnishes us also with a new diagnostic sign; in the future the diagnosis in doubtful cases will be determined by the presence of the tubercle in the lesions . . . Lastly, we may earnestly hope that the discovery will aid in the treatment of the disease. As far as our observations go, we can expect little, if anything, from the action of chemical agents upon the bacilli in the living body, and we must turn our main efforts to prophylaxis. This means, on the one hand, effective disinfection of tuberculosis material, and, on the other hand, the protection of healthy individuals from contact with the bacilli. It seems to me none too early to insist on active prophylactic measures against tuberculosis."

Robert Koch lived thirty-one years after this momentous discovery, years of unending research and investigation into many diseases of both man and animals, his work often taking him into far countries. It is with tuberculosis, however, that his name is identified foremost and forever. By naming the tubercule bacilli he brought the enemy into the open, where the war against tuberculosis could be joined with sound hope of victory over mankind's greatest scourge.

E.M.H., **Health Rays,**
Nova Scotia Sanatorium.

(Cracker Barrel Cont'd)

prevalent, or of low prevalence. What is good for one situtation is not necessarily good in another. This should be a very worthwhile undertaking. This is where some of our Christmas Seal money will be going each year for some little time. This is good. It is well to give serious thought to the needs of others.

Drugs do not kill all TB germs but they do cut down further growth of the bacilli. This gives the body's own protective forces a chance to defeat germs.

Why Bed Rest After Surgery?

Watts R. Webb, M.D.

Many patients have been somewhat confused by the up, down again, up again routine to which they are subjected following their operation for tuberculosis. Immediately after surgery, even the same day, they are called on to leave their beds and begin active tour of walking, coughing and leg and arm exercises. This activity is continued and progressively increased during their two or three weeks' stay on the surgical ward. Then, on returning to the medical ward, bed rest with only bathroom privileges becomes the order of the day, with activity being gradually resumed over the ensuing months.

Paradoxical as the above may seem, there is a very definite rationale behind these rapid changes of pace. Like so many other things, it represents a compromise between the rest desirable for tuberculosis and the early ambulation which is advantageous in the immediate post-operative period. This early ambulation offers many advantages in the rapid restoration of the patient's normal state of well being. There is an early return to the postural reflexes which maintain normal flow of blood to all parts of the body. Blood flow to the legs and lower body is increased to prevent stasis which might lead to clotting of the blood and subsequent severe damage should these clots travel to the heart or lungs. Breathing is increased and coughing stimulated to prevent congestion in the lungs and possible pneumonia. Strength and appetite return much faster. These factors take precedence over the other considerations which need the reverse.

Removal of a portion of the lung for tuberculosis is not in any way analogous to removal of a gall bladder or an inflamed appendix. In the latter, the offending organ and all attendant difficulties have been removed and the patient is forever rid of appendicitis. Tuberculosis, on the other hand, always occurs in multiple areas in both lungs, even though many areas of involvement may be too small to be seen in an x-ray. Most of these small areas will be arrested or healed by the regimen of drugs, bed rest, etc., which the patient has had prior to surgery. At the time of surgery, only those portions of lung are removed which have been irreversibly damaged. Many small areas of tuberculous disease are always left behind—some too small even to be seen or felt and others which will heal on continued medical treatment.

Because of these residual areas of disease, it is always wise to continue the medical treatment almost as if there had been no surgery. Thus, as soon after surgery as is safe to return the patient to bed rest, such is started. Ideally, from the standpoint of the remaining lung, it would be better not to stir out of bed post-operatively. From the standpoint of the total patient, however, the overall result appears to be much better by utilizing a limited period of early ambulation.

In general, patients are hospitalized for a minimum of six months after resectional surgery. Some patients can safely be released earlier and many should stay longer. This treatment is individualized according to the amount of disease the patient has had and the resistance he has shown.

Iowa Stenthescope—

Courage isn't lack of fear; it's standing your ground in spite of it.

—Unknown

Rehabilitating TB Patients

Robert H. Browning, M.D.*

Rehabilitation services are not frills or "frosting on the cake". They are part of TB treatment. While need for vocational services has diminished, other phases of patient rehabilitation are more important than ever. To neglect them is to retard tuberculosis control.

When people talk about rehabilitation, they often are talking different things. The word "rehabilitation" should and does in many areas, connote a comprehensive program of patient treatment. However, in some minds it still has the restricted meaning of "vocational adjustment". To my way of thinking, comprehensive rehabilitation services should include vocational occupational and recreational therapy, patient education regarding tuberculosis, library services and religious activities. Organized school work, often for credit, is highly dessirable in appropriate cases.

Many tuberculosis hospitals, perhaps most, have never developed such broad-scale programs. Nonclinical patient care is often unskilled and fragmentary despite the general acceptance of patients' need for these services. While budgetary problems may explain part of this failure I believe that many tuberculosis hospital staffs are so interested in other aspects of patient care that they never get going on a rehabilitation department.

Background

Since 1947, treatment with specific tuberculosis drugs has led to revolutionary changes in patient activities. Bed rest is little used. Duration of hospital treatment is shortened. Activities calling for physical effort are tolerated, in contrast to the pre-drug era.

Programs then, must be geared to a rather wide range of age groups and a variety of interests. The average age of patients steadily increases, although there are still a few teen-agers among the population. The majority of patients are men.

The problem of patients leaving the hospital against medical advice is still with us. The public continues to be endangered by the patient with positive sputum who cannot or will not remain in the hospital, and the patient himself may lose his chance for recovery. A higher proportion of patients seems to come from an environment in which economic, and personal problems make consistent long-term treatment difficult or impossible.

*Robert H. Browning, M.D., is director of the Ohio Tuberculosis Hospital.

Needs

How have these developments influenced rehabilitation programs?

VOCATIONAL ASSISTANCE. The number of patients needing vocational assistance is greatly reduced for two reasons. First, many more are able to return safely to their original occupations because of the relative infrequency of relapse after long-term drug therapy. Secondly, our present older patients are often beyond working age or are otherwise not appropriate subjects for vocational services.

Younger patients who need vocational testing, counseling, and training should receive this assistance. Because of the shorter stay, most training will necessarily be given after discharge from the hospital. However, preparatory vocational counseling, work tolerance programs, and some in-hospital training involving either or both the occupational therapy service and the school program can be offered.

The teaching of junior high and high school subjects for school credit to adolescents and as a social or occupational asset to adults is more valid than ever in this day of emphasis on education and need for specific occupational skills.

PSYCHIATRIC STUDY: There is an expanding need for psychiatric study and diagnosis of today's patients. An increasing proportion are maladjusted and emotionally disturbed and unable to carry out treatment of tuberculosis or even ordinary community living in a constructive way.

MEDICAL SOCIAL WORK: One of the most important facets of rehabilitation services is to provide an opportunity for the patient to discuss his problems, together with a mechanism for doing something about them. Much of this responsibility falls on the medical social worker. This person must be a friendly listener and counselor as well as a competent planner and liaison agent between the hospital and other community organizations which will assist the patient and his family.

Quite often his problems are very real and challenge the coordinating skills of hospital staff and community agencies. All too frequently, however, they are but expressions of basic anxiety about this disease which forces the patient into isolation from family and friends. Failure to allay this anxiety often results in premature departure of the patient and a break in continuity of therapy.

RECREATIONAL THERAPY: Most of today's tuberculosis patients are ambulatory and feeling well. Their need for specific recreational and educational opportunities is greater than ever before. Most of these activities have moved from the bedside to the shop, auditorium, and classroom. Music and drama groups, various social events, as well as commentaries over the hospital radio and intercommunication system have proven desirable ways of providing outlets for patient energy and imagination. With moving pictures and the large variety of radio and TV programs available, visiting troupes of entertainers have largely faded from the scene.

STAFF AWARENESS: Staff awareness of patient problems and agreement on a course of action are essential. A valuable technique now in use is a patient unit conference, in which patients are discussed individually at regular intervals. Members of such a conference include the physician, the nurse in charge of the area, the social worker, and the occupational therapist. This exercise leads to pooling of information, group understanding, intelligent planning, and coordinated action— all in accord with the patient's individual needs.

Thus we come back to the well-established principle of treating the whole man, not just a pair of lungs. Whether in the hospital or at home, the patient needs individual care far beyond bread, board, and medicines. Failing in the areas of rehabilitation therapy leads to an unhappy and uncooperative patient.

—National Tuberculosis Association

Two Nasty Partners – Diabetes And TB

March is the month when the Canadian Diabetic Association launches its annual campaign to raise funds and to make the public more aware of diabetes and the importance of discovering it early and treating it promptly. Maybe you have heard that phrase before. It has been used tens of thousands of times about tuberculosis. It is very sound advice in both cases.

Diabetes is increasing. It is increasing alarmingly enough for the World Health Organization to have appointed an expert committee to assess the situation and see what can be done to remedy it.

It is of special concern to tuberculosis workers that whatever it is possible to do about diabetes be done because the tuberculosis rate is twice as high among diabetics as among non-diabetics. It is because diabetes lowers the body's defences against infection. So a regular chest X-ray is advised for all diabetics.

There are two quite obvious reasons for the increase in diabetes. One is that more and more people are living to the age when diabetes is most likely to appear. True, diabetes occurs at all ages, but it is most common from age 60 on, and the percentage of the population over 60 is steadily mounting.

Also, a side affect of the affluent society, more and more people are taking more and more food on board and taking less and less exercise to use up the calories. This is rolling out the welcome mat for diabetes.

The chances that people are suddenly going to give up the joys of overeating and the convenience of getting from here to there on wheels about 20 or more times faster then they could get there by shanks' nag are very, very slim.

This is the broad picture. The individual does not have to go along with the crowd. First and foremost, at any age he can keep weight controlled. Sure it may mean passing up a lot of lush desserts, fried food, rich gravy, creamy candy. But after all—a minute on the palate, a life time on the hips. Is it worth it?

Once we reach middle age we can make sure that when we get a medical check-up it includes a test for diabetes. This is especially true if the family history shows that a noticeable number of relatives died of diabetes. Should this be the case, the family doctor should be alerted. If one of a pair of twins develops diabetes the other had better get to the doctor and soon. It is on the case history of twins that a great deal of the evidence of the part played by heredity in occurrence of this disease. A test may disclose the disease years before symptoms appear.

While it is depressing that diabetes is increasing the gloominess is very considerably relieved by the fact that it can be treated so much more adequately today. Tens of thousands of diabetics live very normal lives. We have friends who have carried on with their jobs and their social life for 15 years despite diabetes. They get through their work, they have a good time with their friends, they go abroad on vacations.

And the sooner they start treatment, the more manageable the disease is.

TB—And Not TB.

HOW LONG WILL IT TAKE ME TO GET WELL?

When can I get out of here? How long will it take me to get well? Nobody knows. It may take three months or a year or longer. But of all the people who come here like you, with fear or rebellion in their hearts, most of them, sooner or later, walk out again on their own two feet—cured.

There are not two cases of tuberculosis exactly alike. Your case is different from that of your neighbor across the hall. His experience will not be your experience. Sometimes things look good and turn bad, and again when things look pretty bad often surprising recoveries are made.

A good deal depends upon you. You can help to make your stay short. How? **By doing exactly what your doctor tells you.** He knows your condition; he sees your x-rays, and he knows what is best for you at this time.

Just remember that you place your faith in the captain when you take a trip across the sea. The skipper knows how to plot a course that will take the ship safely into port. He has done it many times before. Your doctor is like the skipper. He wants to get you back to health as quickly as it can be done with safety. Some day he will sit down with you and tell you some of the reasons why he has given you certain orders, but right now just do what he tells you, rest and relax, leave the worries to him.

You must learn that curing tuberculosis is a partnership between you and your physician. He brings into this partnership his medicial skill and his experience and you must contribute a new way of living.

If you want to make your cure a success you must be willing to do your share not only for a day or a month but for all the time you are here. If you do your share, and that means obeying doctor's orders to the letter, your stay here will be as short as possible. How long you will be here depends a great deal upon yourself.

Sanatorium Outlook.

Pop—Goes the Liver

Cirrhosis of the liver frequently found in adults who hit the bottle too hard, now is being diagnosed in teen-agers. Soft drink is their problem, reports medical World News.

"Those who drink a lot of sugary sodas cut down on nutritious foods," explains Dr. S. H. Hunter of New York. "Eventually this results in a protein deficiency and, in turn, cirrhosis."

—San-o-Zark

WINTRY WOES

It's hardly surprising that the rate of acute respiratory diseases rises in the winter. Windy gusts, cold and stormy weather cause many people whose resistance is low to "catch cold". And people are apt to be lavish about sharing with others the coughs and colds they "catch". By the time discomfort (or good sense) makes you stay home with your coughs and sneezes, you may well have passed out generous samples of germs to others.

There is no cure for the common cold, but there are sensible precautions to observe, and there are ways to alleviate distress. Bed rest is desirable; if there is a fever, it's a "must." In any case, plenty of rest will help. A large amount of fluids is a good idea. The use of a vaporizer to restore moisture to the air in your room (winter heating often dries the air) will provide some comfort.

Why should you "baby" a cold when you don't really feel that sick? For several good reasons. A public-spirited one is to keep the infection to yourself until it has run its course. A sensibly selfish one is to keep your minor infection from jumping its tracks and becoming something more serious. Complications—like bronchitis and pneumonia—can result from a neglected illness of the breathing apparatus that didn't seem serious in itself.

Call the doctor if your temperature is above normal, or if your throat is painful or your chest hurts. If a cough develops and hangs on after the symptoms of cold have cleared up, it may mean that you have a more serious respiratory disease.

Finally about colds: Don't medicate yourself—get your doctor's okay for using products offered for relief of pain or reduction of congestion. Do keep warm and don't return to the world of the active until you can be a member in good standing.

—Sanatorium Outlook
Arkansas State Sanatorium

Sympathy

They think that I am cast away,
That life is leaving me behind;
But I have fresh, cool, crystal rain,
So I don't mind.
I often feel them pitying me—
They think my lot is hard to bear;
But I have a slender crescent moon,
So I don't care.
They think that they must cheer me up,
With words quite meaningless and bright;
But I have a bird's swift flight in air,
So I'm all right.

—Exchange.

THE TUBERCULIN TEST

By Dr. Coleman King
Battey State Hospital, Georgia.

A. General Consideration:

1. When a person is infected with tuberculosis, skin sensitivity to tuberculin develops in six to eight weeks and usually persists for life.

2. A positive skin test means that infection has occurred some time in the past, but does not mean that one has tubercoulosis.

3. A negative skin test, for all practical purposes means that the person does not have tuberculosis and never has had tuberculosis.

B. Technique:

1. The test should be administered by qualified trained personnel. The tuberculin test is done on the fore arm. The testing site is cleaned with an alcohol sponge prior to testing. A special syringe and a very small needle are used. A small measured amount of testing material is injected into the superficial layer of skin. Nothing is done to protect the testing site after injection.

2. The test should be interpreted by a qualified trained person 48 to 72 hours after the test has been performed.

3. Comments:

(a) The test causes very little pain because only the top layer of skin is injected.

(b) The test practically never causes delayed pain, aching, fever, etc.

(c) As the testing dose is very small, strongly postive skin test are unusal. If one should occur, a soothing ointment and a band aid applied to the test site after reading is all that is necessary.

(d) The test should not be given if the person is acutely ill, has a skin eruption, chicken pox, or a recent smallpox vaccination.

(e) Predicted incidence reactors in school children is about one out of every twenty children tested. The younger children will have a slightly lower incidence, and the older a slightly higher.

C. Follow-up Studies:

1. The person with a negative skin test needs no follow-up in regard to tuberculosis. However, a negative skin test does not mean that infection in the future will not occur.

2. All persons with positive skin tests should have a chest X-ray made. If the X-ray shows findings suggestive of tuberculosis, further clinical evaluation is indicated.

D. Value of Tuberculin Skin Testing:

1. Proper testing identifies those who have been infected and those who have not been infected.

2. Its traditional value is in diagnosis, case finding, and statistical studies to determine the incidence of infection amongst those tested.

3. School testing offers as good opportunity for health education and focuses community attention on its overall tuberculosis problem.

—The Battian.

ARE YOU POSITIVE?

You've had a tuberculin test and the doctor or nurse who did the reading told you that you're a **tuberculin reator.** What does this mean?

First of all, it means that some time you have picked up the infection from somone, probably somebody you have been around quite a bit. In short, you now have in your body the microbes that cause the disease.

This infection does not mean that you have active tuberculosis or even that you will ever be seriously ill. A lot of people are infected with tuberculosis and fortunately most of them never develop active tuberculosis. The trouble is that there is no way of predicting whether you are one of the many who will never be stricken with active tuberculosis—or whether you are one of those who have or will develop this disease.

A tuberculin reaction is a sign that should be heeded. It does not pay to take chances with tuberculosis. If you are a reactor the smart thing to do is first to have an X-ray and then, if necessary, other tests to find out whether you are well or not.

At first tuberculosis develops without any obvious symptons. **If you are a tuberculin reactor, the sooner you have an X-ray the better.** If tuberculosis is found before it has a chance to spread, it may save months and even years of serious illness.

—U.S. Dept. of Health, Education and Welfare Public Health Service.

When you get all wrinkled from worry and care it's time to get your faith lifted.

Today's tragedy is not the noisiness of the bad people, but the silence of the good. people.

If Patrick Henry thought taxation without representation was bad, he should see it with representation.

We used to settle our problems over coffee and cigarettes—now **they** are our problems.

Question Box

J. J. Quinlan, M.D.

Q. What is meant by the term "active tuberculosis"? When is it considered inactive?

A. In the definition of activity of tuberculosis accepted in most parts of the North American continent set forth by the National Tuberculosis Association of the United States of America in its Diagnostic Standards, a patient is stated to have active tuberculosis if the disease in the lungs is showing either improvement or worsening as evidenced by serial X-ray examinations of the chest at intervals of six months or less. The presence of a cavity almost always indicates activity.

An individual is also judged as having active tuberculosis if the sputum contains tubercle bacilli, either on smear, concentration, or culture. If sputum is absent the same criteria apply to gastric washings.

Other indications of the activity in tuberculous disease are the presence of tuberculous empyema, i.e., pus in the pleural cavity caused by tuberculosis germs, the presence of a bronchopleural fistula, and tuberculous involvement of the bronchial tubes.

Q. Where is the line drawn between minimal, moderately advanced, and far advanced tuberculosis? Would you please explain what is involved with each stage, that is, to what extent minimal would have to be advanced before it could be referred to as moderately advanced, etc.

A. Here, again, we have an arbitary classification of the extent of tuberculous disease in the lungs, developed by the National Tuberculosis Association and accepted for many years throughout the North American continent. To be designated as minimal, a tuberculous lesion must be slight in extent, and must not contain any demonstrable cavity. The disease may involve one or both lungs, but its total extent should not exceed the volume of lung which is present on one side above the front part of the 2nd rib. Moderately advanced tuberculosis may be present in one or both lungs. If the disease is scattered, it may extend throughout the total volume of one lung, or its equivalent in both lungs; if it is confluent, it must not exceed one-third the volume of one lung, and if a cavity or cavities are present, the total diameter of these cavities must be less than 4 cm. Far advanced disease is the term used to indicate tuberculosis which is more extensive than moderately advanced.

The classification noted above is, of course, applicable only to disease as seen in the X-ray film of the chest. For example, it frequently occurs that a lesion felt to be minimal on X-ray examination is resected and found to contain a cavity which, of course, would automatically make it moderately advanced.

Q. In appearance, does the sputum containing tuberculosis germs differ from that raised by a person suffering from a bad cold?

A. The appearance of sputum bears no relationship to its content of tubercle bacilli, and sputum which is strongly positive may look exactly like that raised during a common cold.

Q. Is it wise to go to bed when running a fever or when the temperature rises?

A. Both statements, of course, mean the same thing. When a person is running a fever, the temperature has risen above normal. Such an individual should go to bed and have medical attention to first of all determine the cause of the fever and to have appropiate treatment for the condition found.

Q. Is it possible to infect persons with whom you associate when the sputum is negative?

A. In this column, in many past occasions, it has been necessary to issue a warning of the danger of accepting the finding of "negative sputum" as evidence that the individual's tuberculosis is not infectious. The report of a negative sputum means that in that particular specimen it has not been possible in the laboratory to find tu-

bercle bacilli either on smear or culture. This finding must be related to the overall picture of the patient's tuberculosis and in particular to the appearence of the disease in the X-ray film of the chest. While a sputum consistently negative on numerous examinations is fairly good evidence that the disease cannot be transmitted to others it is by no means an absolute guarantee.

30 Years Ago

Since the very beginning of our little Sanatorium magazine there has stood in the hearts and minds of its editors one towering ambition: to have a steady flow of articles contributed by our loved and honored doctors. Instead, the most any of us has ever achieved is an occasional trickle, and that by dint of much coaxing and cajoling. Which brings us to the March 1936 issue of **Health Rays,** where on page 12 this to our wondering eyes did appear: **"The House of Fear,** A Mystery Story in Two Parts, by Dr. H. R. Corbett".

There is still a goodly number of people at the San. and among our readers outside the San. who remember Dr. Corbett, because those who knew him could never forget "Corbie". In his capacity as radiologist he was the major domo of Medical Section—a clearing house for news and stories, perpetrating indiscriminately brilliant and atrocious puns. A real spark went out of San. life when Dr. Crobett left in 1938 to be radiologist in Sydney hospitals. Oh, yes, the story—well not too surprisingly the mystery was solved by an x-ray.

Among the Sanatorium activities reported was the annual cribbage tournament, and a big event that surely was! Regional contests were run through, and at last it came down to the finals. The excitement was immense, with staunch supporters, not to mention stakes, lined up for both sides. In 1936 the finalists were Bernie Fevens of the 2nd floor Old (now West) Infirmary and Peg Nicholson of the 3rd floor Old. As the 1936 reporter put it: "Masculine skill prevailed over feminine charm, and for the third successive year the cribbage title has gone to the male sex. . . Better luck next time, girls".

"One of the too common faults of this present day is that of taking things for granted." So begins the Editorial Comment of March 1936, and as we read on we find that what the patients of that day were suspected as taking for granted were the benefits of radio, Station S.A.N. having been in operation for four years. The editor goes on to shake an admonishing finger: "We soon become accustomed to things which those of former days had no opportunity whatever to enjoy. We allow our sense of appreciation to become dimmed". We hope he made his point, but what really intrigued us was the second editorial, which made us realize how much has happened in 30 years. Read these words: "There are many cases of active tuberculosis known over Nova Scotia, the great majority of which should have sanatorium treatment, but so many cannot afford the remedy. The municipalities are already overburdened, and often the private pocket cannot finance even a few months' treatment in the proper institution. Yet as long as these cases go untended, tuberculosis will continue to thrive and spread over the province. There cannot be any other possibility. The time must come, and the sooner the better, when the people as a whole are made to realize that free treatment is the only solution." Well, free treatment in Nova Scotia came in 1946, an old story now. Maybe, just maybe, we can still take things too much for granted.

We like this almost Shaggy Dog one:

Adam and Eve were naming the animals when along came a rhinoceros.

Adam—"What shall we call this one?"

Eve—"Let's call it a rhinoceros."

Adam—"But why a rhinoceros?"

Eve—"Well, because it looks more like a rhinoceros than anything we've named yet."

WHAT PRICE WORRY?

Professional studies show conclusively that nothing saps health and physical resistance more than worry.

If you suspect something is wrong with you, arrange for a medical checkup at once. The odds are better than even that your fears are groundless.

So far as your other worries and anxieties are concerned, a unversity study has shown that 40% of them are over things that never happen, 30% over things in the past, 22% over petty trifles . . . which leaves only 8% of any consequence

—Selected.

HEALTH RAYS

VOL. 47 MARCH 1966 No. 3

STAFF

Managing Editor . . . . . Eileen M. Hiltz
Business Manager . . . . John Akin
Subscription Manager . . . Steve E. Mullen

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

Subscription rates ..... *$1.00 per year*

15 cents per copy

EDITORIAL COMMENT

Genius, that power which dazzles mortal eyes,
Is oft but perseverance in disguise.

While doing some research into the life of Robert Koch one cardinal fact appeared again and again: that along with the undoubted brilliance of his mind he had the capacity for complete dedication and relentless perseverance. To read: "On the 24th day of March, 1882, Robert Koch demonstrated the tubercle bacillus as the causative germ of tuberculosis" is to glimpse the mountain peak while ignoring the mass of land, rock and ice which combined, to thrust it above the clouds. It was on the two hundred and seventy-second attempt that Koch succeeded in isolating and identifying the germ of tuberculosis.

Virtues today are not esteemed in quite the way they were in the old copybook days, and to speak of them may mark one as old-fashioned or "square". At the risk of being labelled so, we would salute the virtue of perseverance. How much longer, and at the cost of how many lost lives, would the world have waited for the discovery of the tubercle bacillus had not Robert Koch possessed it in abundance?

Among the maxims and wise saws that were laboriously copied in the old school copybooks there was sure to be this one: "It is never too late to learn". That sound adage might well be a slogan on the masthead of a sanatorium rehabilitation department. Rehab. people are willing, able and certainly eager to assist all who would learn. An article in the Bulletin of the Sanatorium Board of Manitoba puts it so well that we reprint it herewith for our readers:

"Many years ago a very wise and revered doctor remarked. 'What a patient with tuberculosis has in his head is more important that what he has in his chest.' In these few words Sir William Osler tried to tell us of the great part the personality, the mind and the emotions play in bringing about a cure of the disease.

"The Sanatorium Board has long recognized this fact, and for many years has provided a special rehabilitation program to assist patients to increase their skills and knowledge, and, at the same time, to keep them happy and busily content. TB patients need not spend day after pointless day worrying about their illness and future means of employment. Instead they can find a new meaning and purpose in their lives if they will but use the time in sanatorium to improve their minds and develop their abilities. Indeed, many people have a latent ability which a prolonged rest brings out, and there is no reason why they should not gain from their enforced rest.

"Neither does the old saw that 'you can't teach an old dog new tricks' apply in a sanatorium. People of all ages have found a fuller and happier life by embarking on some new course of study while 'chasing the cure'.

"No kernel of nourishing corn," says the poet Emerson, 'can ever come to a man save out of that particular plot of ground which the Almighty has given him to fill.' There is no man who is without some particular talent or quirk of mind, hands or body. It need not follow that he should be a painter, a musician or a poet. He may be a born mechanic. He may be able to do with machinery, as he might with dominoes.

"But whatever he wants to be, that he can be, for the desire would not exist if the ability to satisfy it were not there.

"You'll probably never have a better chance to do some learning than you have right now. So get hold of your rehabilitation officer and let him help you arrange a course of study."

Word has come to us from the Library that some of the bound volumes of **Health Rays** are missing from the shelves. The missing ones are for the years 1943, 1946, 1952, 1954, 1956, 1957, 1958 and 1959. Should any of our readers have borrowed one or more of these volumes and still have it (them) in his (her) possession, it would be greatly appreciated if he (she) would return same to the Library.

We of **Health Rays** and the Library are more than pleased to have the back issues of H. R. examined and perused. We only ask that they be returned when you are finished with them so that others, too, may use them. And we do like to keep our files complete.

Station **You**

Does your life broadcast a story
That is fine and brave and true,
Or does it send out on the air
A sobbing, wailing, dismal view;
Is your life a living sermon
Being broadcast far and wide,
Or just a pack of theories
That you've never really tried?
Does it bring to men a blessing
That will help them to be strong;
Are you seeking as you broadcast
To help this old world along?
Why not check up on your program—
Make it clear and strong and true—
And be careful what you send out
From special Station **You.**

—Alta Bean, patient,
Arkansas Tuberculosis Sanatorium

VALENTINE CARD PARTY

With cupids and hearts adorning the walls, the patients' dining room took on a lovely look for the Valentine card party held on February 16. Credit for the charming and seasonable decorations goes to the ladies of the Annex, especially to Florence Belben and Lillian MacMillan, who were in charge.

On this occasion instead of the usual lady's group it was men who acted as hosts of the party—members of Hiawatha Lodge, IOOF, Kentville. Chairman and M. C. for the occasion was Mr. Perley Salsman, who was assisted by Mr. Lennie Mason and Mr. Harold Parsons. An enjoyable and novel bit of entertainment was offered by "magician" Mr. Nat Parker.

The following were the prize winners for the evening: Forty Fives—High: Ladies,' Thelma Amon; Men's, Curtis Gaul; Low: Ladies', Lillian MacMillian; Men's, Nicholas Pellerine. Cribbage—High: Mima Hale; Low: Harold Fraser. There were some extra prizes awarded, such as Birthday prize, to Clarence Usher; Special prize, to James Ogden; Lucky cup, to Janet Hamm. And something new in prizes—to ones who moved the least in 45's—Esher Blaxall and George Crowe.

Penny Hamlin was there to represent the Rehab. Department. Margaret Beer extended a welcome to the hosts, and at the conclusion of the party Esther Blaxall thanked the men on behalf of all the party-goers.

And of course there were delicious refreshments, supplied by the sponsors.

Higher priced meats may not always provide the most in food values. The variety meats which include liver, kidney, tongue, heart and brains, are rich in iron, as well as being flavorful. They also have the virtue of being more economically priced.

Chaplain's Corner

THERE IS A LIGHT FOR EVERYONE

By Rev. J. D. MacLeod, D.D.

An old story has come to us from the ancient east, a story of Hindu origin, which tells of a man who exhibited an elephant for public inspection. For reasons known only to the man, the elephant was displayed in a dark place. No one could see the huge animal and each had to be content with what he could feel of him.

One grasped the elephant's trunk and concluded that it must be like a water-pipe; another took hold of one of its massive legs and thought it must be a pillar; a third person placed his hand on its back and likened it to a throne.

So, in the dark, each tried to describe on elephant. Each statement differed, and no one gave an adequate idea of the whole elephant. This little story ends with a very wise comment: "If only there had been a light in the hand of each man, the difference would have gone out of their words".

If only there had been a light. In one of the most sublime passages of the New Testament we read: "There is a light which lighteth every man that cometh into the world". John 1:9. In these words the writer of the fourth Gospel is stating it as his conviction that a light has been placed in the keeping in each one of us. The good Lord never intended that we should go through life blindly feeling our way in the dark. There is a light for everyone.

Philosophers and poets, Prophets and theologians, have all tried to define and explain this light. It has been spoken of as an inborn endowment, a something woven into one's spiritual nature, native to man and only man.

Each one of us is entrusted with this light. There is no one without a light to keep, and to keep it burning is not an easy task. I stood one evening with the lighthouse keeper out on the tip of the Gaspe peninsula, the heaving, surging sea stretching out below us and the ligthouse behind us. For twenty-five years the man had been keeping that light. He told of his experiences in the last war, when he saw six ships sent to the bottom. Often at night word would come through: "Douse your light".

"There is a light that lighteth every man . . ." Voices, innumerable voices, call aloud out of this world's darkness: "Out with that light!" One thinks of courageous Daniel in Babylon, surrounded by an alien civilization, without any of the aids to worship which had always been his. Yet Daniel kept a light, for all that. Three times a day, before an open window, fronting on Jerusalem, he knelt in prayer to the God of his fathers. By so doing, his faith, his integrity and honour were alike sustained.

Or there was Paul, along with his fellow-disciple Silas, singing praises to God in a Philippian prison. They kept a light. If that light had gone out, prison doors would not have been flung open at midnight, and the Philippian jailor's question: "What must I do to be saved?" would have gone unanswered.

What has all this to do with us? This, at any rate—each of us has a light to keep, and that light may be our most precious possession.

A PRAYER

Lord, fill my mouth with worthwhile stuff,
And nudge me when I've said enough.
I'm very careful with my words;
I keep them nice and sweet;
I never know from day to day
Which ones I'll have to eat.

Author Unknown.

Old Timers

All of a sudden our "balmy" winter turns into a deep, deep freeze. Today (February 21) the thermometer refused to get above zero all day long. It takes a lot of thinking to remember one that cold. Even Anne Marie with her wonderful memory (for Old Timers at least) might have trouble recalling such a one.

We'll start off our news with a note about that much travelled Old Timer, Hazel Tipert. Hazel is very well-known to San. people past and present because as well as being a patient back in 1938 she was for quite a number of years the cheerful admitting clerk on the Matron's staff. Goose Bay, Labrador, has been her home now for some time, where she works with the U.S. Airforce based there. And of course this year, too, she has done some travelling, although not as far as last year, when she went around the world. It's pretty hard to top that, unless she becomes an astronaut,—and if she did she'd certainly be the prettiest one. In February Hazel spent two weeks in the old home town of New Germany, Lunenburg Co., then for the remaining two weeks of her holidays she travelled to Colorado.

News of Irene Richards, now Mrs. Philip McCready, tells us she now lives in Winnipeg, and is the mother of two girls. Irene, whose home was formerly in Lunenburg, was here in 1948. Sandy Flynn, who works at the Dartmouth post office, also is the parent of two girls. Anne Marie recalled the days in 1942 when Mrs. Flynn came visiting and pushed the twin baby girls in their stroller so that proud father Sandy could see them. Those twin baby girls are now both lab technicians. That's how time flies!

Mary Boudreau Doucette, who works at the San. switchboard, as well as keeping house for Percy, heard from Fleda MacKinnon recently. Fleda, who was here in 1949, keeps well at her home in New Glasgow, and tells Mary that her son is at present the manager of the Dominion Store in Kentville. We did not know that before, but we did know that we found the manager of the store to be extremely pleasant and helpful.

Anne Marie had a letter from Edith McSween which contained some intresting news about Old Timers. First about Edith herself: she now lives in Halifax, where she works as switchboard operator at the Children's Hospital. She says she is taking painting lessons and loves it, and has already finished two pictures. Edith came to the San. from Sydney in 1947. Two Old Timers now living in Halifax whom Edith sees are Dora and Germaine Romard, formerly of Cheticamp, Inverness Co. Germaine is married and keeping house, while Dora works as a seamstress, doing most of her sewing at her home.

When she was on a trip to the South Shore and visiting the famous Ovens of Lunenburg, Edith ran into Aggie Howe, who had been a patient here in 1949. Edith says Aggie looks good and is the same as ever. And Edith reports on Lunenburg Co. Old Timer Lucy Creaser, who lives at Riverport with her ship's captain husband and a small son, the pride of both his parents. Before long, we understand, the Creaser family will welcome a little increase.

Still with Edith's news—Phyllis Vaughan, now Mrs. Wood, who will be remembered as patient, stenographer and nurse at the San., is now living at Carvell, Saskatchewan. Her two sons are growing quite big, and Phyllis finds time to act as secretary for a teacher. Margaret Conley of Truro was recently a patient at the Victoria General hospital in Halifax. She has returned home and resumed her work as receptionist in the office of Dr. Little. Margaret, who was here in 1948, says it keeps her busy knitting for small nieces and nephews.

Anselm LeBlanc of the San. nursing staff affiliated at the V.G. this year, and told Ann Marie of running into a San. Old Timer when he dropped into a small shop near the hospital. Marion McCarthy Gallagher and her husband now operate the shop, which sells confectionery, cigarettes, etc. We think it quite interesting how Anselm came to know the proprietor of the shop was a San. Old Timer. When he went to pay for his purchase he produced his wallet, which Marion recognized as San-made. She asked Anselm to bring back her regards to her friends at the San.

Miss Spence, director of nursing services at the San., tells us she heard from Anne Macleod not long ago. Anne, an Old Timer of the early 'thirties, and later a

teacher on the Rehab. staff, has since some years taught in Truro. She wrote about a most enjoyable trip to Scotland last summer.

It is always pleasant to find Old Timers pictured in the newspapers. In February there appeared a picture of Liverpool's mayor in the act of swearing in two town constables. The distinguished looking mayor is Frank Trainor, who was here in 1954.

Friends report seeing Marguerite MacNamara Parker from time to time, and by all accounts she looks well and very happy. Marguerite, whose lovely smile will be remembered by many while she was with the San. Rehab. staff, now lives at the Park Plaza Apartments in Halifax.

We like to end on a happy note, so will report that Monsignor Durney, a true friend of the Old Timers column, is back on duty after undergoing surgery at the Blanchard-Fraser Memorial hospital in Kentville. The surgery was not serious and we are happy to see that he has made a good recovery.

TB AS SEEN BY A SCHOOLBOY IN 1906

When the first traveling exhibit of the national Tuberculosis Association was going about the country about 60 years ago, school children in Cambridge, Massachusetts, were asked to write a composition on the exhitbit. One of the contributions follows:

"Tuberculosis was started in 1884 by Dr. Trudeau who had it in the Adrondacks. Although consumption is not inherited and does not belong to this climate, it is getting very popular. It is often cured. For instance, a young boy was operated on for appendicitis but when opened, his appendix was found to be full of Tubercle. He was quickly sewed up and his father bought him a sweater and now he is doing very well.

"In Colorado where people have consumption they had to take their furniture out and built a tent and live in out of doors.

"The people of Colorado are very healthy but Colorado is a very consumptive state, also Massachusetts is. Twelve good breaths a day will cure consumption.

"Consumption is a germ disease and three-fourths of all consumptives are cured.

"I saw the germ. It is big white ball with blue spots on it."

—Illinois Tuberculosis Association

Cats aren't the only ones who lick themselves with their tongues.

PATIENT DISCUSSION GROUPS

The final Discussion Group in the series inaugurated last fall was held in the patients' dining-room on Monday evening, February 14th.

Judged on the basis of attendance, this series was particularly popular. Wide-ranging and well-chosen, the topics were ably handled by the various speakers, who encouraged and led discussion. The efforts put forth by these people, who frequently had to travel a considerable distance, and perhaps of some inconvenience, to be with us, were much appreciated.

While the conference room-meeing-place of the Homelovers' Club, predecessor of the Discussion Group—was being converted into a patients' dining-room, meetings were held in the O.T. Room of the Rehabilitation Building, and refreshments were served in the coffee bar. After the official opening on December 1st, the new dining-room was available as a meeting-place. This modern and attractively appointed room is ideally suited for such a gathering.

Refreshment time has always been a highlight of these meetings, and to the ladies of the various Church and Community Groups in and about Kentville, who served such wonderful goodies, we say a fervent "Thank you". Nor must we forget how deserving of our gratitude is Mrs. Cerita Kerr, of the Sanatorium staff, who so faithfully assisted the ladies.

A representative of the Rehabilitation Department was present at each meeting.

THE FLU

I lie in bed from morn till night;
And really am a loathesome sight.
My nose is red, my eyes are blurred,
The whole effect is most absurb.
My hair hangs straight, has lost its glow,
My face looks thin and wrinkles show,
My rosy cheeks, my pride of yore,
Have left me now and are no more.
I wish my heart would stay in place,
Instead of throbbing in my face!
I cannot read, nor can I sew
Because my eyes are burning so.
Inside my head, Niagara Falls
Is surging through its hollow walls.
I have an abscess in each ear
Which makes it difficult to hear
(My heart most heartlessly persists
On beating in these painful cysts).
The phone may ring from morn to night,
The dogs may bark from glee or fright;
What's this to me, I only know
My nose demands another blow!

Author Unknown
Via Oregon Pulse

NURSING NEWS

We are pleased to hear from Miss Helen Comeau, C.N.A., who had the misfortune to break her wrist, that her doctor says she is making good progress and that she will be returning for duty in the near future.

Mrs. Hope Mack, R.N., Miss Jean Dobson, R.N., Miss Vilda Skerry, R.N. and Miss Gayle Wilson, R.N., attended the Dalhousie University School of Nursing Institutes on "Economics and the Nurse" held in Halifax February 1-3. Nurses from all over the Atlantic Provinces attended, 170 registrants plus 133 nurses enrolled in courses at Dalhousie.

Miss Stella Hines, R.N., relief nurse during January, has gone to Winnipeg where she has a brother in the R.C.M.P.

Miss Mary Spinney, R.N., our Recovery Room special nurse, is on the sick list. We wish her s speedv recovery. We are pleased to see Mrs. Alice Levesque back on relief duty after a period of sick leave.

The February class of Student Nursing Assistants started on course on the 21st of the month. The following make up the class: Misses Lillian Edith Anderson, Trenton; Patricia Anne Atkinson, Port LaTour; Lois Dale Brown, Clark's Harbour; Judith Anne Carey, Bras d'Or; Patricia Maud Cholock, Sydney Mines; Wanda Lynn Churchill, Sanford; Diane Lynn Coombs, Greenwood; Catherine Cameron Cronin, Port Wade: Donna Louise Eisner, Kentville; Wendy Lee Haagenson, Greenwood; Donna Lynne Hamilton, Tusket; Gloria Jean MacMullin, Glace Bay; June Marion Magarvey, Parker's Cove: Linda Belle Maxwell, Cape Sable Island: Marilyn Eileen Roode, Truro; Paulette Lorraine Sabean, Granville Ferry; Sue Anne Sweeney, Tusket; Georgina Beverly Tracey, Hantsport; Mrs. Mabel Ray, Chester; and Mr. Hedley Scott Banks, R.R. #3, Canning.

Twenty nursing assistants completed the course on February 1, 1966. and will be having formal Graduation Exercises in May: Misses Claudette Barnaby, Sydney; Sheila Cameron, Trenton; Beverley Christie, Sydney River; Carolyn Chute, Caledonia, Queens Co.; Dorothy Cropley, Hampton, Anna. Co.; Cheryl Davidson, Gaspereau; Carol Harding, Bear River; Eileen Light, Springhill; Loretta Mills, Sydney Mines; Bernadette Miller, N.E. Margaree; Lucille MacLeod, Glace Bay; Eileen Osborne, North Sydney; Carolyn Spinney, Centreville, Kings Co.; Shirley Sulis, Digby; Elizabeth Trask, Sandford, Yar. Co.; Beverly Weeks, North Sydney; Linda Winter, Springhill; Mrs. Lena Kinsman R.R. #4, Berwick, Anne Payne, Windsor and Mr. Anselme LeBlanc, Church Point.

Miss Claudette Barnaby, Mrs. Lena Kinsman, Mr. Anselme LeBlanc, Miss Loretta Mills and Miss Eileen Osborne have joined the Sanatorium Nursing Staff.

Post Mortem Revenge

A little old lady went to a great portrait painter. "I hear," she said, "you are a very fine painter. I'd like you to do me in oils. Just as I am. I don't want you to make me look younger or more dignified or anything. Just capture the real me."

The artist said he would do his best.

The little old lady was pleased and added one little request. "Should you have a little paint left over after the final sitting," she said, "I wonder if you could possibly bedeck my wrists and fingers with a gorgeous array of diamond bracelets and rings. Then, on top of my head, perhaps you could paint a tiara of sparkling gems."

"I'm sure I can do it," the painter conceded. "But why would you want that? After all, it wouldn't be the real you."

"I'll tell you the truth," the lady confessed. "My husband is a louse. When I die, he'll get married right away. And his new wife—well, I want that his new wife should drop dead looking for the jewelry."

* * * *

Signs in big letters in a restaurant window: "T-bone 50 cents." Below it in fine print: "With meat $3."

* * * *

Attitudes are contagious. Is yours worth catching?

Just Jesting

One little girl came home from school with her report card held firmly behind her back and tears in her eyes.

"Now, honey," said her mother, "things can't be that bad."

She glancend at the card, then gasped. "Darling, you have an 'A' in everything. Why are you crying?"

"You didn't notice the top", sobbed the child.

"See where it says 'Sex'? They've marked 'F' after it and I didn't even know we were studying it!"

* * * *

Sign in a rural gas station: Buzz twice for night service. Then keep your shirt on while I get my pants on.

* * * *

A baby lion was chasing a hunter around a tree in Africa. Mama lion said to the baby lion, "Junior, don't play with your food!"

A lady living in Ohio is the mother of six sons. One day a friend calling on her said: "What a pity one of your boys had not been a girl."

One of the boys about eight years of age overheard the remark and interposed: "I'd like to know who'd a' bin 'er; I wouldn't a' bin 'er; Ed wouldn'a 'a bin 'er; Joe wouldn't 'a bin 'er! and I'd like to know who'd a' bin 'er?".

* * * *

Ricky was greatly impressed when his Sunday School teacher told the story of Eve's creation from one of Adam's ribs.

During the afternoon he felt a pain in his side and ran to his mother. "Mom", he gasped, "I think I'm going to have a wife."

* * * *

Not Today They Don't!

Two men were discussing the work of a renowned artist. "He painted a spider's web on the wall that was so realistic the maid spent two hours trying to wipe it down," said the first.

"Fantastic," replied the other.

"But artists do things like that," insisted the first.

"Maybe so," conceded the second, "but maids don't."

* * * *

One wolf to another: Who was that cute little redhead I saw you outwit last night?

* * * *

Two Views

In one southern town, there are two churches across the street from one another.

"Couldn't those churches be combined?" a visitor asked.

"Not very well," was the reply. "That church over there says, "There ain't no hell', and this one says, 'The hell there ain't'."

* * * *

A sure sign you're getting older is when the kids come home from school and tell you about their history lessons and you realize when you went to school the same items were called "current events".

* * * *

A doctor, called to a farmhouse one night, hurried across the yard, tripped, and fell heavily. An erascible man, he jumped up and swore loudly.

While he was blaspheming, the farmer opened the front door. For a moment he listened, in awe and amazement. "I never knowed before them Hippocratic oaths you fellers go in fer was so much like ones us laymen use."

* * * *

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

* * * *

A man can usually tell what kind of a time he's having by the look on his wife's face.

* * * *

Wife to husband as tailor measures his waist: "It's quite amazing when you realize that a Douglas Fir with that girth would be 90 feet tall."

* * * *

Woman (to friend): "My dear, what a perfectly stunning dress you're wearing! Didn't they have it in your size?"

* * * *

"What," demanded the amateur hunter of his guide, "is the name of the species I just shot?"

"Well, sir," returned the guide, "I've just been investigating, and he says his name is Smith."

No Fair!

I didn't mind the surgeon's knife
The needle in my hip
The cold pan or the short nightgown
The thermometer on my lip
But visitors who came to cheer
Left me in cold frustration
They yakked so much
I couldn't talk
About MY OPERATION!!!

* * * *

From the English composition of a sixth-grader: "My father's life was hard as he had to get up early in the morning and shave. Then he would drive to the market with a load of vegetables. A girl used to ask him for several pounds of string beans which later proved to be my mother."

* * * *

The Cheater

The story is told of a great musician who took his orchestra on tour, and during his travels received a note from a well-meaning person in one of his audiences. This is what the note said:

"I think it is only fair to inform you that the man in your orchestra who blows the instrument that pulls in and out, only played during the brief intervals when you were looking at him."

* * * *

The eye doctor patiently tried lens after lens on an elderly woman who wanted to buy some glasses. Nothing seemed to be right for her.

"Now don't become discouraged," the doctor reassured her. "It's not easy to get just the right glasses, you know."

"It certainly isn't," the woman replied. "Especially when you're shopping for a friend."

Family Weekly

* * * *

End of honeymoon—Husband to sleepy touseled wife at breakfast table: "When do you go back to the beauty shop for a checkup?"

She Knew What She Wanted

Stressing the importance of a large vocabulary, the English teacher told her class, "Use a word ten times and it will be yours for life."

In the back of the room a pert blonde closed her eyes, and was heard chanting under her breath, "Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred, Fred."

* * * *

Every Time

Science Professor: "What happens when a body is immersed in water?"

Smart Young Thing: "The telephone rings."

* * * *

A Department of Health, Education and Welfare employee, deciding on a poll while vacationing in New England, asked a sweet old lady of 71: "What do you think of Medicare?"

She replied: "I don't know myself, but I have a friend who tried it and lost 21 pounds."

* * * *

Among his regular customers, the bartender had one fellow, a doctor, who dropped in every afternoon for a daquiri with an almond in it. One day the bartender saw the doctor coming, and noticed there were no almonds left, so, thinking fast, he cracked the first nut he saw and put it in the drink.

The doctor drank it, gasped, and said, "What kind of a drink is this?"

To which the bartender said, "Hickory daquiri, doc."

* * * *

You have reached the difficult age when you're too tired to work and too poor to quit.

* * * *

Teacher: "Can you tell me—who built the Sphinx?"

Pupil: "I did know—but I've forgotten."

Teacher: "How unfortunate — the only person who knows and you have forgotten!"

INS and OUTS

Nova Scotia Sanatorium,
Admissions, January 16 to February 15:

Sharon Margaret d'Entremont, Lower West Pubnico, Yar. Co.; Harris Elbert Naugler, 3 Vanessa Drive, Halifax; Peter Gianni Stucchi, St. Bernard St., Stellarton; Paul Stalmans, Foord St., Stellarton; Ernest Dawson Copeland, 7 Clarke St., Springhill; William Albert Mayne, Mount Pleasant, R.R. #1, Oxford, Cumb. Co.; Joseph Fritz, New Minas, Kings Co.; David Alexander Morrison, 13 Chestnut St., Pictou; Ralph Douglas Slawter, East Preston, Hfx. Co.; Mrs. Phyllis Yvonne MacAloney, Canard, Kings Co.; John Edgar Fralick, Moser River, Hfx. Co.; Mrs. Jean Theresa Wamboldt, 34 Tulip St., Dartmouth; Clayton Melvin Penny, 6461 Vienna St., Halifax; George Wesley Pinch, West Brooklyn, Kings Co.; Louis Felix Doveau, Box 45, Meteghan, Digby Co.; Kenneth Carmel West, 21 Merkel Place, Halifax; John Rane Briand, 63 Jackson Rd., Dartmouth; Master Mark Anthony Langille, R.R. #1, New Harbour, Guys. Co.; Edith Letitia Amberman, 151 Victoria St. East, Amherst; Robert Wilfred Sewards, Box 422, New Minas, Kings Co.; Warren Alexander Adamson, 101 High St., Pictou; Oard Ottis Sangster, New Harbour, Guys. Co.; Fred Otis Chandler, New Harbour, Guys. Co.; John Angus Turner, Moser's River, Hfx. Co.; Douglas Gabriel Emeneau, P.O. Box 501, Lunenburg; William Joseph Doucette, 9 Crescent St., Yarmouth.

Discharges, January 16 to February 15:

Alexander Otis Brittain, R.R. #1, Paradise, Anna. Co.; George Edward Wheaton, 1 Clifford St., Amherst; Aubrey Hatt, 2219 Creighton St., Halifax; Vernon Theodore Kay, Upper Granville, R.R. #1, Granville Ferry, Anna. Co.; Joseph Albert Desmond, Upper Big Tracadie, R.R. #1, Monastery, Antigonish Co.; Mrs. Margaret McNeil, 22 Terrace St., New Glasgow; Mrs. Mary Elizabeth Fulton, Nicholas Road, Kentville; Mrs. Margaret Nora Bent, Waterville, Kings Co.; Harris Elbert Naugler, 3 Vanessa Drive, Halifax; David Alexander Morrison, 13 Chestnut St., Pictou; John Stanley Doyle, 26 Kearney Lake Rd., Birch Cove, Hfx. Co.

Point Edward Hospital
Admissions, January 16 to February 15:

Paul Nicholas, Barra Head, Rich. Co.; Mrs. Louise Issac, Barra Head, Rich. Co.; George Smith, 21 Reserve Rows, Reserve Mines; Ella Mae Murray, R.R. #2, Port Hood; Mrs. Mary Susan Bernard, Nyanza, Vic. Co.; Katherine Jean MacLeod, 5A Spring St., Amherst; Mrs. Elsie L. MacDonald, 54 Margaret St., Sydney; Noel Stevens, Nyanza, Vic. Co.; Mrs. Sarah McDowell, Judique North, Inv Co.; Francis MacLeod, 94-5th St., New Aberdeen; Leonard Gordon Lewis, R.R. #2, North Sydney; Mrs. Eugena Rose MacGuigan, Park St., Sydney Mines; Aubrey Hatt, 2219 Creighton St., Halifax; Alfred Leonard Arsenault, Belle Cote, Inv. Co.; Mrs. Theresa Louisa Stanley, Westmount North, C.B.; Francis Gerard Campbell, MacIsaac St., Inverness.

Discharges, January 16, to February 15:

Emanuel Anderson, 162 Coxheath Rd., Sydney; Thomas James Sneath, 43 Ocean View Dr., Sydney River; Katherine Jean MacLeod, 5A Spring St., Amherst; Mrs. Cecilia Mary White, South Bar, C.B.; Mrs. Lena Marshall, Eskasoni, C.B.; Daniel Norman MacLean, Little Narrows, Vic. Co.

Editor: "Did you ever write anything before?"
Budding Authoress: "Oh, yes, I wrote a confession story once."
Editor: "Did the publisher send it back?"
Budding Authoress: "Why, no. He came from New York to California to meet me."